

PREA Facility Audit Report: Final

Name of Facility: Helms Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/23/2023

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

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------------|
| Auditor name: | Wheeler, Mable |
| Email: | wheeler5p@hotmail.com |
| Start Date of On-Site Audit: | 01/12/2023 |
| End Date of On-Site Audit: | 01/13/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Helms Facility |
| Facility physical address: | 1275 Constitution Road, Atlanta, Georgia - 30316 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------|
| Name: | Daphne Certion |
| Email Address: | daphne.certion@gdc.ga.gov |
| Telephone Number: | 4046352191 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|------------------------|
| Name: | Ryan Beland |
| Email Address: | ryan.beland@gdc.ga.gov |
| Telephone Number: | 404-624-2305 |

| Facility PREA Compliance Manager | |
|---|---------------------------|
| Name: | Daphne Certion |
| Email Address: | daphne.certion@gdc.ga.gov |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|--|-------------------|
| Name: | Mr. Duah |
| Email Address: | DDuah@wellpath.us |
| Telephone Number: | 404-624-3418 |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 81 |
| Current population of facility: | 18 |
| Average daily population for the past 12 months: | 22 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 19-72 |
| Facility security levels/inmate custody levels: | medium, minimum |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 40 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 1 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 3 |

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

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

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

| SUMMARY OF AUDIT FINDINGS | |
|--|--|
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 5 | <ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.31 - Employee training • 115.33 - Inmate education • 115.86 - Sexual abuse incident reviews • 115.87 - Data collection |
| Number of standards met: | |
| 40 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2023-01-12 |
| 2. End date of the onsite portion of the audit: | 2023-01-13 |

Outreach

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| 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: | Day League Rape Crisis Center (outside advocate) Just Detention International (no information received) |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 81 |
| 15. Average daily population for the past 12 months: | 22 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 18 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| <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>2</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>Helms Facility houses both male and female confined persons. On day one of the on-site portion of the audit, the facility's population was eighteen (18), ten (10) males and eight (8) females confined persons.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>40</p> |

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| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>3</p> |
| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>15</p> |
| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>The Helms Facility's Staffing Plan reports the facility has thirty-one (31) positions, twenty-five (25) security positions, three (3) Behavioral Health Counselors, one (1) Finance Clerk II, one (1) Admin Support II, and one (1) Practical Instructor II. The Helms Facility houses the Centralized Transportation Unit's North Region Hub. The unit's staff provides transportation services throughout the region. The unit had thirteen (13) positions. Medical services are provided by Well Path, the contractor employs seventeen (17) staff consisting of one (1) Medical Director, one (1) HSA, nine (9) Registered Nurses, three (3) Licensed Practical Nurses, one (1) Certified Nursing Assistant, one (1) Patient Care Technician, and one (1) Records Clerk. Mental Health Services are contracted through Centurion to provide service to confined persons housed at the facility.</p> |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>9</p> |
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| <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 type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Using the Inmate Rosters and Mental Health Case Load Report, the auditor selected confined persons for interview by age, race, housing assignment, and gender. The selection was geographically diverse.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Two (2) female confined persons could not be interviewed, both were ill otherwise; the auditor had no other barriers completing interviews.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>3</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".

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Using information retrieved from the SCRIBE database and conversations with facility staff, the auditor was able to determine the facility had no confined person that had a physical disability.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Using information retrieved from the SCRIBE database and conversations with facility staff, the auditor was able to determine the facility had no confined person that had a cognitive or functional disability.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Using information retrieved from the SCRIBE database and conversations with facility staff, the auditor was able to determine the facility had no confined person that was blind or low vision.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>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>Using information retrieved from the SCRIBE database and conversations with facility staff, the auditor was able to determine the facility had no confined person that was deaf or had a hearing disability.</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>Using information retrieved from the SCRIBE database and conversations with facility staff, the auditor was able to determine the facility had no confined person that was LEP.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |

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| <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>Using information retrieved from the SCRIBE database and conversations with facility staff, the auditor was able to determine the facility had no confined person that identified as transgender or intersex.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>No one (1) confined person reported sexual abuse; however, several confined persons alleged an inappropriate relationship between a confined person and a staff member that was investigated as Staff-on-Inmate Sexual Abuse. The confined person making the allegation was interviewed as a random confined person. This investigation was determined to be unsubstantiated.</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>2</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 does not use isolation, no confined person has been held in the observation room during the 12-months preceding the audit. This was confirmed using the responses from the PAQ and discussions with staff.</p> |

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| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>Three (3) confined persons were identified as targeted, two (2) confined persons disclosed prior victimization during the risk screening, and one (1) confined person identified as bisexual. Two (2) confined persons were ill, the auditor was unable to interview these confined persons.</p> |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>11</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 checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The auditor selected random staff for interview using the Staff Roster, the auditor selected staff by shift assignment, work assignment, and rank. The auditor had no barriers completing interviews with random staff.</p> |

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

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| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 16 |
| 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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | <p>During the site review the auditor had access to the entire facility. The auditor was accompanied by the Superintendent, Chief of Security, Assistant Superintendent, and one staff member from the GDOC PREA Unit. The auditor tested phones in the day rooms to confirm they were operational. The PREA Unit confirmed receipt of the call via email.</p> <p>During the site review, the auditor observed Audit Notices posted throughout the facility in areas accessible to confined persons, visitors, contractors, volunteers, and staff. The auditor conducted informal interviews with staff and confined persons during the site tour.</p> <p>The kiosk is located in the library and was noted in use.</p> |
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Documentation Sampling

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

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| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|---|--|

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

Policy and documents reviewed to determine compliance with standards:

1. Helms Facility Pre-Audit Questionnaire
2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention
3. GDOC Organizational Chart
4. Helms Facility Staffing Plan (eff. 11/15/2022)
5. Helms Facility Staffing Plan (eff. 2/18/2019)
6. Helms Facility Unannounced Rounds
7. 2021 PREA Annual Report
8. Helms Facility Training Curriculum on Searches
9. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches
10. Policy Number 220.09 DOC Transgender Policy
11. Users instructions for accessing Lionbridge (Interpretive Services)
12. GDOC Employment Application
13. Employee Personnel File Audit
14. GDOC Background Checks on Employees, Contractors, Volunteers
15. GDOC Policy Filling a Vacancy, SOP 104.09
16. GDOC Policy Professional Reference Check Form, SOP 104.09
17. Memorandum of Understanding with Daily League Rape Crisis Center
18. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing
19. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders
Procedure for SANE Evaluation/ Forensic Collection
22. PREA Acknowledgement Statements.
23. Procedure for SANE Nurse Evaluation/ Forensic Collection
24. GDOC Website referencing agency PREA Policy
25. Sexual Abuse Incident Review Form, Attachment 9
26. Sexual Allegation Response Checklist, Attachment 4

27. PREA Investigative Summary, Attachment 6
28. In-Service Training Roster
29. Staff PREA Training Brochure
30. Confined person Files (8)
31. Education Brochures (Spanish and English)
32. Helms Facility Confined Person Handbook
33. ADA Accommodation Request Procedure, SOP 103.63
34. NIC Training, Investigating Sexual Abuse in a Confinement Setting Certificate (1)
35. Training Documentation - Medical and Mental Health Staff (2)
36. Well Path Curriculum
37. Assessment and Reassessments Risk Screening (10)
38. Statewide Classification Committee Referral Form, SOP 220.09, Attachment 2
39. PREA Posters (English & Spanish)
40. Statewide Grievance Procedure, PN 227.02
41. GDOC official website:
<http://www.GDOC.ga.gov/>
42. GDOC Employee Standards of Conduct
43. Coordinated Response Plan
44. Sexual Abuse Response Checklist, attachment 6
45. Retaliation Monitoring Form
46. Disposition Offender Notification Form
47. Offender Discipline, SOP 209.01
48. SOP 209.01, Offender Discipline, Authorized Discipline Sanctions List, Attachment 5
49. SOP 209.01, Offender Discipline, MH/ MR Evaluation for Disciplinary Action, Attachment 9
50. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22
51. GDOC Procedure for Sane Nurse Evaluation/Forensic Collection
52. GDOC's Sexual Abuse Incident Review Checklist, (Att. 9)
53. Annual PREA Reports FY 2021-2022

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 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 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

| | |
|---|---|
| <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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual 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>1</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

| | |
|---|--|
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input 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> |
|---|--|

Sexual Harassment Investigation Files Selected for Review

| | |
|--|----------|
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
|--|----------|

| | |
|---|---|
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>The facility had no allegations of sexual harassment during the 12-months preceding the audit.</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
|---|---|

Inmate-on-inmate sexual harassment investigation files

| | |
|---|----------|
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
|---|--|

| | |
|--|--|
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The facility had no allegation of sexual harassment during the 12-months preceding the audit. The facility had one (1) allegation of sexual abuse during the 12-months preceding the audit.</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

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
|---------------|--|
| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.11:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. GDOC Organizational Chart PREA Unit 4. Helms Facility Organization Chart 5. Helms Facility PREA Compliance Manager Memorandum, (dated 1/4/2019) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.11 (a). GDOC, and the Helms Facility, has a written policy entitled, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policy describes how the facility will implement the GDOC's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances and facility improvements, unannounced rounds, cross gender viewing and searching restrictions, screening and assessments, hiring and promotion practices and addressing disabled Confined persons or those with limited English proficiency. Policy 208.06 (pp. 4-6) defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for Confined persons if upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment.</p> <p>115.11 (b). Review of GDOC's organizational chart designates the upper-level agency wide PREA Coordinator. This position is considered senior management and reports directly to the GDOC Commissioner. An interview with the PREA Coordinator explained her duties and the authority to develop, implement, and oversee PREA requirements; she related she has enough time to carry out those duties. Emphasis on PREA implementation practices at the facility level, to include policies and procedures, training, PREA literature, and the culture surrounding sexual safety indicate to the</p> |

auditor that the PREA Coordinator has enough time to carry out PREA related duties.

115.11(c). The Georgia Department of Corrections (GDOC) has designated a PREA compliance manager (PCM) at its Helms Facility. Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention (p. 7-8) directs superintendents at each facility to have an assigned PCM. In its response to the PAQ, the facility included a Memorandum signed by the superintendent of Helms Facility on 1/3/2022 designating the Behavior Health Counselor as the PREA Compliance Manager. Also included in the PAQ response was a copy of Helms Facility's Organizational Chart. The PCM reports directly to the institution's superintendent.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.11 based upon documentation provided and interviews conducted.

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

Corrective Action: None

| | |
|---------------|---|
| 115.12 | Contracting with other entities for the confinement of inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.12:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. Review of Georgia Department of Corrections Website <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>The Pre-Audit Questionnaire indicates that the agency does not contract for the confinement of confined persons. However, the agency, the Georgia Department of Corrections does contract for the confinement of offenders with Private Prison and Governmental Entities responsible for operations of the county prisons.</p> <p>115.12 (a): The agency contracts for the confinement of its confined persons with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. All of the contracts require contractors to adopt and comply with PREA standards. Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts and renewal contracts for the confinement of confined persons with private agencies and governmental agencies include the entity’s obligation to adopt and comply with PREA Standards.</p> <p>Helms Facility does not contract for the confinement of confined persons. The facility reported in their response to the Pre-Audit Questionnaire (PAQ) they have not entered or renewed a contract for the confinement of confined persons since the last PREA audit. However, the agency, does contract for the confinement of offenders with Private Prison and Governmental Entities responsible for operations of the county prisons.</p> <p>115.12 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> |

GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) does allow for contracts with private entities for the confinement of confined persons. It requires GDOC to ensure that contracts for the confinement of its confined persons with private agencies or other entities, including governmental agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

The interview with the Agency Contract Administrator confirmed Helms Facility does not contract with private entities for the confinement of confined persons. GDOC does, however, contract with private entities in other facilities and the PREA Coordinator indicated contracted facilities are also on a 3-year cycle and are compliant with the frequency and scope of audits. They are required to submit their final PREA reports to the PREA Coordinator to verify compliance with PREA.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.12 based upon documentation provided and interviews conducted.

Corrective Action: None

| | |
|---------------|--|
| 115.13 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115:13:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. Helms Facility Staffing Plans dated 12/15/2017, 2/19/2019, 3/18/2020, 11/15/2022. 4. Helms Facility Unannounced Rounds Memorandum, (12 pages) 5. Annual PREA Report 2021 6. Staffing Plan Review 2022 7. Daily Post Rosters <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. PREA Coordinator <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. Observations of Staffing Plan on all two shifts <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.13 (a). GDOC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 8-9) requires each facility to develop, document and make its best efforts to regularly comply with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect confined persons against sexual abuse. In its response to the PAQ, the facility provided a copy of the staffing plan, dated 11/15/2022 for Helms Facility confined person capacity of 81, and the average daily population for the last 12-months is 22. The auditor reviewed the staffing plan and found it contains all relevant requirements pursuant to this provision. The staffing plan documents overall staff coverage per location and duty station, other relevant factors to include sick and annual leave, priority and gender specific posts, unplanned escorted hospital trips and transfers, and documents consideration for the physical layout of the facility and its multiple buildings. The updated staffing plan includes the prevalence of substantiated and unsubstantiated incidents of sexual abuse which could possibly determine additional staff coverage in certain areas of the facility.</p> |

Interviews with the superintendent, PREA Coordinator, and the PREA compliance manager indicated, the prevalence of substantiated and unsubstantiated incidents of sexual abuse are taken into consideration in the overall development of staffing levels at Helms Facility.

