

PREA Facility Audit Report: Final

Name of Facility: Charles D. Hudson Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/19/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 07/19/2024

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	05/20/2024
End Date of On-Site Audit:	05/22/2024

FACILITY INFORMATION	
Facility name:	Charles D. Hudson Transitional Center
Facility physical address:	100 Jim Hester Road, Lagrange, Georgia - 30241
Facility mailing address:	

Primary Contact

Name:	Carlton, Lonesca
Email Address:	lonesca.carlton@gdc.ga.gov
Telephone Number:	706-845-4018/4031

Facility Director	
Name:	Charles Fleming
Email Address:	charles.fleming@gdc.ga.gov
Telephone Number:	706-845-4030

Facility PREA Compliance Manager	
Name:	Lonesca Carlton
Email Address:	lonesca.carlton@gdc.ga.gov
Telephone Number:	O: (706) 845-4018

Facility Characteristics	
Designed facility capacity:	157
Current population of facility:	155
Average daily population for the past 12 months:	152
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	21-70
Facility security levels/resident custody levels:	minimum to close
Number of staff currently employed at the facility who may have contact with	29

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

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

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

Agency-Wide PREA Coordinator Information			
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Name:	Grace Atchison	Email Address:	grace.atchison@gdc.ga.gov
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-20
2. End date of the onsite portion of the audit:	2024-05-22

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	157
15. Average daily population for the past 12 months:	152

16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	155
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:	1
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:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The Auditor interviewed six targeted residents.</p> <p><u>Cognitively Impaired (1)</u></p> <p>The cognitively impaired resident stated he understood PREA. When asked tell me something about PREA the response was zero-tolerance, abuse is not part of my sentence, I can tell a staff member if something happens or call the hotline, my family can report for me. He said he felt safe.</p> <p><u>Vision Impaired (1)</u></p> <p>The visually impaired inmate reported his vision impairment did not place him at a higher risk for victimization.</p> <p><u>Limited English Proficient (1)</u></p> <p>The limited English proficient resident spoke understandable broken English. His communication skills were above average and he stated he could communicate with residents and staff and did not feel vulnerable. He stated he as offered all material in Spanish, which he accepted.</p> <p><u>Gay/Bisexual (1)</u></p> <p>The gay resident was upbeat and open. He stated he did not feel in danger or less safe because of his sexuality. He reported other individuals do not bother him or cause him any problems.</p> <p><u>Disclosed Prior Victimization (2)</u></p> <p>Two residents disclosed prior victimization. Both residents' victimization occurred during their childhood. They were both offered a medical and mental health referral and neither of them accepted. This was a long time ago, during childhood, and they did not need to see anybody about it. Both were told if their situation changed or they changed their minds, to please let the staff know and they would make sure a referral was arranged.</p>
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

<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>29</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>5</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>8</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 facility reports 5 volunteers approved to enter the facility and have contact with inmates. These volunteers are provided specific PREA training as it relates to volunteers and their specific responsibilities as a volunteer.</p> <p>The facility reports 8 contractors approved to enter the facility and have contact with inmates. These contractors are provided specific PREA training as it relates to contractors and their specific responsibilities as a contractor.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input 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 type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The institutional count the first day of the on-site audit was 155. According to the PREA Auditor Handbook this requires a minimum of 20 inmates (10 random and 10 targeted) to be interviewed. Twenty random inmates were interviewed.</p> <p>The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from varying housing units to interview, ensuring diversity in age and race.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The institutional count the first day of the on-site audit was 155. According to the Auditor Handbook with a population of 155, the auditor shall interview a minimum of 10 random inmates and 10 targeted inmates. Twenty random inmates were interviewed. These were inmates that were not part of the targeted inmate interviews. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates to interview, ensuring diversity in age, race, and length of sentence.

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

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

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

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

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported there were zero residents in this category assigned to the facility. During the tour of the facility no residents in this category were observed in the facility. The medical staff confirmed there were no residents in this category in the facility.

<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>1</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>1</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>The facility reported there were zero residents in this category assigned to the facility. During the tour of the facility no residents in this category were observed in the facility. The medical staff confirmed there were no residents in this category in the facility.</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>1</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were zero residents in this category assigned to the facility. During the tour of the facility no residents in this category were observed in the facility. The medical staff confirmed there were no residents in this category in the facility.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were zero PREA allegations in the past twelve months.</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 have a segregated housing unit.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor requested and received a roster of inmates who fell into the targeted categories. The Auditor randomly chose inmates from each category to interview, ensuring diversity in age and race. Once selected each inmate was put on “call- out” with a time to report to the private space designated for interviews.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>20</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

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

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

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

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

Charles D. Hudson Transitional Center is a minimum-security level facility. It is located at 100 Jim Hester Road, LaGrange, GA 30241. The facility houses cisgender male and transgender female residents. The facility capacity is 157.