The staffing plan includes a breakdown of the total staffing, deployment of post and identification of priority post, the facility has only one priority one post, main control. The auditor reviewed a sampling of daily Post Rosters to confirm appropriate staffing levels. The staffing plan also contains a contingency for staff 'call ins' by continuing to man the post by staff of previous shift until relief has arrived to maintain the minimum adequate staffing levels. The staffing plan details video monitoring in relation to the physical layout of the facility and lists the areas where the cameras are located. Video cameras are utilized to supplement staff supervision. There are a total of 22 cameras strategically located throughout the facility to enable viewing and to mitigate blind spots. The auditor observed staffing levels during the site review and on the 1st and 2nd shifts and found them to be within the parameters of the staffing plan. The facility has three shifts, one working 6:00 am until 6:00 pm, 7 days a week, one working 6:00 pm to 6:00 am, 7 days a week, and split shift working 8:00 am to 4:30 pm Monday thru Friday.

115.13 (b). GDOC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 9-10) discusses when circumstances arise where the staffing plan is not complied with, the facility will justify and document all deviations on the daily Post Roster. In its response to the PAQ, the facility indicated there were no deviations from the staffing plan during the past 12 months. The auditor reviewed a sampling of daily Post Rosters and found no deviations noted. Helms Facility makes its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse, per the PREA policy (p. 1).

The interviews with the superintendent and PREA Compliance Manager related there have no deviations from the staffing plan during the 12-month preceding the audit, however, if there were, the reasons would be documented.

115.13 (c). On an annual basis, Helms Facility consults with the agency PREA Coordinator and conducts an assessment of the staffing plan to determine whether or not adjustments are needed to the established staffing plan and video monitoring systems as required by GDOC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 9). The facility provided the auditor with the latest staffing plan review documentation in response to the PAQ, which confirmed annual reviews are taking place. Included in the annual review of the staffing plan, the facility assessed the staffing plan itself to include any evidence of prevailing staffing patterns, if there was a need for additional video monitoring systems or cameras and discussion of resources the facility has available to commit to ensure adherence to the staffing plan. Interview with the PREA Coordinator indicated annual reviews typically occur in January of each year by the PREA Unit. At minimum, the PREA Unit reviews and approves staffing plans for all facilities on an

annual basis. Staffing plans are also reviewed any time there is a change to the plan. For example, facility infrastructure, staffing changes, technology upgrades or malfunctions, post changes, additions, subtractions, etc. The staffing plans for 2020 and 2021 were not provided for auditor's review.

115:13 (d) GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) requires facilities to conduct and document unannounced rounds by supervisory staff and duty officers on all shifts and locations throughout the facility on a weekly basis; for the intent of identifying and deterring sexual abuse and sexual harassment. In the response to the PAQ which requires shift supervisors and duty officers to make unannounced rounds in all housing units and out-posts to better identify and deter sexual abuse and sexual harassment. The Administrative Duty Offer related rounds are unannounced and staff shall not alert other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The interview with a shift supervisor indicated they conduct rounds at random times during their shift.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.13 based upon documentation provided and interviews conducted.

Corrective Action: (None)

| | |
|---------------|---|
| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.14:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. GDOC agency website, http://www.dcor.state.ga.us/ <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1) Superintendent</p> <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. Observations of housing units <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.14 (a). Agency policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp.10) allows for the placement of youthful offenders in its facilities. Policy aligns with the provisions in this PREA Standard. The Helms Facility, as reported in their response to the PAQ, does not house youthful offenders; the agency website indicates the Helms Facility is comprised of a confined person population of adult males and females.</p> <p>115.14 (b). Current operations and practices meet the requirements of provision.</p> <p>115.14 (b) based on documentation provided.</p> <p>115.14 (c). Current operations and practices meet the requirements of provision.</p> <p>115.14 (b) based on documentation provided.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.14 based upon documentation provided.</p> <p>Corrective Action: None</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.15:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. Helms Facility Training Curriculum on Searches 4. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Random Staff (5) 2. Random Female Confined persons (5) 3. Random Male confined persons (4) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. Observations of cross-gender announcements <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.15 (a). The agency’s PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 10) addresses provision (a) verbatim to the Standards. All random staff interviews corroborated the policy prohibiting cross gender searches absent emergent and exigent circumstances. Facility responses in the PAQ indicated cross-gender strip and cross- gender visual and body cavity searches of confined persons are prohibited and not conducted. The facility’s Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches, further reiterates the prohibition of cross gender searches. In the 12-months preceding the audit, the facility reported zero cross-gender strip and cross-gender visual and body cavity searches, and zero were conducted that did not involve exigent circumstances or performed by non-medical staff. During the pre-on-site phase on, the auditor requested a list of medical and non-medical staff who conducts cross-gender visual (strip) or body cavity searches and any instances in which a cross-gender supervisor was present during a strip search. The facility responded by indicating no searches of this nature were conducted in the past 12 months preceding the audit.</p> <p>All random staff interviews related policy prohibits cross gender searches absent</p> |

emergent and exigent circumstances. If a cross-gender search occurs, it is documented.

115.15 (b). The agency's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 10) stipulates the facility will not conduct cross-gender pat searches on female confined persons. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches further reiterates this policy. In its response to the PAQ, the facility stated female confined persons are searched only by female correctional staff, except in exigent circumstances and reported zero female confined persons were pat searched by male staff.

Policy stipulates the requirement of prohibiting cross-gender pat searches on female confined persons will not restrict their access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The facility reported in its PAQ response that confined persons are not restricted from programming or other out-of-cell activities. A random sample of female confined persons were interviewed, and 100% stated male correctional staff do not conduct pat searches on female confined persons and that they have not witnessed a male staff conduct pat searches on any female confined person. They also reported their movements for programming or other opportunities have not been disrupted because there was no female staff available to pat search them. A random sample of staff interviewed indicated only same sex staff perform pat searches on female confined persons and there have been no instances in which cross-gender pat searches were performed on female confined persons. Staff further stated they do not restrict female confined persons' access to programming or other activities. They indicated in the unlikely event no female staff were on duty, the facility would contact the neighboring release center for a female staff member to conduct a pat search on a female confined person.

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

115.15 (d). The facility uploaded the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 11) in their response to the PAQ. Policy stipulates facilities will enable confined persons to "shower,

perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks". Included in the policy is a requirement for staff of the opposite gender to announce their presence when entering a resident's housing unit. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches supplements policy by requiring staff of the opposite sex, including the assigned housing unit officer to announce themselves prior to entering a housing unit. During the facility tour, the auditor observed staff of the opposite sex announce themselves prior to entering each housing unit. The interviews with a random selection of staff related staff of the opposite sex announces themselves prior to entering housing areas. All random and targeted resident interviews indicated staff announce themselves prior to entering their housing unit and all confined persons indicated they have never been naked in the presence an opposite gender staff member.

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

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

115.15 (f). The facility indicated in their response to the PAQ that 100 percent of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex confined persons, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff indicated 100% received training on cross-gender pat-down searches and searches of transgender and intersex confined persons. A review of training documentation consisted of Helms Facility's Annual Training Curriculum and training roster (sign-in sheet). The sign-in sheets for PREA training did not indicate what specific training topics were addressed and the facility could not provide a curriculum supporting cross-gender or transgender/intersex searching. As such, the auditor could not verify staff are receiving the required training based on the documentation provided. However, with all staff indicating they received the training and described how to conduct transgender and intersex confined person pat searches, the auditor determined the practice has been institutionalized and staff would know what to do in the event exigent circumstances arise. The auditor will recommend the facility revise its PREA training sign-in sheets to include specific topics. 115.15 Male staff are not allowed on female unit without be accompanied by a female staff unless under exigent circumstances.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.15 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.16:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program SOP 208.06, (eff. 6/23/22) 3. User’s Guide Lionbridge (Interpretive Services) 4. PREA Brochure English/Spanish 5. Hotline Dialing Instructions English/Spanish 6. PREA Posters English/Spanish 7. Offender PREA Training Brochure English/Spanish <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Specialized Staff: (1) Agency Head 2. Random Staff (11) 3. Confined Persons (with disabilities or Who are Limited English Proficient) (0) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. PREA Posting 2. Hotline Dialing Instructions <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.16 (a). GDOC’s written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9, Offenders with Disabilities, Who Have Limited English Proficient LEP, or have Limited Reading Skills (p. 12-13) requires the facility PREA Compliance Manager to ensure appropriate resources are available to confined persons with disabilities and those who are LEP so they may understand the facility policies regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The facility provided the auditor with the User’s Guide for Lionbridge who provides interpretive services for limited English proficient confined persons in making an allegation of sexual abuse or sexual harassment. The Agency Head Designee indicated all PREA related educational materials are available in formats for disabled or Limited-English Proficient confined persons. In addition to the PREA materials, the agency has a dedicated ADA Coordinator who also provides resources to disabled or LEP confined persons. There</p> |

were no confined persons with disabilities or LEP during the on-site portion of the audit.

115.16 (b). As noted in provision (a) of this standard, interview with the agency head related the agency has a contract with Lionbridge to communicate with LEP confined persons. Dual language PREA information and brochures are visibly posted throughout the facility and in housing units and are readily available for the confined persons. The PCM stated there were no LEP confined persons at the facility that could be interviewed.

115.16 (c). Helms' written PREA policy entitled, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9b., Offenders with Disabilities, Who Have Limited English Proficient, or have Limited Reading Skills (p. 12-13) addresses the facility's reliance on confined person interpreters, readers, or other types of confined person assistants. Helms Facility does not rely on another confined person, only if exigent circumstances arise. Exigent circumstances include where any extended delay in obtaining an interpreter could compromise the confined person's safety, the performance of first responder duties, or the investigation of confined person allegations. All random staff interviews indicated they do not use a confined person assistants to assist in translation. The facility reported in its PAQ response that Helms Facility zero instances of a confined person that needed Lionbridge during the past 12 months. Policy is in place, and staff interviews support the non-use of any other confined person to translate, the auditor is convinced the practice has been institutionalized.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.16 based upon documentation provided and interviews conducted.

Corrective Action: None

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.17:

1. Helms Facility Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 208.06, (eff. 6/23/22)
3. GDOC Employment Application
4. Employee Personnel Files (7)
5. Employee Personnel Audit File
6. GDOC Background Checks on Employees, Contractors, Volunteers
7. GDOC Applicant Verification Form, SOP 104.09
8. GDOC Professional Reference Check Form, SOP 104.09
9. Contractor Files (1)

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

Specialized Staff (1)

1. Human Resources Staff

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

115.17 (a). The agency’s written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) addresses this provision in detail and complies with the PREA Standards. No prospective employee, who may have contact with confined persons, is hired or contracted for services who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42. USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. In response to the PAQ, the facility reported zero prospective staff or contractors were hired during the past 12 months preceding the audit. The auditor asked for and reviewed a random sampling of personnel files (8) during this audit cycle and determined background checks were performed on all eight staff and contractors as required.

Specifically, each applicant prospective employees are asked if they have ever:

- Engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement

facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

- Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or.

- Have been civilly or administratively adjudicated to have engaged in the activity as described above.

115.17 (b). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) requires GDOC to consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with confined persons. The interview with the Administrative Human Resources Staff revealed sexual harassment is taken into consideration prior to hiring anyone, employee or enlisting the services of contractors who may have contact with confined persons. The facility completes a Professional Reference Check form which asks if the applicant is under an internal investigation or has an active disciplinary action or adverse action. The form addresses Standard 115.17 as it relates to sexual abuse, but not sexual harassment.

115.17 (c). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 15), requires a background investigation be completed on all prospective employees and volunteers prior to their start date and having contact with confined persons. The policy includes the requirement to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. It does not however, does not reference the requirement of making its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse consistent with federal, state, and local law. The interview with the human resources tech revealed the facility completes a Professional Reference Check on each transfer from other correctional institutions to inquire as to any current or past disciplinary actions or investigation concerns. The auditor is confident the standard is being met.

In response to the PAQ the facility indicated eight (8) staff were hired within the past 12 months who required a background investigation and indicated 100% of staff had background checks conducted prior to their start date during this audit cycle. The auditor asked for and reviewed a random sampling of employment files during this audit cycle and determined background checks were performed on all staff as required.

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

115.17 (d). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) requires a criminal background investigation be completed on all prospective contractors prior to having contact with confined persons. In response to the PAQ, the facility reported seventeen (19) contractors who might have contact with confined persons were retained for services during the 12 months preceding the audit. Medical staff is contracted through Well Path, the mental health staff is contracted through Centurion. The auditor asked for and reviewed a random sampling of contractor/volunteer files during this audit cycle and determined background checks were performed on all contractors as required.

The interview with the facility's human resources staff indicated completing criminal background checks on all prospective contractors and volunteers is a practice at all GDOC facilities.

115.17 (e). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-15) requires a background investigation be completed on all employees and contractors who may have contact with confined persons every five years. The facility indicated in their response to the PAQ that agency policy requires a criminal background check at least every five years for all staff and contractors, however, currently backgrounds are completed annually.

File documentation confirmed all employees had current background investigations conducted within a one-year period. The auditor is confident this practice has been institutionalized.

115.17 (f). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) addresses this provision in detail and includes all required information pursuant to this provision. Standard Operating Procedure 104.09, Filling a Vacancy, identifies the three specific PREA related questions as per provision (a) of this standard which are given to everyone prior to hire and having contact with confined persons; and, prior to being promoted. Everyone is expected to answer each question. Specifically, each person is queried if they are:

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

Upon reviewing employee file documentation, the auditor confirmed these PREA questions are asked and answered by the then applicant. There was one promotion file to review during this audit cycle. The interview with the facility's human resources

manager indicated this is standard procedure at all GDOC facilities. Employees, transfers, and those pending possible promotion are required to answer the questions.

Further, the PREA policy (p. 12) stipulates facilities “shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”

115.17 (g). The facility indicated in their response to the PAQ that material omissions regarding misconduct described in provision (a), or the provision of materially false information, shall be grounds for termination. The agency’s written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) states, Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h). The agency’s written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) addresses this provision in detail and specifically states, unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The interview with the human resources staff indicated providing this information is not against the State of Georgia laws and is standard practice at all GDOC facilities.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.17 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.18:</p> <p>1. Helms Facility Pre-Audit Questionnaire</p> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.18 (a). In the response to the PAQ the facility reported they have not engaged in any substantial expansion or modification of its facility since the last PREA audit. The interviews with the agency head and superintendent indicated they have not had modifications to the Helms Facility. This provision is not applicable since the facility has had no expansions or modifications to their facility.</p> <p>115.18 (b). In response to the PAQ, the facility indicated they have not installed or updated their camera/video monitoring system since the last PREA Audit conducted in 2020. The interviews with the agency head and superintendent also indicated no new installation or updated to their electronic technology has occurred during this audit period. This provision is not applicable since the facility has had no new installations or updates during this audit cycle. The facility in compliance with PREA Provision 115.18 (b) based upon documentation provided and interviews conducted.</p> <p>Current operations and practices meet the requirements of PREA Standard 115.18. Corrective Action: None</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. PREA Investigation Protocol, (dated 6/15/16) 4. Memorandum of Understanding with Day League Center, (dated 8/23/18) 5. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing 6. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Confined persons 7. Procedure for SANE Evaluation/Forensic Collection 8. Sexual Abuse/Sexual Harassment Rape Elimination Act (PREA) Education Acknowledgement Statement. 9. Procedure for SANE Nurse Evaluation/Forensic Collection, (dated 8/14/15) 10. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 5, Procedure for SANE Evaluation/Forensic Collection (eff. 6/23/22) 11. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 7, Procedure for SANE Nurse Evaluation/Forensic Collection (eff. 8/14/15) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. SAFE/SANE staff 3. Random Staff (10) 4. Targeted Confined persons Who Reported a Sexual Abuse (0) <p>115.21 (a). In response to the PAQ, the facility indicated they conduct both administrative and criminal investigations of alleged sexual assault and sexual harassment. Allegations that appear to be criminal in nature are referred to the Georgia Department of Corrections Investigative Division. Agency policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 32) describes the agency's expectations regarding evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence</p> |

protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility also reported its agency, GDOC, is responsible for conducting criminal sexual abuse investigations (including confined person-on-confined person sexual abuse or staff sexual misconduct).

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

115.21 (b). According to its PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 16), GDOC's response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. In response to the PAQ, the facility reported it does not house youthful, confined persons and accept adults between the ages of 19 and 72 years so the protocol requirement to be developmentally appropriate for youth is not applicable in determining compliance of this provision.

115.21 (c). Per PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 16) Helms Facility offers all victims of sexual abuse access to forensic medical examinations at no cost to the confined persons. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE) as required. The facility responded in the PAQ that there have been no forensic examinations conducted by either SAFE/SANE or a qualified medical practitioner. The facility reported in its response to the PAQ that there have been zero forensic medical examinations, zero examinations performed by SAFE/SANE staff and zero examinations performed by a qualified medical practitioner. The interview with the SAFE/SANE staff at GDOC's Sexual Assault Response Team confirmed this information by indicating they are and do have SAFE/SANE staff responsible for conducting forensic examinations for all individuals, including the Georgia Department of Corrections confined persons. The interviewee confirmed there were no forensic examinations performed for Helms Facility confined persons during the past 12 months.

115.21 (d). The facility provided the auditor copy of the Memorandum of Understanding (MOU) between the Helms Facility and the Day League Center, to provide confined persons with confidential emotional support service related to sexual abuse. The MOU is indefinite, however, can be updated annually. It states in part they will, upon request from Helms Facility, accompany confined persons to the hospital for their forensic medical examination process and any in-hospital investigatory interviews. They also provide in person crisis counseling by certified licensed therapists at no cost to the confined person victims. The Interview with the

PCM revealed the facility will utilize the Day League Center, a Rape Crisis Center, as a means, to have a victim advocates available to confined person victims of sexual abuse. There were no confined persons who reported a sexual abuse to interview utilizing the appropriate confined person interview protocol.

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

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

The auditor finds the facility in compliance with PREA Provision 115.21 (e) based upon documentation reviewed and interviews conducted.

115.21 (f). In response to the PAQ, the agency is responsible for investigating allegations of sexual abuse or sexual harassment, as such, provision (f) is not applicable in determining compliance with Standard 115.21.

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

115.21 (h). For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

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

Corrective Action: (None)

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Website referencing agency PREA Policy 4. Sexual Abuse Incident Review Form, SOP 208.06, Attachment 9 (eff. 6/23/22) 5. Sexual Assault Investigation Report, (dated 7/15/19) 6. Sexual Allegation Response Checklist, SOP 208.06, Attachment 4 (eff. 6/23/22) 7. PREA Investigative Summary, SOP 208.06, Attachment 6 (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head (designee) 2. Investigative Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.22 (a). Per policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 27-28) "All reports of sexual abuse or sexual harassment will be considered allegations and will be investigated.</p> <p>In response to the PAQ, the facility reported one incident of sexual abuse occurred during the 12-month period prior to the audit which required an administrative investigation. They also reported there were no allegations referred for criminal investigation. The interview with the agency head designee revealed administrative investigations are completed on all allegations of sexual abuse and sexual harassment. These investigations are completed by the facility SART (Sexual Abuse Response Team) and all incidents are reviewed by the facility leadership, as well as our PREA Coordinator's office. Any investigation that includes a criminal component is referred to the agency's Office of Professional Standards for criminal investigation.</p> <p>The auditor reviewed the investigative file and determined it was completed timely and was objective.</p> <p>115.22 (b). Per policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 26) "Where sexual abuse is alleged and cannot be cleared at the local level, the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal</p> |

investigation, the Regional SAC shall assign an agent or investigator.” This policy can be viewed on the GDOC website - www.dcor.state.ga.us. The auditor verified the PREA policy is on the facility’s website under Executive Division, Policy and Compliance.

The interview with investigative staff indicated all allegations that are potentially criminal in nature are referred to the GDOC’s Operations of Professional Standards office for investigation.

115.22 (c). GDOC conducts its own criminal investigations and therefore, its investigative responsibilities pertain only to the agency itself. Provision (c) is not applicable in determining compliance with Standard 115.22.

The Georgia Department of Corrections are responsible for completing all PREA investigations, if the investigation cannot be completed at the facility level or is determined to be criminal in nature, the investigation will be completed by OPS.

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

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.22 based upon documentation provided and interviews conducted.

Corrective Action: None

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| 115.31 | Employee training |
| | <p data-bbox="256 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1445 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 456 1477 819" style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Staff Training Records (7) 4. Helms Facility PREA Annual Training In-Service Roster, (dated 1/16/19) 5. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention 6. Program, SOP 208.06, Attachment 1, PREA Education Acknowledgement Statement (Staff) <p data-bbox="256 860 1453 936">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol data-bbox="256 976 552 1012" style="list-style-type: none"> 1. Random Staff (11) <p data-bbox="256 1048 1417 1124">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1160 1465 1697">115.31 (a). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 18-97) address all the staff training requirements relative to this standard. The auditor reviewed the policy and determined it contains all required training topics to satisfy this standard provision. The interviews with a random sampling of staff indicated 100 percent received the required PREA training and training documentation supports all staff have received this training. Helms Facility also ensures all staff members read, understand and sign the PREA Education Acknowledgement Statement indicating their receipt and understanding of the agency’s zero tolerance policy on sexual abuse and sexual harassment. The auditor reviewed an in-service training roster which included PREA as a training topic. The auditor will recommend the facility update its In-Service Training Roster to include specific PREA Topics covered or attach a training agenda covering the PREA topics.</p> <p data-bbox="256 1733 1477 2065">115.31 (b). The Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 20) in part states, “In-service training shall include gender specific reference and training to 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. Helms Facility houses both male and female confined persons. In response to the PAQ, the facility indicated the training is tailored to the gender of the confined persons at Helms Facility which is both male and female confined persons. Staff training files indicate training is geared</p> |

towards both male and female confined persons.

115.31 (c). The Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 16) requires all employees to attend training annually. Review of staff training records confirmed all staff has received PREA training as required. Provision (c) requires PREA refresher training every two years and the facility's practice is to provide comprehensive PREA training on an annual basis which substantially exceeds the requirements of this provision.

115.31 (d). The auditor reviewed training records that contain both electronic verification and signatures indicating they understand the PREA training they received. The PREA Education Acknowledgement form in part states, "I have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and have read GDOC Standard Operating Procedure, 208.06, Sexually Abusive Behavior Prevention and Intervention Program. I understand the Department's zero-tolerance for sexual abuse of confined persons." The auditor reviewed a random sampling of signed forms and found determined them compliant.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.31 based upon documentation provided and interviews conducted.

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

Corrective Action: None

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| 115.32 | Volunteer and contractor training |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Records – Volunteers and Contractors (4) 4. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 1, Sexual Abuse/Sexual Harassment PREA Education Acknowledgement Statement. <p>In order to decide compliance determination, the following person was interviewed, and the following interview finding were considered:</p> <p>Specialized Staff:</p> <ol style="list-style-type: none"> 1. Contractor (1) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.32 (a). The Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 17-18) addresses volunteer and contractor training requirements relative to this standard. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The auditor reviewed four files and found the appropriate documentation in place to satisfy this provision.</p> <p>In the response to the PAQ, the facility indicated there were two (2) volunteers, and one (1) contractor hired within the past 12-months prior to the audit. From the PREA Resource Center, a person who may have contact with confined persons is an individual, “within the scope of that person’s official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over any period of time.” Volunteers and contractors fall under that category.</p> <p>The interviews with one (1) contractor indicated 100% of she signed and understood the agency’s zero tolerance policy on sexual abuse and sexual harassment.</p> <p>115.32 (b). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 20-21) in part states, “The level and type of training provided to volunteers and contractors shall be based on the services they</p> |

provide and the level of contact they have with confined persons, but all volunteers and contractors who have contact with confined persons shall be notified of our zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.” Further, the policy stipulates that participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The auditor reviewed four files and found the appropriate documentation in place to satisfy this provision.

Interview with one (1) contractor confirmed she received PREA training with GDOC regarding sexual abuse and sexual harassment and were informed of the agency’s zero tolerance policy.

115.32 (c). The auditor reviewed documentation for two (2) volunteers and one (1) contractor who received PREA training, thus ensuring the facility maintains documentation confirming that volunteers and contractors understand the training they received by way of signature on the agency’s acknowledgment form that they received and understood the training. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The form is maintained in the volunteer/contractor file. The auditor reviewed three (3) files and found the appropriate documentation in place to satisfy this provision.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.32 based upon documentation provided and interviews conducted.

Corrective Action (None)

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| 115.33 | Inmate education |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Files (6) 4. Confined person Awareness and Education Brochures (Spanish and English) 5. Helms Confined person Handbook. 6. ADA Accommodation Request Procedure, SOP 103.63 7. Memorandum, PREA Education Accessibility for Visually Impaired Confined persons, (dated 1/17/20) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Intake staff 2. Random Confined persons (9) (five (5) female and four (4) males) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. Observations of prominently posted PREA materials in housing units and common areas. 2. Intake Screening Process (N/A) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.33 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 18) requires notification of the GDOC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility be provided to every confined person upon arrival to the facility. In response to the PAQ, the facility reported fifty (50) confined persons were orientated at Helms Facility in the 12 months preceding the audit and 100% received the facility's information on its zero-tolerance policy regarding sexual abuse and sexual harassment.</p> <p>The random confined person interviews revealed 100% received the zero-tolerance information on sexual abuse and sexual harassment and how to report when they first arrived at the facility. The interviews with intake staff revealed during the intake process the facility provides PREA information explaining the Helms Facility's zero-</p> |

tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment both verbally and in writing. They receive a comprehensive PREA brochure and a confined person handbook which details PREA and reporting mechanisms.

There were no intake screenings for the auditor to observe while on-site, however, all confined persons reported receiving this information, confirmed by file documentation reviewed, intake staff discussed in detail the intake process, the auditor is confident this practice has been institutionalized.

The number of inmates admitted during past 12 months who were given this information at intake: (50)

115.33 (b). The facility's response to the PAQ indicated forty-four (44) confined persons were admitted to Helms Facility during the past 12 months for a stay of 30 days or more. 100% of those confined persons received comprehensive PREA education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Helms Facility provides PREA education/refresher education to all confined persons who are transferred to their facility, regardless of where they transferred from, within 15 days of intake as stated in their PREA policy (pp. 21-22). The auditor's review of confined person files revealed all contained a signed acknowledgment they were given a copy of the confined person handbook which contains a comprehensive PREA information section beginning with "Zero Tolerance for Sexual Violence", as well as, watched a PREA video titled, "Speaking Up". A question and answer period is immediately followed by the video presentation. The video is approximately 20 minutes in length and stresses sexual abuse as not being a part of a confined person's sentence, inferring all confined persons have a right not to be sexually abused, harassed or retaliated against. The auditor will recommend the facility convey confined person rights in a more deliberate manner, be it verbal or in writing, so there are no question confined persons are receiving this information.

The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: (44)

Random interviews with confined persons revealed 100% received comprehensive PREA education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Interviews with intake staff revealed confined persons receive this information during the video presentation within 15 days of intake.