HOUSING UNITS

East Wing - This housing unit will house 46 residents in a combination of two double bunks in 11 individual rooms and one handicap room with two separate bunks. One bathroom/shower; 5 individual toilet stalls, 2 urinals with dividers between both, and 6 individual showers with curtains. There is also one laundry room in the unit.

West Wing - This housing unit will house 109 residents in a combination of two double bunks in 26 individual rooms and one room with 5 residents assigned consisting of two double bunks and one single bunk. Two bathroom/shower areas each having 5 individual toilet stalls, 2 urinals with a divider between both, and 6 individual showers with curtains. There is also one laundry room in the unit.

OTHER AREAS

KITCHEN AREA: The kitchen has two separate office and one dry storage area which remains locked. The kitchen has two shifts with food service staff and a food service manager.

DINING ROOM - Seven days a week residents are served breakfast between 5:30 am and 6:30 am. Lunch is served seven days a week from 12:15 and 1:15 pm. Dinner is served seven days a week from 4:30 pm to 5:00 pm. The dining hall will seat 81 residents who are under supervision at one time. The dining room does have camera coverage.

VISITATION - Visitation is conducted in the dining hall on Saturdays, Sundays and on State holidays at 9:00 am until 11 :00 am and from 1 :00 pm to 3 :00 pm. Correctional staff make random checks. Residents are used for janitorial services after each event. The visitation area does have camera coverage.

ID OFFICE - The ID office is open 8:00 am until 4:30 pm. 2 residents are utilized for

janitorial duties with supervision. All doors are secured when not in use. (The ID Office does not have camera coverage.

MEDICAL OFFICE - The Medical Office is open Monday through Friday from 8:00 am to 4:30pm and has a nurse assigned during these hours. The nurse will work later on the evenings when the doctor is working. The shift supervisor issues medication after hours and in the absence of the nurse. Two residents are used for janitorial duties. The door is secured when not in use. The medical area does not have camera coverage.

MAIN CONTROL - The main control area is in the front lobby. It is staffed around the clock, 24 hours a day, 7 days a week.

ADMINISTRATIVE AREA #1 - There are offices for counselors, employment manager, and administrative support. These offices are occupied 8:00am to 4:30pm. Residents are utilized as needed for janitorial duties with supervision. All doors are secured when not in use. Correctional officers make random checks. There is no camera coverage in these administrative offices.

ADMINISTRATIVE AREA #2 - There are six offices. These offices are occupied 8:00am to 4:30pm. A staff break area is in this area. Residents are utilized for janitorial duties under constant supervision. All doors are secured when not in use. There is no camera coverage in these administrative offices.

VOCATIONAL HALLWAY - This area has three classrooms. Residents are in classes from 8:00 am until 4:30 pm. The main laundry room is also in this area. One resident washes clothes in the main laundry area from 6:00 am until 3:00 pm Monday through Friday. Church services are done in classroom 1 every 4th Sunday from 6:00 pm until 8:00 pm. Residents are utilized in this area for janitorial services under random supervision. All doors are locked when not in use. There is no camera coverage in this area.

KEYS AND TOOL OFFICE - Combined with the mailroom, with one non-relieved security staff from 8:00 am until 4:30 pm. Doors are

secured when not in use. There is no camera coverage in this area.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Files:

The PAQ represents 29 facility staff. There was a total of twenty-five record reviews conducted on staff from various categories. The records were selected by randomly choosing names from the master staff roster. There were 29 training attendance and signatures reviewed.

All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

Resident Records:

The first day of the audit there were 155 residents. There were forty-four resident records reviewed, chosen randomly from the master roster. All records had a signed acknowledgment sheet, had received PREA information and viewed the PREA video. All residents had received PREA information during intake, had their PREA screening within 24 hours of admission. Thirty-eight had comprehensive PREA education within 30-days of intake and the remaining six had comprehensive PREA education within 31 days of intake. Finally, they all were reassessed within thirty days of their initial 72-hour assessment.

Sexual Abuse and Sexual Harassment Allegations:

According to the PAQ, the facility reported zero allegations of sexual abuse and zero sexual harassment allegations in the past twelve months. Therefore, zero investigative files were reviewed.