115.33 (c). Helms Facility provides PREA education/refresher education to all confined

persons who are transferred to their facility, regardless of where they transferred from as evidenced through file documentation and interviews. In response to the PAQ, the facility indicated there were no confined persons transferred to their facility who did not receive PREA training.

Interviews with intake staff indicated their practice is to provide PREA information upon arrival, including the facility's zero-tolerance stance on sexual abuse and sexual harassment, and a more detailed PREA education process during orientation for all new transferees.

The auditor finds the facility in compliance with PREA Provision 115.33 (c) based upon documentation provided and interviews conducted.

115.33 (d). Per GDOC Standard Operating Procedure, 103.63, Accommodation Request Procedure, qualified confined persons with disabilities will have equal access to services, programs, and activities. GDOC and each GDOC facility have an ADA Coordinator to assist with special needs.

According to the policy, to ensure effective communication with those confined persons who are hearing impaired, GDOC will provide hearing aids and services free of charge. Services include qualified sign language interpreters and oral translators, TTY s, videophones, note-takers, computer- assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, closed caption decoders or TVs with built-in captioning, open and closed captioning of GDOC's programs, or other equally effective solutions.

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

The Georgia Department of Corrections has a contract with Lionbridge to provide translation service to confined persons that do not speak English.

115.33 (e). The facility maintains documentation of confined person participation in PREA education sessions. All PREA education documents that facility case management staff discusses with and provide confined persons are signed and dated by both staff and confined person. Documents include the Confined person Orientation Checklist, which includes verification of watching the PREA video and receipt of the confined person handbook. All confined persons also sign an acknowledgement stating "On (date) received the Prison Rape Elimination Act (PREA) orientation at Helms Facility. This orientation consisted of watching the PREA "Speaking Up" video, followed by a question-and answer period. I also received the

Sexual Assault, Sexual Harassment, and Prison Rape Elimination Act handouts during the intake process. The auditor review of the confined person files revealed all contained the appropriate forms and signatures of receipt.

115.33 (f). The facility ensures key information about Helms PREA policies is continuously and readily available and/or visible through posters, brochures and confined person handbooks. The auditor observed that facility practice allows for each confined person to sign for and retain a copy of the confined person handbook and PREA brochures. During the site review, the auditor observed dual language PREA hotline posters prominently displays in the facility and in the housing units by the entrance and in the day rooms by the telephones.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.33 based upon documentation provided and interviews conducted.

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

Corrective Action: (None)

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Records of Investigative Staff (2) 4. NIC Training E-Course, Investigating Sexual Abuse in a Confinement Setting <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Investigator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.34 (a). Per the agency’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), specialized training is a requirement for staff conducting sexual abuse and sexual harassment investigations in confinement settings. As reported in the PAQ, the facility conducts administrative investigations that do not rise to the level of potentially criminal in nature. Potentially criminal allegations are referred to the GDOC’s Operations of Professional Standards office for investigation. The interview with investigative staff confirmed she received specialized training in November 2022. Review of investigative staff training files confirmed certifications of completion for PREA: Investigating Sexual Abuse in a Confinement Setting which was presented by the National Institute of Corrections.</p> <p>115.34 (b). Training document review and the interview with investigative staff who received training on sexual abuse investigations confirmed the training included the following topics:</p> <ul style="list-style-type: none"> - Techniques for interviewing sexual abuse victims. - Proper use of Miranda and Garrity warnings. - Sexual abuse evidence collection in confinement settings. - The criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>The auditor verified through the NIC website that Investigating Sexual Abuse in a Confinement Setting contained required topics pursuant to 115.34 (b) and review of the investigative staff training file documented a certification of completion for Investigating Sexual Abuse in a Confinement Setting.</p> |

115.34 (c). Review of investigative staff training files for two investigators at Helms Facility confirmed a certification of completion for Investigating Sexual Abuse in a Confinement Setting. As such, the facility maintains documentation supporting the investigators have completed the required specialized training in conducting sexual abuse investigations.

The number of investigators currently employed who have completed the required training: (2)

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.34 based upon documentation provided and interviews conducted.

Corrective Action: None

| 115.35 | Specialized training: Medical and mental health care |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Documentation - Medical and Mental Health Staff (15) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.35 (a) Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), stipulates in part, “ all GDOC medical staff contracted through Well Path who have contact with confined persons will receive Specialized Training PREA Medical and MH Standards curriculum.” Additionally, they are required to attend PREA in-service training.</p> <p>In response to the PAQ the facility indicated it has fifteen (15) medical and mental health staff at the facility and 100 percent received their required training. The interview with medical and mental health staff indicated they received specialized training as well as, attend annual training provided by the facility. Specialized training contains information on:</p> <ul style="list-style-type: none"> - How to detect and assess signs of sexual abuse and sexual harassment. - How to preserve physical evidence of sexual abuse. - How to respond effectively and professionally to victims of sexual abuse and sexual harassment. - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The auditor verified through the required topics pursuant to 115.35 (a) and review of training documentation confirmed all had the required specialized and annual training.</p> <p>The number of all medical and mental health care practitioners who work regularly at</p> |

this facility who received the training required by agency policy: (15)

115.35 (b) The interview with medical staff confirmed facility staff do not conduct forensic examinations. All forensic examinations are conducted on site by contracted SANE staff or at the Atlanta Medical Hospital. The facility does not conduct forensic examinations. If there was a sexual assault at this facility, the medical staff at Helms Facility would not conduct the forensic examination but would perform a physical examination to determine the extent of the injuries. The forensic examination would be conducted by the GDOC contracted SART or at the Atlanta Medical Hospital emergency room depending upon the injuries the confined person incurred. The interviewee indicated medical staff are required to complete specialized training.

115.35 (c) In responses to the PAQ, the facility reported it maintains documentation that medical and mental health practitioners have received specialized training. A review of training documentation confirmed medical and mental health complete position-specific training.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.35 based upon documentation provided and interviews conducted.

Corrective Action: None

| 115.41 | Screening for risk of victimization and abusiveness |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. PREA Screening Tools (12) 4. Confined person Files (12) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Random Confined Persons (9) (4) Males and (5) Females <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observation of the Initial Intake PREA process (N/A)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.41 (a). Per GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 23-24), all confined persons are required to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons.</p> <p>The interview with the staff member, who is responsible for conducting risk assessments, indicated they are conducted on all incoming confined persons. The interviews with random confined persons (15) confirmed 100% received a risk assessment upon arrival to the facility.</p> <p>No intake screening took place during the onsite portion of the audit for the auditor to observe.</p> <p>115.41 (b). Per GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 23-24), stipulates risk screening will be conducted within 24 hours of arrival at the facility. The facility reported in its response to the PAQ that 50 confined persons were admitted to the facility for over</p> |

72-hours which equated to 100% of the population who received screening for sexual victimization or sexual abusiveness during the 12 months prior to the audit. The interview with staff that conduct intake screening and risk assessments confirmed they are conducted within 24 hours of arrival to the facility, which exceeds standard requirements.

The auditor interviewed random confined persons of which all nine indicated they received a risk assessment either the day they arrived or the day after. The auditor reviewed ten (10) confined person files for those admitted to the facility within the past 12-months. All files had documentation supporting a risk assessment was completed. The agency utilized an electronic program, SCRIBE, to complete risk assessments.

The auditor has determined that the practice of conducting risk assessments within 24 hours has been institutionalized.

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

The auditor finds the facility in compliance with PREA Provision 115.41 (c) based upon interviews conducted and documentation provided.

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

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

Interview with one staff member who conducts risk screening indicated GDOC has a standard PREA Victim/Sexual Aggressive Classification Screening Questionnaire with 14 questions and/or statements for confined persons that require a yes or no response that is utilized during intake of new or transferred confined persons. There

were no PREA intake risk screenings during the onsite visit for the auditor to observe. The facility's mission does not include detaining confined persons solely for civil immigration purposes.

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

The PREA Screening Tool additionally asks the following questions:

- Whether the confined person has a past history of institutional (prison or jail) sexually aggressive behavior?
- Whether the confined person has a history of sexual abuse/sexual assault towards others (adult and/or child)?
- Whether the confined person's current offense sexual abuse/sexual assault toward others (adult and/or child)?
- Whether the confined person has a prior conviction(s) for violent offenses?

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

115.41 (f). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) in part states, "Confined persons whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all confined persons, within 30 days of arrival at the institution." The facility reported in the PAQ fifty (50) confined persons entered the facility within the past 12-months with lengths of stay in excess of 30 days and 100% were reassessed.

The interview with staff responsible for conducting risk assessments indicated confined persons are reassessed within 30 day of the initial assessment. The interviews with 10 random confined persons confirmed seven confined persons at the facility in excess of 30 days indicated they were reassessed and three said they were not reassessed. The auditor reviewed documentation of ten (10) PREA Screening Tools and determined confined persons were reassessed no later than 30 days of arrival to the facility.

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

115.41 (g). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "Confined persons whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed

whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all confined persons, within 30 days of arrival at the institution.”

The auditor interviewed staff responsible for conducting risk assessments who indicated reassessments are conducted a reassessment; including, when it is necessary due to a referral, request, incident of sexual abuse, or receipt of additional information which may have an impact on a confined person’s risk of sexual victimization or abusiveness. The interviews with nine (9) random confined persons confirmed they were reassessed within 30 days of arriving at the facility. The auditor reviewed the PREA assessment tool which is also used for reassessments. There is no differentiation between the initial assessment and reassessment forms utilized in SCRIBE. There is no indication on the form to indicate the reason for the reassessment, be it, routine 30-day, due to a referral or request, an incident of sexual abuse or receipt of additional information which may affect a confined person’s risk level. Counseling staff document the reasons in SCRIBE using Case Notes.

Documentation, interviews, and policy support the reasons for reassessments and therefore, the auditor finds the facility in compliance with PREA Provision

115.41 (g) based upon interviews conducted and documentation provided.

115.41 (h). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, “If an confined person chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined.” The auditor will recommend the facility amends its policy to include specific language related to this standard. Most notably that confined persons will not be disciplined for refusing to answer or for not disclosing completed information in response to the following questions:

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

The auditor interviewed one (1) staff responsible for conducting risk assessments who indicated confined persons are not disciplined for the reasons identified above.

115.41 (i). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, “If any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

The auditor interviewed the PREA Coordinator who stated each Warden determines who has access to the confined person’s risk assessment. Typically, the access will be

granted to counselors, mental health professionals, and facility executive staff members. Although there is limited access to the details of the risk assessment, their overall score (victim, aggressor, both or neither) is available to all staff to ensure they have the necessary information to make housing, program and bed assignments. The interviews with the PCM and staff who conduct risk screening indicated there is limited access for privacy concerns.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.41 based upon documentation provided and interviews conducted.

This standard is rated "exceeds", upon arrival to the facility all inmates are immediately screened for the risk of victimization and noted in SCRIBE before being assigned to a housing unit. Not only does the facility exceed standard 115.41, it also exceeds the ACA standard for risk screenings within 24 hours of admittance to the facility.

Corrective Action: (None)

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| 115.42 | Use of screening information |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Administrative Segregation, PN 209.06, (eff. 2/7/18) 4. PREA Screening Tools (12) 5. Confined person Files (12) 6. Brochure, PREA Standards and Information Related to Transgender/Intersex Confined persons, SOP 220.09, Attachment 2, (eff. 7/26/19) 7. Statewide Classification Committee (SCC) Referral Form, SOP 220.09, Attachment 2, (eff. 7/26/19) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Transgender/Intersex/Bi-Sexual/Gay/Lesbian Confined persons (1) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observation of shower areas</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.42 (a). GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 20) requires screening for risk of sexual victimization and abusiveness by conducted for all confined persons within 24 hours of arrival at the facility. Policy (p. 24-26) also states in part, "Information from this assessment will be used to determine classification decisions with the goal of keeping separate those confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive. NOTE: The risk assessment should not hinder classification opportunities." Policy also indicates facilities are to designate a safe dorm(s) or safe beds for those confined persons identified as highly vulnerable to sexual abuse.</p> <p>The facility's Classification Committee is a multi-disciplinary committee that is responsible for making bed, program, education, and work assignments considering</p> |

the known information about each confined person, including information learned from PREA Sexual Victim/Sexual Aggressor Classification information.

115.42 (b). Facilities are required by GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 13) to make individualized determinations about how to ensure the safety of each confined person. The policy (pp. 24-26) also requires that confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the confined person may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the confined person will have access to programs as described in GDOC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the confined person will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.

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

115.42 (c). GDOC policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24-26) is a verbatim representation of provision (c). Specifically, paragraph six of the policy states in part, "In deciding whether to assign a transgender or intersex confined person 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 confined person's health and safety, and whether the placement would present management or security problems." GDOC completes a Statewide Classification Committee Referral Form for all transgender and intersex confined persons to determine housing recommendations. Input is given by GDOC's PREA coordinator, medical director, mental health director, facilities director, and the assistant commissioner.

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

The interview with the PREA Compliance Manager confirmed the facility takes into consideration on a case-by-case basis whether a confined person's placement at the facility would ensure his or her health and safety and whether management or security concerns would arise as a result of the placement. There were no transgender or intersex at the facility for the auditor to interview.

115.42 (d). Facilities are required by GDOC policy, Prison Rape Elimination Act (PREA)

Sexually Abusive Behavior Prevention and Intervention Program (pp. 24-26) to reassess placement and programming assignments for each transgender or intersex confined person no less than every six months to review any threats to sexual safety of the confined person. Transgender and intersex confined persons are given a brochure that details placement and programming assignments will be reassessed at least twice each year to review any threats to safety they may have experienced.