Investigation Files:

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

Consequently, the Auditor reviewed zero files of PREA allegations.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero sexual abuse allegations in the past twelve months.

<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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual 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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>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>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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>There were zero sexual abuse or sexual harassment allegations in the past twelve months.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

M.P. Wheeler and Associates

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS REVIEWED</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Superintendent Memorandum, Zero Tolerance, undated • PREA Organizational Chart 2024 <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process, the agency PREA Coordinator acknowledged having sufficient time and authority to develop, implement, and oversee agency efforts to</p>

comply with the PREA standards in all agency facilities.

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

PREA Compliance Manager (PCM) Interview

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

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates the facility has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 1-39, outlines the Georgia Department of Corrections (GDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p.1, I, A, states the Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of Sexual Abuse, Sexual Harassment, and sexual activity among residents.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 4, L to p. 6, N, address the definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 33-34, H, 1, a-d outlines disciplinary sanctions for staff members as:

a. Staff members who engage in Sexual Abuse with an resident shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution

when appropriate.

b. Disciplinary sanctions for violations of Department policy related to Sexual Harassment will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories.

c. All terminations for violations of the Department Sexual Abuse or Sexual Harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

d. OPS shall refer to all substantiated cases of resident-to-resident Sexual Abuse and staff-to-resident Sexual Abuse for criminal prosecution.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, IV, A, 1, a-d, states: The Department shall employ or designate an upper-level, Department PREA Coordinator with sufficient time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in all facilities.

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

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

a. Specification of staff member(s) responsibilities from the first report of an allegation through the conclusion of an investigation.

b. Responding to the victim and ensuring evidence retention.

c. Monitoring the resident perpetrator to ensure safety of others and evidence retention.

d. Ensuring safe housing, medical and mental health care, forensic exam, victim services for the victim, and commencing an investigation.

Provision (b)

GDC has an agency wide PREA Coordinator. According to the agency's

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

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

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

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

There are 3 different ways you can report a PREA Allegation:

1. PREA Hotline is a tab on your tablet
2. Write a grievance or send a message on the kiosk
3. 3rd party, telling family to call the facility

Provision (c)

According to Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, A, 1, indicates each institution assigns their own PREA Compliance Manager at the direction of the warden.

CONCLUSION:

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

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS REVIEWED

Pre-Audit Questionnaire (PAQ) and supporting documentation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

INTERVIEWS

Agency Contract Administrator Interview

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

PROVISIONS

Provision (a)

Pre-Audit Questionnaire (PAQ) revealed the Georgia Department of Corrections (GDC) requires all entities who contract with them for the confinement of residents to adopt and adhere to PREA standards. All agency contracts for confinement of residents contain PREA specific language, expectations, and requirements. The facility does not individually contract for the confinement of residents

According to the PAQ the GDC has twenty-six contracts for the confinement of residents that the agency entered in the previous twelve months. Additionally, the PAQ reveals all of the twenty-six contracts require the contractor to adopt and comply with PREA standards.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, addresses Standard 115.212. It indicates any new contract or renewal with entities for the confinement of offenders shall adopt and comply with GDC policies and procedures (which include PREA).

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

Provision (b)

According to the PAQ, there are zero contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards.

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

well as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator for review.

CONCLUSION

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of residents.

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS REVIEWED

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Facility Staffing Plan, Revised 06/23/22
- Staffing plan review, dated August 10, 2023

OBSERVATIONS

The Auditor randomly reviewed unit logbooks and determined that unannounced rounds are being made and documented as required by standard.

INTERVIEWS

Facility Head or Designee Interview

Through the interview process the Facility Head designee acknowledged examining how staffing levels affect resident programming, various classification amounts, as well as any changes or modifications to the video monitoring. The Facility Head also acknowledged being cognizant of other concerns which include physical plant configuration, internal or external oversight bodies, resident population composition, placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Facility Head indicated during meetings with staff, staffing plan compliance and any deviations from the staffing plan are discussed. However there were no deviations from the staffing plan in the past twelve months.

PREA Compliance Manager (PCM)

During the interview process the PCM acknowledged routine reviews of staffing levels, how they affect resident programming, as well as any changes or modification to the video monitoring system are consistently conducted.