The interviews with the PREA Compliance Manager and staff who conduct risk assessments confirmed transgender and intersex confined persons are reassessed every six months and as needed.

There were no transgender or intersex confined person housed at the facility during the onsite visit to review.

115.42 (e). Staff account for intake screening information pertaining to a confined person's own perception of vulnerability in making program decisions. Transgender and intersex confined persons are given a brochure that details their own views with respect to their own safety will be given serious consideration and staff will listen to them and take their concerns seriously.

There were no transgender or intersex confined persons at the facility for the auditor to interview. The interviews with the PREA Compliance Manager and risk screening staff both confirmed transgender or intersex confined persons' views of his or her safety are given serious consideration in placement and programming assignments.

115.42 (f). Helms Facility allows for transgender and intersex confined persons the opportunity to shower separately from other confined persons. Observation of the facility restroom areas confirmed individual showers have curtains allowing for complete privacy for all confined persons. The interviews with the PREA Compliance Manager and risk screening staff both confirmed transgender and intersex confined persons are afforded the opportunity to shower separately from other confined persons.

115.42 (g). The Georgia Department of Corrections is not under a consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LBGTI) confined persons for their protection.

The interview with the PREA Coordinator confirmed GDOC is prohibited from establishing dedicated facilities or housing units for LBGTI confined persons and the GDOC PREA unit, through site visits, ensures its facilities are not housing LBGTI confined persons in dedicated housing units or beds. During interview with the PREA Compliance Manager she confirmed Helms Facility is not under consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house LBGTI confined persons for their protection.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.42 based upon documentation provided and interviews conducted.

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| 115.43 | Protective Custody |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Staff who supervise Confined persons in Segregated Housing (1) 4. Inmates in Segregated Housing (0) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> a. Observation of Segregated Housing (n/a) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.43 (a) GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) requires confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the confined person may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the confined person will have access to programs as described in GDOC SOP 209.06, Administrative Segregation, which also provides for reassessments. Confined persons will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.</p> <p>In response to the PAQ, the facility reported in the past 12 months there were zero (0) confined persons at risk of sexual victimization held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment.</p> <p>The interview with the superintendent indicated the Helm’s Facility does not have a segregation unit per se, but they do have a cell designated as a safe room/ observation room used for these purposes. There were no staff or confined persons</p> |

assigned to segregated housing.

115.43 (b) GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) addresses provision (b) in its entirety. In instances where confined persons are placed in segregated housing to protect him or her from victimization the facility is required to allow access to programming, privileges, education and work opportunities. If access is limited, the facility will document the following:

- The opportunities that have been limited.
- The duration of the limitation; and,
- The reasons for such limitations.

During the facility tour the auditor observed the safe/observation room. Informal interviews with two (2) staff confirmed confined persons are not restricted from out of cell activities. No confined persons were in segregated housing during the on-site visit to interview.

115.43 (c) GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) in part states, "The facility shall assign such confined persons 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."

In response to the PAQ, the facility reported in the past 12 months there were zero confined persons at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interview with the superintendent confirmed there is no segregation unit, but the safe/observation room would be utilized for confined persons with a high risk of sexual victimization until safe separation means can be established. This would not ordinarily last more than 30 days. There were no staff assigned to or confined persons in segregated housing while the auditor was onsite.

115.43 (d) In response to the PAQ, the facility indicated there have been no involuntary segregation placements during the last 12 months. The PREA Compliance Manager also indicated there have been zero (0) placements during the audit cycle. If placements were to be made the reasoning would be thoroughly documented, including why no alternative means of separation can be arranged.

115.43 (e) GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) in part states, "Every 30 days, the facility shall afford each such confined person a review to determine whether there is a continuing need for separation from the general population." In response to the PAQ, the facility indicated there have been no involuntary segregation placements during the last 12 months. There were no staff assigned to or confined persons in segregated housing while the auditor was onsite.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.43 based upon documentation provided and interviews

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| | <p>conducted.</p> |
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| | <p>Corrective Action: (None)</p> |
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| 115.51 | Inmate reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Records of Investigative Staff 4. Investigation Report of Alleged Sexual Abuse (dated 11/30/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (11) 3. Random Confined Persons (9) (5) Males and (4) Females <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> a. Observations of Reporting Mechanisms - (Posters, Confined person Handbook, Brochures) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.51 (a). GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (pp. 26-27) allows for confined persons to make a report of sexual abuse and sexual harassment, and retaliation through the following means: in writing, verbally, or through available internal or external methods. External methods include Third Party reporting to the Ombudsman's Office, email to the agency PREA Coordinator and written correspondence to the Georgia State Board of Pardons and Paroles Office. Policy addresses the use of the PREA Hotline as a mechanism for reporting sexual abuse or harassment. The auditor tested the PREA Hotline from various phones and found it easy to connect. The auditor received confirmation of receipt via email from the PREA Unit as receiving the call.</p> <p>The interviews with random staff confirmed 100 percent knew of the multiple ways for confined persons to privately report sexual abuse and sexual harassment, retaliation by other confined persons or staff for reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to the above, they indicated confined persons could report via a third-party, written or verbal. The interviews with a random</p> |

sample of confined persons confirmed 100% knew of various ways to report sexual abuse or sexual harassment (verbal or written reports to staff, PREA Hotline calls, friends or family). The auditor observed PREA reporting materials prominently posted throughout the facility.

115.51 (b). In response to the PAQ, the facility provided documentation, GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (pp. 26 - 27) which discusses multiple avenues for confined person reporting. Included is the 24/7 availability of the toll-free and anonymous if desired, PREA Hotline to report allegations of sexual abuse and sexual harassment to an entity outside of the GDOC. Confined persons may also make written reports to the Georgia Office of Pardons and Paroles. Helms Facility does not detain confined persons solely for civil immigration purposes.

The interview with the PREA Compliance Manager confirmed confined persons have multiple ways of reporting sexual abuse or sexual harassment to a public or private entity as noted in the confined person handbook. Confined persons have toll free and anonymous telephonic access to Day League Rape Crisis Center. Confined persons may report to the Governor's Ombudsman's Office who is not part of the GDOC. Those reports would be forwarded to the Office of Professional Standards who would in turn report to the superintendent. This method does allow the reporter to remain anonymous.

The interviews with a random sampling of confined persons confirmed all knew of the different reporting avenues and they could report without giving their name. During the site review, the auditor observed confined persons on the facility phones in unit day rooms with nearby area Zero-Tolerance posters containing contact information for reporting.

115.51 (c). Per GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 27) staff members are to verbal and written reports and those from a third parties and promptly document any verbal reports. Staff are to forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly.

The interviews with random staff confirmed they accept third party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. The interviews with random confined persons confirmed all eleven (11) were aware they could make a report of sexual abuse or sexual harassment via a third party, verbally or in writing. In response to the PAQ, the facility reported staff document verbal reports "immediately."

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

using the grievance box system.

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

Corrective Action: (None)

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Statewide Grievance Procedure, PN 227.02, (eff. 5/10/19) 4. Helms Confined person Handbook. <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Targeted Confined persons who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.52 (a-g). GDOC Policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 27) states allegations of sexual abuse and sexual harassment are non-grievance issues, and they should be reported in accordance with methods outlined in the policy (208.06). GDOC's Statewide Grievance Procedure (p. 5) stipulates sexual abuse and sexual harassment shall be forwarded to the Institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06. Information received by the PREA Coordinator verified this policy and procedures by indicating if facilities receive an allegation of sexual abuse or harassment on a grievance form it is to be treated as a written allegation only and forwarded to SART for investigation.</p> <p>GDOC and Helms Facility are exempt from Standard 115.52 and thus provisions (a-g) are not applicable in determining compliance as GDOC does not have administrative procedures to address confined persons' grievances of sexual abuse and sexual harassment.</p> |

| 115.53 | Inmate access to outside confidential support services |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Handbook 4. Day League Center <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Random Confined persons (15) 2. Targeted Confined persons (3) 3. Confined persons who Reported a Sexual Abuse (0) <p>In order to decide compliance determination, the following observations were made during the on-site tour of the facility:</p> <p>Posted Documents: Brochures, Posters, Day League Center</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.53 (a). Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 17) discusses the requirements for allowing confined person access to emotional support services, including those within the community. The facility utilizes various means to communicate the availability of emotional support services with the confined persons. The facility provides confined persons with access to outside victim advocates for emotional support services related to sexual abuse by providing all confined persons with an informational guide (as part of the confined person handbook) and brochures describing available emotional support organizations for victims of sexual abuse. The confined person handbook contains information titled, "Break the Silence of Abuse" which includes a toll-free telephone number to the Day League Center, in the event emotional support services are needed. Additionally, a dual-language confined person education and awareness brochure is given to confined persons upon arrival to the facility.</p> <p>During the facility tour, the auditor observed prominently displayed posters containing the number and instructions to call the Day League Center if need be. Informal interviews with confined persons confirmed they were aware of the posters, and they knew how to contact the Day League Center. There were no confined persons who reported a sexual abuse to interview.</p> |

According to interviews with a random confined persons nine (9) knew of information on victim advocacy and emotional support services available outside the facility for dealing with sexual abuse.

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

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

The interviews with a random confined persons confirmed basic understanding that calls to agencies offering emotional support are private and could be reported if someone were to get hurt or was hurt.

115.53 (c). Policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) requires the facility's PREA Compliance Manager to attempt to enter into an agreement or Memorandum of Understanding (MOU) with a Day League Center to provide victim advocacy services to confined persons alleging sexual abuse or sexual harassment. In response to the PAQ, the facility provided documentation of a current MOU with Day League Center dated May 2022. The Day League Center agrees to work with the Helms Facility to ensure that incarcerated victims have access to emotional support services related to sexual abuse and sexual harassment; ensure Day League Center personnel attend the required Helms facility certified volunteer training; respond to requests from Helms Facility to provide hospital accompaniment for incarcerated victims during the forensic medical examination process and in-hospital investigatory interviews; maintain confidentiality as required by state and federal laws for Day League Center personnel pursuant to Georgia Code Title 24 Evidence 24-5-509 and the requirements of Day League Center; provide emotional support services in response to Helms Facility staff referrals and requests from incarcerated victims including a hotline, correspondence, follow-up crisis counseling upon request of the confined person victim; inform the Helms Facility Mental Health Director or designee of any emergency mental health needs of the confined person victim, with proper consent and without disclosing anything beyond immediate concern; provide training on trauma informed responses to sexual abuse and sexual harassment for Helms Facility Staff, as needed and communicate any questions or concerns to the PREA Compliance Manager or his/her designee at monthly meetings or by phone or email between meetings, as needed.

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| <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.53 based upon documentation provided and interviews conducted.</p> |
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| <p>Corrective Action: (None)</p> |
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| 115.54 | <p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC official website: http://www.GDOC.ga.gov/ <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.54 (a). GDOC’s policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 26-27) references Third Party Reporting. Third party reporting may be made to Ombudsman’s Office, by email to the agency PREA Coordinator, and via written correspondence to the State Board of Pardons and Paroles, Office of Victim Services and the GDOC Office of Professional Standards, PREA Unit. Information on how to report sexual abuse and sexual harassment on behalf of a confined person can be found at http://www.GDOC.ga.gov/. The auditor reviewed the website and found third party reporting information is made publicly available on the agency website. Reports may be made via the “Report Sexual Abuse and Sexual Harassment link. The website advises the viewer that GDOC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. In response to the PAQ, the facility indicated it accepts all reports regardless of how they are received, i.e., written, verbal or third party. All third-party reports are processed as any other allegation.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.54 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p> |
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| 115.61 | Staff and agency reporting duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Investigative Report of Sexual Abuse Allegation Form 4. GDOC Employee Standards of Conduct 5. Staff PREA Education Acknowledgment Statement 6. GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. Medical Staff 4. Random Sample of Staff (11) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.61 (a). In response to the PAQ, staff reported the agency requires all staff to immediately report any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency; retaliation against confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>100% of the random staff interviews confirmed all staff new of their requirements for reporting instances or allegations of sexual abuse, retaliation, or staff neglect. All staff was adamant they would not hesitate to report to their supervisor. The auditor's review of two investigations, one administrative and one possibly criminal in nature and found both were reported timely. Policy, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program (p. 27) directs staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, to report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct.</p> <p>115.61 (b). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention</p> |

and Intervention Program requires staff not to disclose any information concerning sexual assault, sexual harassment, or sexual misconduct of a confined person, including the names of alleged victims or perpetrators, except to report the information as required by this policy or the law, or to discuss such information as a necessary part of performing their job. Staff members who fail to comply with the reporting provisions of this policy may be banned from correctional facilities, or will be subject to disciplinary action, up to and including termination, whichever is applicable. The interviews with random staff confirmed they would disclose any information they knew of or heard of to their immediate supervisors and would not discuss with other staff members.

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

The interviews with medical and mental health staff confirmed they were aware of their duty to report, confidentiality limitations at the beginning of services. 115.61 (d). In response to the PAQ, the facility reported its use if for adult confined persons between the ages of 19 -72 years old, as such the Helms Facility does not house youthful confined persons; however, the agency does and policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective

Services Section. Additionally, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency.