Intermediate-or-Higher Level Facility Staff Interview

During the interview process intermediate-or-higher-level-staff acknowledged making unannounced rounds routinely and documenting them in the unit logbook. During random informal conversations with staff, the staff acknowledged supervisors conduct unannounced rounds and document them in the logbook. This was validated by the Auditor through a review of the several logbooks.

There were interviews and informal discussions with intermediate-or-higher-level staff. Through these interviews and discussions staff acknowledged making unannounced rounds to all areas of the facility, with no warning to staff.

Random Staff Interviews

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

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

Random Resident Interviews

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

PROVISIONS

Provision (a)

The PAQ indicates the facility has a staffing plan and the plan addresses each of the thirteen items listed in Provision (a). In addition, the facility Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified. The PAQ confirms the average daily number of residents during the past 12 months has been 155.

According to the PAQ the staffing plan provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. Additionally the staffing plan considers:

- The physical layout of the facility
- The composition of the resident population?
- The prevalence of substantiated and unsubstantiated incidents of sexual

abuse.

- Any other relevant factor that arises.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 8, 3, indicates the Facility Head/Superintendent at each facility shall develop a written Staffing Plan in accordance with this SOP using Attachment 11, Staffing Plan Template. To enhance the supervision and monitoring of offenders, each facility shall document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against Sexual Abuse. In all circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations on the daily Post Roster. Facility management staff will review these deviations on a regular basis, no less than annually, to identify the most common reasons for deviations. This information shall be used to adjust, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

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

The staffing plan is predicated upon a daily facility resident population of 155.

Provision (b)

The PAQ indicates there were no staffing deviations in the past twelve months.

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

Provision (c)

The PAQ reflects the staffing plan is reviewed annually and adjustments to the following are considered:

- The staffing plan itself
- Prevailing staffing patterns

- Deployment of video monitoring systems
- Allocation of resources to commit to the staffing plan to ensure compliance with the staffing plan.

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

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

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

The Auditor reviewed the staffing plan review, dated August 10, 2023. The staffing plan review indicated:

- There had been zero staffing deviations. If additional staff are needed, officers are held over, called in or covered by the host facility (Rutledge S.P.)
- The facility has 13 cameras that are directly monitored 24 hours a day.
- The facility capacity is 155
- The facility physical layout does not pose a problem
- There are 41 full-time positions
- There is one part-time medical position
- There are 10 vacant positions

CONCLUSION

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

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022.
- Superintendent Memorandum, 115.215 (a)-1 Search Procedure, dated 08/10/2023.
- Superintendent Memorandum, PREA Standards Entering Living Area Floors, dated 08/10/2023.
- Cross Gender Staff Training
- Random Staff Interviews
- Random Resident Interviews

ON-SITE OBSERVATIONS

During the facility tour, when opposite-sex staff were observed entering a housing unit, they made an announcement making sure the residents knew someone of the opposite sex was on the housing unit. The Auditor was also announced by facility staff when entering resident housing and restroom areas as she is the opposite sex.

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

INTERVIEWS

Random Staff Interview

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

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

each resident.

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

Random Resident Interviews

Through the interview process 100% of the residents acknowledged:

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

PROVISIONS

Provision (a)

According to the PAQ the facility reported it does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. Subsequently, in the past 12 months, there were zero cross-gender strip or cross-gender visual body cavity searches of residents.

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

Post on-site audit conversations with the Facility Head designee indicated the facility rarely has transgender residents. However, in the situation when there are transgender residents, female staff would conduct pat searches of transgender and intersex residents, given there is no prohibition on the pat searches' female staff can perform in adult facilities. Additionally, in the rare occasion when a strip search is required, medical personnel could be utilized for the search.

Provision (b)

The facility reported on the PAQ that they do not permit cross-gender pat-down searches of female residents, absent exigent circumstances.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 10, 8, b, indicates the facility shall not conduct cross-gender pat searches of female

residents, absent Exigent Circumstances. This requirement shall not restrict female resident's access to regularly available programming or other out-of-cell opportunities to comply with this provision.

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

Provision (c)

According to the PAQ, the facility reported policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

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

Provision (d)

According to the PAQ, the facility reported they allowed residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering a resident housing unit.

All residents interviewed confirmed they were able to shower and dress without being seen by a member of the opposite sex.

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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, e, indicates staff members of the opposite gender shall announce their presence when entering a resident housing unit; this includes the officer assigned to the housing

unit. It is understood that staff members might not make announcements when responding to circumstances that require immediate action to combat a threat to security.