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

115.61 (e). During interview with the Superintendent confirmed all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported and investigated.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.61 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.62 | Agency protection duties |
| | <p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1453 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 454 1390 611" style="list-style-type: none"> <li data-bbox="256 454 831 488">1. Helms Facility Pre-Audit Questionnaire <li data-bbox="256 495 1390 571">2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <li data-bbox="256 577 1090 611">3. Helms Facility Coordinated Response Plan, attachment 7 <p data-bbox="256 651 1453 728">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 766 544 799">Specialized Staff (2)</p> <ol data-bbox="256 837 552 949" style="list-style-type: none"> <li data-bbox="256 837 480 871">1. Agency Head <li data-bbox="256 878 512 911">2. Superintendent <li data-bbox="256 918 552 949">3. Random Staff (11) <p data-bbox="256 990 1414 1066">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1104 1461 1473">115.62 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 7) addresses the facility's Coordinated Response Plan and steps to follow upon learning of a sexual misconduct allegation. The Coordinated Response Plan identifies the first requirement is to separate the alleged abuser from the alleged victim in tandem with reporting the incident. The Coordinated Response Plan identifies the first and foremost step following reporting the incident is to separate the alleged abuser from the alleged victim. At Helms Facility, the cell in visual view of the control center is considered a 'safe cell' where potential victims would be placed in the threat of imminent risk.</p> <p data-bbox="256 1512 1466 1624">In response to the PAQ, the facility reported there was zero number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="256 1664 1422 1776">The interviews with a random sampling of staff confirmed all staff knew to act and respond immediately to the situation taking protective measures separate the confined persons and move the victim to a safe place in view of staff.</p> <p data-bbox="256 1816 1474 2063">The interviews with the agency head and Superintendent indicated GDOC has a zero-tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation. All allegations, except for those deemed unfounded, are monitored for retaliation. Individuals that retaliate on staff or confined persons for cooperation will be disciplined per GDOC discipline policies. Upon learning of substantial risk of imminent sexual abuse, protective actions taken to protect the</p> |

confined person include immediately shielding the confined person (s) from any further or pending abuse by separating the confined person from the aggressor and relocating to a safe place in the facility, near staff or in another building; identify locations within the area for temporary placement of the victim; transfer the aggressor to a secure facility pending investigation.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.62 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.63 | Reporting to other confinement facilities |
| | <p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1445 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 454 1390 568" style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <p data-bbox="256 607 1453 683">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 721 542 754">Specialized Staff (2)</p> <ol data-bbox="256 792 515 869" style="list-style-type: none"> 1. Agency Head 2. Superintendent <p data-bbox="256 907 1417 983">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1021 1442 1473">115.263 (a). GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires in cases where there is an allegation that sexually abusive behavior occurred at another GDOC facility, the warden/designee of the victim’s current facility is required to provide notification to the warden of the identified institution and GDOC’s PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the confined person’s current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non- Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department.</p> <p data-bbox="256 1512 1477 1753">115.263 (b). GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 27-28) and Local Policy Procedure requires the notification be provided as soon as possible but not later than 72 hours after receiving the allegation. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p data-bbox="256 1792 1477 1995">115.263 (c). GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure require notifications to be documented. In response to the PAQ, the facility documented there were zero allegations during the past 12 months in which a confined person at this facility alleged sexual abuse at another facility.</p> <p data-bbox="256 2033 1378 2067">115.263 (d). GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive</p> |

Behavior Prevention and Intervention Program (p. 24) requires the facility head or GDOC office that receives such notification to ensure that the allegation is investigated in accordance with the PREA Standards.

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

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.63 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.64 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, 4. Helms Facility, Coordinated Response Plan (Att.7) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. First Responders (Security Staff) 2. First Responders (Non-Security Staff) 3. Random Staff (11) 4. Targeted Confined persons who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.64 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 27-28) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Local Procedure Directive and Coordinated Response Plan reviewed by the auditor include the names and telephone numbers of the coordinating parties. Local Procedure Directive and Coordinated Response Plan, First Steps details actions to be taken in the event of an incident of sexual abuse which include the following elements required in this standard provision:</p> <ul style="list-style-type: none"> - Ensure the victim is separated from the abuser. - Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an internal investigator arrives. - Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. - Instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. <p>For succinct clarification purposes the auditor will recommend updated language in the Local Policy Directive to include that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not</p> |

take any actions that could destroy physical evidence.

In response to the PAQ, the facility reported one allegation of sexual abuse in the past 12 months. A review of the documentation indicated protocols pursuant to this provision were followed as necessary relating to the nature of the abuse allegation. The confined person was no longer at the facility therefore; the auditor was unable to conduct an interview. The interview with security staff first responders and informal staff interviews confirmed a great deal of knowledge of first responder duties and exactly what to do in response situations. There were no confined persons who reported a sexual abuse to interview during this audit.

115.64 (b). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy and Local Procedure Directive and Coordinated Response Plan does not require that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

Interview with non-security first responder staff confirmed detailed knowledge of first responder protocols. In response to the PAQ, the facility reported one instance where non-security staff responded to an incident of sexual abuse. The interviews with security staff first responder and non-security staff first responder and random staff (11) confirmed detailed knowledge of first responder protocols.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.64 based upon documentation provided and interviews conducted.

Corrective Action: None

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| 115.65 | Coordinated response |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1445 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 456 1390 656" style="list-style-type: none"> <li data-bbox="256 456 831 488">1. Helms Facility Pre-Audit Questionnaire <li data-bbox="256 497 1390 573">2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program <li data-bbox="256 582 775 613">3. Coordinated Response Procedures <li data-bbox="256 622 975 656">4. Sexual Abuse Response Checklist, attachment 6 <p data-bbox="256 696 1453 772">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 813 552 889">Specialized Staff: (1) Superintendent</p> <p data-bbox="256 929 1414 1005">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1046 1437 1245">115.265 (a). GDOC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 28-29) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="256 1285 1469 1641">The Local Operating Procedure Directive and the Helms Facility Sexual Assault Response Plan serve as the facility’s Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDOC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment. The facility also uses the GDOC Sexual Abuse Response Checklist to coordinate the actions and responses of first responders. This document becomes a part of the investigation packet.</p> <p data-bbox="256 1682 1394 1758">The Coordinated Response Plan reviewed is current and includes the names and telephone numbers of the coordinating parties.</p> <p data-bbox="256 1798 1461 1915">The interview with the superintendent indicated the Coordinated Response Plan serves as a guide for each first responder, medical and mental health staff as well as all participants in the event of a sexual assault.</p> <p data-bbox="256 1955 1458 2072">The auditor has determined current operations and practices meet the requirements of PREA Standard 115.65 based upon documentation provided and interviews conducted.</p> |

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| | Corrective Action: None |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1) Agency Head</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.66 (a). In response to the PAQ, the facility reported the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p>The Interview with the agency head verified GDOC has not engaged with collective bargaining with employees.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.66 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention 3. Program, PN 208.06, (eff. 6/23/22) 4. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention 5. Program, PN 208.06, Helms Facility, 6. Local Policy Directive and Coordinated Response Plan (Att.7) 7. GDOC Retaliation Monitoring Form <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent 3. Staff Member Charged with Retaliation Monitoring 4. Targeted Confined persons Who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.67 (a). GDOC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (PP. 28-29) addresses GDOC’s commitment to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff. Policy in part stated. “The Department will protect confined persons and staff members who report sexual abuse or Sexual Harassment from retaliation anyone who retaliates against a staff member or a confined person who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.” Policy further requires institution wardens or superintendents to designate a staff member to serve as the facility Retaliation Monitor. Retaliation Monitors are to be identified in the Local Procedure Directive and Coordinated Response Plan. The Retaliation Monitor is identified by name, title and department, with current contact information in the Local Procedure Directive.</p> <p>115.67 (b). The Coordinated Response Plan addresses confined person protection measures. GDOC’s multiple protection measures include housing changes or transfers, removal of alleged staff members or confined person abusers from contact</p> |

with victims, and emotional support services for confined persons and/or staff members who fear retaliation for reporting or for cooperating with investigations.

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

Retaliation monitoring is documented on the GDOC Retaliation Monitoring Form. For staff she would review post assignments, changes in shifts, performance reports and any disciplinary reports. Helms Facility does not have a formal segregation unit and there were no confined persons who alleged sexual abuse to interview.

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

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

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

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

115.67 (d). Periodic status checks of confined persons will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day Confined person Sexual Abuse Review Checklist. The checklist is completed for each confined person being monitored. The interview with the retaliation monitor confirmed she conducts random checks with confined persons during the 90 days of monitoring and any subsequent monitoring.

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

The auditor finds the facility in compliance with PREA Provision 115.67 (e) based upon interviews conducted and documentation provided.

Corrective Action: (None)

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- 1. Helms Facility Pre-Audit Questionnaire
- 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
- 3. Administrative Segregation, SOP 209.06,

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

Specialized Staff (2)

- 1. Superintendent
- 2. Staff Who Supervise Confined persons in Segregated Housing (None)
- 3. Targeted Confined persons housed in Segregated Housing (None)

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

115.68 (a) Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 25) address involuntary segregation. prohibits placing confined persons at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is not available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the confined person may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the confined person’s safety, must be documented in the confined person/confined person database, SCRIBE, documenting concern for the confined person’s safety and the reason why no alternative means of separation can be arranged. Confined persons who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population.

Confined persons in involuntary segregation will receive services in accordance with GDOC’s Administrative Segregation policy requires that confined persons at high risk for sexual victimization are not placed 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. If an assessment cannot be conducted immediately, the confined person may be held in involuntary segregation no more than 24 hours while completing the assessment.

This placement, including the concern for the confined person's safety is noted in SCRIBE case notes documenting the concern for the confined person's safety and the reason why no alternative means of separation can be arranged. The confined person will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged, which ordinarily does not exceed a period of 30 days. If placement in involuntary segregation exceeds 30 days, reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population. Confined persons in involuntary protective custody, in compliance with policy, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and telephones. Individual records are required and will document, among other required things, all activity such as bathing, exercise, medical visits, program participation and religious visits. It should also include documentation of unusual occurrences and if access to any programming, privileges, and education, or work opportunities is restricted, the facility is to the opportunities that have been limited the duration of the limitation and the reasons for such limitations.

In response to the PAQ, the facility documented there were no confined persons who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment; none for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility provides a review at least every 30 days to determine whether there is a continuing need for separation from the general population. This was also confirmed through interviews with staff and confined persons.

The interviews with Helms Facility Superintendent confirmed the facility does not have a segregation unit, and if confined persons in this situation are identified they would be placed in the safe cell near the control center temporarily and transferred to another facility if the situation warranted.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.68 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.71 | Criminal and administrative agency investigations |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1453 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 456 1390 696" style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Sexual Abuse Incident Review Form 4. Investigative Staff Training Records 5. Administrative Investigation Report <p data-bbox="256 736 1453 813">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 853 552 889">Specialized Staff (3)</p> <ol data-bbox="256 929 1211 1081" style="list-style-type: none"> 1. Superintendent 2. Facility Investigative Staff 3. PREA Coordinator 4. Targeted Confined persons Who Reported a Sexual Abuse (None) <p data-bbox="256 1122 1414 1198">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1238 1481 1897">115.71 (a). The facility provided a copy of the GDOC Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses the investigative process. An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards (OPS). Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources. The interview with investigative staff confirmed anonymous or third- party reports of sexual abuse and sexual harassment are taken seriously and handled the same way as a self-report and that investigations are initiated within a day of receiving a report. The auditor reviewed two investigative reports stemming from a confined person self-report of alleged sexual abuse by a staff member and an anonymous PREA Hotline message alleging sexual harassment by a staff member. Both investigations were initiated by the next day.</p> <p data-bbox="256 1937 1453 2063">115.71 (b). GDOC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 17) requires specialized training for members of the Sexual Abuse Response Team and any other staff members who are</p> |

likely to be involved in the management and treatment of sexually abuse victims and perpetrators. All of the Sexual Assault Response Team Members have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".

During the interview with the facility investigators she indicated she was a newly assigned investigator and completed Investigating Sexual Abuse in Confinement Setting training in November 2022. Training documentation is also discussed in Standard 115.34 (c).

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

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

115.71 (d). Special Agents in the OPS who are responsible for conducting investigations that appear to be criminal in nature, consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution. PREA policy (p. 31) states in part, "If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC. Interview with the facility investigator confirmed they do not conduct compelled interviews at the facility level. All compelled interviews are conducted by agency staff in the OPS.

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

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

confined person was no longer at the facility.

The auditor finds the facility in compliance with PREA Provision 115.71 (e) based on interviews conducted and documentation provided.

115.71 (f). GDOC's PREA policy (p. 31) in part states, "Administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings."

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

115.71 (g). PREA policy (p. 31) stipulates in part, "criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility". The facility provided the initial facility investigation to the auditor. The sexual abuse investigation was turned over to OPS for criminal investigation. The investigation has been closed but the auditor was not provided the complete investigatory file in totality. The interview with the facility investigator confirmed the facility does not conduct criminal investigations. However, staff provides documentation to the investigative division on what occurred and documentation of any potential evidence, to include, physical, verbal, or electronic evidence. Copies of all evidence are turned over to OPS.

Based on review of the initial investigative documents, policy and interviews, the auditor believes the facility and agency conduct criminal investigations as required by standard 115.71.

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

115.71 (i). The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, per PREA policy (p. 32). Helms' PREA Implementation Manual (p. 32) in part states, "Helms 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.”

115.71 (j). GDOC’s PREA policy dictates an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Policy further stipulates in part, “The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation”. The interview with the facility investigator confirmed investigations are completed and the BOP is updated as to the findings.

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

115.71 (l). GDOC conducts investigations of all allegations of sexual abuse that have occurred in their facilities. As such, this provision is not applicable in determining compliance for PREA Standard 115.71.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.71 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.72 | <p data-bbox="240 91 1503 1662">Evidentiary standard for administrative investigations</p> <p data-bbox="240 165 1503 241">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 241 1503 318">Auditor Discussion</p> <p data-bbox="240 318 1503 414">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="240 414 1503 638" style="list-style-type: none"> <li data-bbox="240 414 1503 481">1. Helms Facility Pre-Audit Questionnaire <li data-bbox="240 481 1503 571">2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <li data-bbox="240 571 1503 638">3. Administrative Investigative Report (1) <p data-bbox="240 638 1503 750">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="240 750 1503 817">Specialized Staff: (1)</p> <ol data-bbox="240 817 1503 884" style="list-style-type: none"> <li data-bbox="240 817 1503 884">1. Facility Investigator <p data-bbox="240 884 1503 996">The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p data-bbox="240 996 1503 1153">115.72 (a). GDOC’s PREA policy (p. 28), stipulates in part, “There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 1153 1503 1444">An interview with the facility investigator confirmed investigator utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. The auditor reviewed one administrative investigative report and a preponderance of evidence was utilized in determining the unsubstantiated disposition.</p> <p data-bbox="240 1444 1503 1601">The auditor has determined current operations and practices meet the requirements of PREA Standard 115.72 based upon documentation provided and interviews conducted.</p> <p data-bbox="240 1601 1503 1662">Corrective Action: (None)</p> |
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| 115.73 | Reporting to inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Confined persons, SOP IK01-0006 (eff. 12/5/05) 4. PREA Disposition Confined person Notification Form 5. Memorandum from GDOC PREA Coordinator, Procedure for Confined person Notifications - PREA Investigations, SOP 208.06, Attachment 3 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Investigator 3. Targeted Confined persons Who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.73 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 33), requires confined persons who are in GDOC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The interview with the facility investigator and superintendent confirmed this to be the standard practice.</p> <p>115.73 (b). GDOC Policy (p. 33) stipulates if investigations are forwarded to OPS for investigation, the facility will notify the confined person of the outcome upon completion.</p> <p>In response to the PAQ, the facility reported one criminal and/or administrative investigations of alleged confined person sexual abuse were completed past 12 months and where the confined person was notified of the disposition. The auditor reviewed the investigative file and did and located documentation reflecting the confined person was notified of the disposition. The facility forwarded a notification form informing the confined person the investigation was unsubstantiated.</p> <p>115.73 (c). GDOC Policy (p. 33), requires confined persons who are in GDOC custody are informed whether the allegation was determined to be substantiated,</p> |

unsubstantiated, or unfounded. All notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDOC utilizes the PREA Disposition Confined person Notification Form to inform confined persons of the outcomes of investigations.

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

- The staff is no longer posted in the institution.
- The staff is no longer employed at the institution.
- The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution.

In response to the PAQ, the facility reported one substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a confined person in the past 12 months. The confined person was not at the facility and available for interview. Following review of the investigation file, the auditor found no documentation supporting the confined person was notified of the disposition or circumstances regarding the staff member. Policy is in place and staff are aware of the investigation protocols the practice of notifying confined persons of the staff member's status. The facility submitted documentation, PREA Disposition Confined person Notification Form, advising the confined person of an unsubstantiated finding regarding the allegation of sexual assault by a staff member.

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

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

115.73 (e). GDOC policy requires all notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDOC utilizes the PREA Disposition Confined person Notification Form to inform confined persons of the outcomes of investigations. In response to the PAQ, the facility reported zero notifications to confined persons were provided pursuant to this standard.

One confined person was notified following the conclusion of an investigation alleging staff-on-inmate abused. The investigation file reviewed contained evidence of the notification to the confined person.

Additionally, the GDOC PREA Coordinator issued a memorandum to all GDOC Special Agents in Charge, Facility Wardens, and Facility PREA Compliance Managers regarding Procedure for Confined person Notifications. The memorandum details the following notification requirements:

Upon the completion of an OPS PREA investigation:

1. The OPS Investigator must notify the Warden at the facility of their investigation disposition with a copy being forwarded to the Statewide PREA Coordinator.
2. The Warden must notify their designee to complete and serve Attachment 3 (SOP 208.06) to the confined person.
3. Once the confined person has been served with the notification, the facility PREA Compliance Manager will place a copy of the signed notification in the SART investigation file.
4. During scheduled site visits, the PREA Coordinator or designee will check compliance and document their findings in their site visit report.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.73 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) 4. GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement 5. GDOC Employee Standards of Conduct Acknowledgement Statement 6. GDOC PREA Education Acknowledgement Statement <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.76 (a). The auditor reviewed Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses discipline for staff. Policy (p. 33) requires that staff who engages in sexual abuse with a confined person are banned from GDOC correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate.</p> <p>115.76 (b). The presumptive disciplinary sanction for staff who engages in sexual abuse as noted on page 33 of GDOC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy is termination.</p> <p>In response to the PAQ, the facility reported zero staff from the facility violated sexual abuse or sexual harassment policies. And, zero staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. There were no records of terminations, resignations, or other sanctions for violating the sexual abuse or sexual harassment policies to review.</p> <p>115.76 (c). Violations of GDOC policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories (p. 33). In response to the PAQ, the facility reported zero staff from the facility were disciplined, short of termination for violations GDOC sexual abuse or sexual harassment policies.</p> <p>115.76 (d). Referencing GDOC’s PREA policy (p. 34) staff found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. All staff terminations for violations of GDOC sexual abuse or sexual harassment policies, or resignations by staff members that would have been</p> |

terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal in nature. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified. Staff are aware of the disciplinary sanctions by acknowledging and signing the following forms: GDOC Commissioner's Statement Prohibiting Unlawful Harassment (Including Sexual Harassment), GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement, GDOC Employee Standards of Conduct Acknowledgement Statement, and GDOC PREA Education Acknowledgement Statement that detail potential sanctions, including arrest and referral for prosecution and the punishment if found guilty.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.76 based upon documentation provided.

Corrective Action: (None)

| 115.77 | Corrective action for contractors and volunteers |
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| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1445 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 456 1425 696" style="list-style-type: none"> <li data-bbox="256 456 831 492">1. Helms Facility Pre-Audit Questionnaire <li data-bbox="256 499 1390 575">2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <li data-bbox="256 582 1425 696">3. Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers <p data-bbox="256 736 1453 813">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 853 552 889">Specialized Staff: (1)</p> <ol data-bbox="256 893 512 929" style="list-style-type: none"> <li data-bbox="256 893 512 929">1. Superintendent <p data-bbox="256 969 1417 1046">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1086 1469 1485">115.77 (a). GDOC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with confined persons and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. As part of their PREA training, contractors and volunteers sign a GDOC PREA Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers that contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution.</p> <p data-bbox="256 1525 1453 1686">In response to the PAQ, the facility indicated no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of confined persons. As such, there was no Documentation of referrals to law enforcement and/or relevant licensing bodies to review.</p> <p data-bbox="256 1727 1469 1937">115.77 (b). GDOC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires the facility to take appropriate remedial measures, and consider whether to prohibit further contact with confined persons, in the case of any other violation of GDOC sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="256 1977 1417 2094">The interview with the superintendent confirmed any contractor or volunteer who violates GDOC sexual abuse and sexual harassment policies are prohibited from working with confined persons and removed from the facility.</p> |

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| <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.77 based upon documentation provided and interviews conducted.</p> |
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| <p>Corrective Action: None</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 297">Auditor Discussion</p> <p data-bbox="256 340 1453 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol data-bbox="256 454 1453 779" style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Discipline, SOP 209.01 4. SOP 209.01, Confined person Discipline, Authorized Discipline Sanctions List, Attachment 5 5. SOP 209.01, Confined person Discipline, MH/MR Evaluation for Disciplinary Action, Attachment 9 <p data-bbox="256 817 1453 893">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 931 552 965">Specialized Staff: (2)</p> <ol data-bbox="256 972 515 1048" style="list-style-type: none"> 1. Superintendent 2. Medical Staff <p data-bbox="256 1086 1414 1162">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1200 1477 1610">115.78 (a). GDOC Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires confined persons be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined person engaged in confined person-on-confined person sexual abuse or a criminal finding of guilt for confined person-on-confined person sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Confined person Discipline and Attachment 5 of said policy, Authorized Discipline Sanctions List. Further, GDOC prohibits all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity.</p> <p data-bbox="256 1648 1477 1848">In response to the PAQ, the facility reported there were zero administrative findings of confined person- on-confined person sexual abuse to have occurred at the facility during the past 12 months. The facility further reported there were zero criminal findings of guilt for confined person-on-confined person sexual abuse that have occurred at the facility. There were no disciplinary reports for the auditor to review.</p> <p data-bbox="256 1886 1477 2047">115.78 (b). Helms’ PREA Implementation Manual (p. 34) stipulates in part, “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the confined person’s confined person’s disciplinary history, and the sanctions imposed for comparable offenses by other confined persons with similar histories.”</p> |

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

115.78 (c). GDOC's PREA policy (p. 34) requires the agency's discipline process to consider whether the confined person's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. The facility uses GDOC's MH/MR Evaluation for Disciplinary Action form to evaluate a confined person's mental health status. The interview with the superintendent confirmed the facility would take a confined person's mental disability or mental illness into consideration when determining sanctions after generating a discipline report. The superintendent also noted there have been no disciplinary reports written for confined person-on-confined person sexual abuse during this audit cycle.

115.78 (d). GDOC PREA policy (p. 34) addresses if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits. Mental health staff confirmed during interview that Helms Facility offers individual and group therapy classes, trauma, coping skills etc. to address and correct any underlying reasons or motivations for sexual abuse. She indicated they do not force offending confined persons to participate, rather place emphasis on the benefits for participation.

115.78 (e) GDOC Policy (p. 35) indicates a confined person may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. There were no disciplinary records to review for this audit cycle.

115.78 (f). GDOC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. GDOC's PREA policy (p. 35) addresses this provision verbatim and further indicates any individual proven false allegations will result in disciplinary action for making a false allegation will receive a disciplinary report and may be subject to prosecution. Additionally, any person who willfully and knowingly gives or causes a false report of sexual harassment will be subject to disciplinary action in accordance with SOP 209.01 Confined person Discipline.

115.78 (g). GDOC's PREA policy (p. 34) stipulates in part, "The Department prohibits all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity". Consensual (non-coerced) sexual activity between confined persons does not constitute sexual abuse but, is considered a disciplinary issue. All instances of sexual contact between confined persons will be

treated as non-consensual unless proven otherwise during the course of an investigation. There were no confined person disciplinary reports for sexual activity between confined persons to review during this audit cycle.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.78 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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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>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff 3. Staff Responsible for Risk Screening 4. Confined Persons Who Disclosed Prior Sexual Victimization During Risk Screening (2) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observation of the Initial Intake PREA process (N/A)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.81 (a) (c) Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 25) requires GDOC to requires that the GDOC to provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDOC Standard Operating Procedures and stipulates in part (p. 25) that “Confined persons whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.”</p> <p>Upon arrival to the facility confined persons undergo an intake risk screening. If the risk screening results indicate that a confined person experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the confined person is offered a follow up meeting with medical and mental health, referrals are generated. Confined persons can either accept or refuse a follow- up meeting with medical or mental health staff if they choose.</p> <p>In response to the PAQ, the facility reported confined persons disclosed prior victimization during screening during the past 12 months preceding the audit.</p> |

However, the auditor interviewed two (2) confined female persons who disclosed prior sexual victimization during the risk screening. The auditor requested copies of the referrals to medical and mental health. Both confined persons were on mental health case load.

The interview with a staff member responsible for conducting risk screening indicated when confined persons disclose sexual victimization during intake; they are referred to mental health services for an evaluation within 14 days.

In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: (2)

115.81 (b) As noted in provision (a) GDOC's PREA policy requires confined persons have follow-up meeting with a medical or mental health practitioner within 14 days if they disclose a history of sexually assaultive behavior.

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: (2)

Upon arrival to the facility, confined persons undergo an intake screening process. If risk screening results indicate that an confined person has a history of sexually assaultive behavior whether it occurred in an institutional setting or in the community, the confined person is offered a follow up meeting with medical or mental health care staff and referrals are generated. Confined persons can either accept or refuse a follow-up meeting with medical or mental health staff if they choose. There were two (2) confined persons interviewed who disclosed sexually assaultive behavior or applicable file documentation. Both confined persons were determined to be on mental health case load.

115.81 (d) GDOC policy (p. 21), any information related to sexual victimization or abusiveness, including the information entered into the comment section of the intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions. Documentation is both physically and electronically secured.

115.81 (e) GDOC Policy Informed Consent addresses informed consent requirements.

The interview with mental health staff indicated they must obtain consent from confined persons to report sexual victimization that did not occur in a prison or jail. There were two (2) confined persons interviewed who disclosed prior victimization. The agency's PREA Coordinator ensured all applicable staff was retrained on GDOC's requirements for informed consent.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.81 based upon documentation provided and interviews conducted.

Corrective Action: (None)

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| 115.82 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Confined person Handbook 5. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. SAFE/SANE 2. Medical Staff 3. PREA Compliance Manager 4. Targeted Confined persons Who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.82 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) in part states, “The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department Standard Operating Procedures regarding medical and mental health care.” In review of applicable GDOC policies and procedures Helms Facility ensures that confined person victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The SART is required to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours.</p> <p>Medical and mental health services are offered on-site at Helms Facility in a separate wing of the facility therefore, confined persons get immediate care when and as needed. The interviews with medical and mental health confirmed immediate care and crisis intervention for confined persons following an allegation of sexual abuse or prior victimization of sexual abuse. There were no confined persons who reported a sexual abuse at the facility to interview.</p> |

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

The interviews with eleven (11) staff members confirmed they were all knowledgeable of first responder protocols and would be able to act accordingly in the event of an incident of sexual abuse. Specifically, they indicated the first action would protect the victim by separating the victim from the abuser. Other duties include preserving the scene so proper evidence could be collected for law evidence, i.e., changing clothes, brushing teeth, using the restroom. First responder security staff would also ensure the alleged abuser does not take any actions that could destroy evidence.

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

115.82 (d). In response to the PAQ, the facility reported treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In review of one investigative file for a confined person who alleged sexual abuse by a staff member, there was no indication that the confined person was expected to make payment for any services. The interview with the PCM verified this information and indicated there have not been instances involving the need for these services during or before this audit cycle.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.82 based upon documentation provided and interviews conducted.

Corrective Action: None

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002 5. Confined person Handbook 6. Helms Facility’s PREA Local Procedure Directive and Coordinated Response Plan, Attachment 7 7. GDOC Procedure for Sane Nurse Evaluation/Forensic Collection 8. Scope of Treatment Services, PN507.04.07 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. SAFE/SANE 2. Medical Staff 3. PREA Compliance Manager 4. Targeted Confined persons Who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.83 (a). GDOC Policies, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (pp. 1-8) and Medical Management of Suspected Sexual Assault, Abuse or Harassment (pp. 1-6) address the requirements of offering medical and mental health evaluations and treatment as clinically indicated to all confined persons who have been victimized by sexual abuse. Helms Facility’s PREA Local Procedure Directive and Coordinated Response Plan require victims of sexual abuse to receive a mental health evaluation promptly within 24 hours and medical assessments. One investigative and confined person file reviewed contained documentation verifying referrals to mental health and medical for treatment and follow-up as deemed necessary after the allegation was brought to the attention of prison staff.</p> <p>115.83 (b). GDOC policies and procedures Mental Health Management of Suspected</p> |

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

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

115.83 (d). GDOC's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when a confined person alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for sexually transmitted infections as well as pregnancy prophylactics if applicable. A pregnancy test is offered and should be given prior to administering any medication.

115.83 (e). GDOC's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when a confined person alleges sexual abuse/assault and all female confined persons will have access to reproductive and gynecological services per GDOC policy, Scope of Treatment (p. 3).

Interviews with medical and mental health staff confirmed confined persons are given this information when they are found to be pregnant. There were no confined persons who reported a sexual abuse at the facility for interview.

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

115.83 (g). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program address providing treatment for services victims of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation. The interview with the PCM verified this

information and added there have been no such cases during this audit cycle.

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

The interview with mental health staff confirmed they attempt to conduct mental health evaluations no later than 60 days after being notified of a confined person abuser. The PCM also stated there have been no instances of treatment referrals under these conditions during this audit cycle.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.83 based upon documentation provided and interviews conducted.

Corrective Action: None

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

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

1. Helms Facility Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. GDOC’s Sexual Abuse Incident Review Checklist, PN 208.06, (Att. 9)

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

Specialized Staff (3)

1. Superintendent
2. PREA Compliance Manager
3. Incident Review Team

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

115.86 (a). GDOC’s PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires facilities to conduct a Monthly Sexual Abuse Program Review. In instances of sexual abuse, the facility is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. The purpose to review and assess the facility’s PREA prevention, detection, and response efforts pursuant to the Sexual Abuse Incident Review Checklist (SAIR). This review is conducted by the facility’s Sexual Abuse Incident Response Team (SAIRT).

In response to the PAQ, the facility reported one (1) investigation of alleged sexual abuse was completed at the facility during the past 12 months. The auditor reviewed the investigative file which included a SAIR.

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

In response to the PAQ, the facility reported one investigation of alleged sexual abuse was completed at the facility during the past 12 months. Review of the investigative

file confirmed a SAIR was completed as required within the 30-day timeframe.

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

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

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

All findings and recommendations for improvement will be documented on the SAIR. In response to the PAQ, the facility reported one investigation of alleged sexual abuse was completed at the facility during the past 12 months. The SAIR Checklist provided by the facility was reviewed and found to be complete. Specifically, Section III, Improvements; Section IV, Warden/Superintendent review, and, Section V, PREA Compliance Manager notification was completed per policy. The names and titles of members of the review team were also complete.

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

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

The auditor has determined current operations and practices exceed the

requirements of PREA Standard 115.86 based upon documentation provided and interviews conducted.

The standard is rated exceeds, utilizing funding from the BJA-2020-17233 grant, the agency has added a module to the SCRIBE, the GDOC offender data management system that allows each facility's SART investigator to upload PREA investigations for the PREA Unit's review. Items can be uploaded to include photos and multiple document formats; this will allow for better central office review. Using this storage method also ensures a centralized and permanent retention of investigations.

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

Corrective Action: None

115.87 Data collection

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

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

1. Helms Facility Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Bureau of Justice Statistics Survey of Sexual Victimization
4. GDOC PREA Annual Report (2020 and 2021)

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

115.87 (a) (c). GDOC collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required in their policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 36-37). Data collection begins with each facility submitting a report to GDOC's PREA Analyst each month using the electronic spreadsheet provided by the PREA Coordinator. Facilities are required to submit the form via email no later than the fifth calendar day of the month following the reporting month. All allegations, including dispositions are to be included in the report. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence (SSV) conducted by the US Department of Justice. The auditor reviewed GDOC's 2021 PREA Annual Report, available on the agency's website. The data collected includes, minimally, the data necessary to answer the questions on the most recent Survey of Sexual Violence.

115.87 (b) GDOC publishes incident-based data in an annual report, comparing each years' data, and provide an assessment of progress in addressing confined person sexual abuse as required in their policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36). The auditor reviewed PREA Annual Reports containing aggregated data for 2020 and 2021.

115.87 (d). GDOC maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files and sexual abuse incident reviews as evidenced by its detailed and comprehensive PREA Annual Reports.

115.87 (e). GDOC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its confined persons. In review of the 2018 PREA Annual Report, GDOC has 36 state prison facilities, 15 transitional centers, 7 probation detention centers, 12 confined substance abuse treatment centers (RSAT), 2 integrated treatment facilities, 21 county correctional institutions

and 4 private prisons. Information is collected and aggregated from all the GDOC operational facilities.

115.87 (f). The GDOC's PREA Unit provides, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30th.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.87 based upon documentation provided and interviews conducted.

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

Corrective Action: None

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| 115.88 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. GDOC Annual PREA Report (2017, 2018) 4. Department of Justice (DOJ) Survey of Sexual Victimization (SSV-2) State Prisons Systems Summary Form 5. Agency Website: www.dcor.ga.state.us <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.88 (a). In response to the PAQ, the facility reported its agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36-37) stipulates the agency will review aggregated data collected of all sexual abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and confined person sexual safety. The incident-based data includes data to answer all the questions from the most recent version of the Department of Justice Survey of Sexual Violence (SSV-2). The review consists of identifying problem areas, on-going corrective action and the preparation of the annual report. The annual report will include findings and any necessary corrective action.</p> <p>Interviews with the agency head and PREA coordinator confirmed the use of incident-based sexual abuse data is a process of annual review and taking on-going corrective action to determine how data can improve the quality of service and improve confined person and staff sexual safety. The agency head (designee) added at minimum, a monthly data report (Commissioner’s monthly roll-up) is submitted by the PREA Coordinator’s office and reviewed by Executive Leadership. The report contains trending charts to gauge allegation types and dispositions with an emphasis on substantiated allegations. Additionally, the agency has a dedicated, full-time PREA Analyst that compiles data and reviews it for trends relating to sexual abuse and</p> |

sexual harassment.

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

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

The analysis is attributed to the following factors: Increased education in the definitions of what does, and does not meet the definition of PREA; A significant decrease in the use of the PREA Hotline to report false allegations; Process improvements and prevention training; and Improvements in investigative procedures. The auditor determined the reports contained all required information pursuant to this provision.

115.88 (c). The interview with the agency head (designee) indicated the agency head approves all PREA Annual Reports prior to posting on the agency's website. The auditor reviewed the agency website, www.dcor.state.ga.us/ and located Annual PREA Reports from 2013 to 2021.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.88 based upon documentation provided and interviews conducted.

Corrective Action: None

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| 115.89 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Helms Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Agency Website (http://www.dcor.state.ga.us/) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1) PREA Coordinator</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.89 (a). In response to the PAQ, the facility indicated GDOC is required to securely maintain all collected and aggregated data. The interview with the PREA Coordinator confirmed the PREA Unit gathers intelligence from facility reports that are sent directly to the PREA unit staff. The PREA Unit maintains the records, electronically, on a secure network drive.</p> <p>115.89 (b). In response to the PAQ, the facility indicated GDOC Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. The auditor reviewed the 2020 and 2021 Annual PREA Reports on the agency's website.</p> <p>115.89 (c). In response to the PAQ, the facility indicated the agency is required to remove all personal identifiers prior to publishing the aggregated data on its public website. The auditor reviewed the agency's website and reviewed the 2020 and 2021 Annual PREA Reports and found no personal identifiers.</p> <p>115.89 (d). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 37) require retention of PREA related documents and investigations to be securely retained for at least 10 years from the date of the initial report. The agency's website contains historical PREA reports since 2012.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.89 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p> |

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| 115.401 | Frequency and scope of audits |
| | <p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <p data-bbox="280 454 451 488">Documents:</p> <ul style="list-style-type: none"> <li data-bbox="280 526 855 560">a. Helms Facility Pre-Audit Questionnaire <li data-bbox="280 566 1474 600">b. Georgia Department of Corrections Agency Website (http://www.dcor.state.ga.us/) <p data-bbox="280 638 1437 714">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 752 1465 1037">115.401 (a). GDOC ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited. The Helms Facility was previously audited for compliance with the PREA Standards March 19, 2020. The auditor reviewed the agency’s website, http://www.dcor.state.ga.us/, and verified Helms Facility had a PREA audit in March 2020. The PREA Coordinator also relayed to the auditor that all GDOC facilities are undergoing 1st Cycle PREA audits.</p> <p data-bbox="280 1075 1481 1695">GDOC Policy, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, (pp. 31-32) addresses the requirement that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator. The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state confined persons) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department’s PREA Coordinator upon completion of the audit and must be conducted every three years. The auditor reviewed the agency’s website and verified Helms Facility had a PREA audit in May 2018. The auditor noted both reports on the agency website. The current PREA audit is the Helms Facility’s 3rd audit.</p> <p data-bbox="280 1733 1477 1809">115.401 (b). The auditor reviewed the agency’s website; and verified they had PREA audits in 2015, 2017, and 2020.</p> <p data-bbox="280 1848 1469 1924">The auditor reviewed the Georgia Department of Corrections website; all GDOC facility's PREA audits reports are posted on the site to include Annual PREA Reports.</p> <p data-bbox="280 1962 1445 2038">115.401 (h). The auditor was provided unfettered access to all areas of the facility during this PREA audit.</p> |

During the site review the auditor had access to the entire facility. The auditor was accompanied by the Superintendent, Chief of Security, Assistant Superintendent, and one staff member from the GDOC PREA Unit. The auditor tested phones in the day rooms to confirm they were operational. The PREA Unit confirmed receipt of the call via email.

115.401 (i). The auditor received documents as requested, including those stored electronically.

The auditor requested additional documentation for clarification during the report writing phase. The auditor interviewed two (2) confined persons who disclosed prior victimization during the initial risk screening assessment; however, the facility reported on the PAQ in standard 115.81 that no confined person disclosed prior victimization during screening. The audit requested additional documentation to confirm referrals to medical and mental health for both confined persons.

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

All interviews with confined persons, staff, contractors, and specialized staff were conducted in privacy, all persons interviewed were forthcoming. Staff assisted the auditor by ensuring confined persons were readily available for interview.

115.401 (n). Confined persons were not prohibited from sending confidential information or correspondence to the auditor, unopened and sealed.

The auditor sent Audit Notices to the facility 45 days prior to the on-site audit. The auditor received confirmation via email with photos of the posting of the Audit Notices. During the site review, the auditor observed Audit Notices posted throughout the facility in areas accessible to confined persons, visitors, contractors, volunteers, and staff. The auditor received no correspondence from any confined person, staff, contractor, volunteers, or outside interested party.

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

Corrective Action: (None)

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

| Appendix: Provision Findings | | |
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| 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 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.) | yes |

| 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 consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need | yes |

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| | for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | |
| | 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 |

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| 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 |

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| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.15 (f) | Limits to cross-gender viewing and searches | |
|-------------------|---|-----|
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | 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 |

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

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| 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 |

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| 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.) | na |
| 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 | | |
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| | 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (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 |

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| 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 screening instrument? | yes |

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

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| 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 information is not exploited to the inmate's detriment by staff or other inmates? | yes |

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| 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 present management or security problems? | yes |

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| 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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |

| 115.43 (a) | Protective Custody | |
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| | 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.) | na |
| | 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.) | na |
| | 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.) | na |

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| 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 |

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| 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 anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 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 |

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| 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 this standard.) | na |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.52 (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 | |
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| | 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 | |
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| | 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 |

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| 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, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 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 |

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| 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 abuse or sexual harassment or retaliation? | yes |
| 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 |

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| 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 |

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| 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 response to an incident of sexual abuse? | yes |

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

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| 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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 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 |

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| 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 |

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| 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.) | yes |

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| 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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 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 |

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| 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 evidence sufficient to substantiate the allegation? | yes |
| 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 |

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| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |

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| 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 |

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| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

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| 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 |

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| 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 |

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| 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 to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 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 |

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| 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 |

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

| 115.403 (f) | Audit contents and findings | |
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| | <p>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.)</p> | yes |