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

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

Superintendent Memorandum, 115.215 (a)-1, Search Procedure, dated 08/10/2023, states, in part, an announcement shall be made each time an opposite-gender staff member enters a housing unit. This includes the officer assigned to the housing unit. This directive is in addition to all other requirements of SOP 208.06 (8) e.

Superintendent Memorandum, PREA Standards Entering Living Area Floors, dated 08/10/2023, states effective immediately, the verbal or intercom announcement "Female on the Floor" should be made at the beginning of each primary shift and shall be documented in the logbook. This announcement should be made when a female staff member enters the living units, cells, showers, and bathroom, and prior to entering the holding cell. This protocol is being implemented in accordance with SOP 208.06, Section IV.5.e and Federal PREA Standards.

In response to the question of whether opposite gender announcements are made on housing units, 100% of the residents interviewed reported female staff announce their presence when entering the housing unit.

Provision (e)

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

All random staff interviewed confirmed it was against facility/agency policy to search a transgender or intersex resident for the sole purpose of determining their genital status and such a search is prohibited. Further they reported they had been trained how to search a transgender or intersex resident in a professional and non-

intrusive way.

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

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

Provision (f)

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

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

CONCLUSION

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

115.216	Residents with disabilities and residents who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • PREA Offender Brochure (English/Spanish) • Contract with Language Line Solutions • Instructions for Accessing LanguageLine • Video Remote Interpreting Usage Log • LanguageLine Insight Video Interpreting User Guide • Assistant Superintendent Memo, PREA Audit April 8, 2024, dated February 13, 2024 <p><u>OBSERVATIONS</u></p> <p>During the facility tour, the Auditor observed PREA postings, in both English and Spanish, prominently displayed in housing units, work areas, hallways, visitation area, as well as other areas throughout the facility. The Auditor was provided written documents, training materials which are provided in both English and Spanish to the resident population.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee Interview</p> <p>Through the interview process, the facility head designee shared that the facility has established procedures to provide residents with disabilities or residents who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, staff interpreters, written correspondence, language line, etc.</p> <p>Random Staff Interview</p> <p>Through the interview process, random staff indicated in the event translation is required, they would find another staff member to provide translation and would use the language line as a second option.</p> <p>Residents with Disabilities Interview</p> <p>There were no residents with disabilities in the facility at the time of the on-site</p>	

audit. Consequently, no one could be interviewed regarding this standard.

PROVISIONS

Provision (a)

The PAQ, indicates the agency/facility has established procedures to provide disabled residents and limited English proficient residents with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

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

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

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

Limited English Proficient residents are provided information in Spanish. The Auditor reviewed the PREA information. Every piece of material available in English is also available in Spanish. Additionally, the PCM is fluent in Spanish, which the auditor confirmed. There is also Video Remote Interpreting available for other languages.

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

Visually Impaired residents are provided information audibly, reading by a staff member or sound in recorded messages or videos.

Cognitively impaired residents are provided information audibly, reading by a staff member or sound in recorded messages or videos.

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

Provision (b)

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

The facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Services include, but are not limited to, sign language, hearing impaired, limited English proficient (LEP). This is made more robust by the PCM who is bilingual and serves as an interpreter when needed.

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

Provision (c)

The PAQ indicates in the past twelve months, there have been zero instances where resident interpreters, readers, or other types of resident assistants have been used.

The Assistant Superintendent Memo, PREA Audit April 8, 2024, dated February 13, 2024, states there has not been any LEP residents in the facility in the past year.

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

CONCLUSION

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

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 226.01, Searches, Security Inspections, and Use of Permanent Logs, effective date 5/27/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020
- Staff Records

INTERVIEWS

Administrative Staff (HR) Interview

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

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

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

PROVISIONS

Provision (a)

The facility reported on the PAQ they have 29 staff and 9 new hires in the past twelve months. The facility also reported utilizing 8 contractors and 5 volunteers.

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

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

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

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

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

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

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

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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022, p. 7, F, 1, a-d, states:

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

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

The Auditor reviewed a random sampling of twenty-five staff records. Each of the records reviewed contained all items required by the standard, which included documentation of criminal history check information.

Provision (b)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 13, 10, a, ii, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

The facility reported on the PAQ that Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. This was confirmed in the document review of staff records.

Provision (c)

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

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

reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.

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

The facility reported on the PAQ that in the preceding twelve months there were 9 people hired who may have contact with residents who had a criminal background check completed. The Auditor conducted a review of the 9 new hires personnel records and verified that all the files contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, iii, 1, states before hiring new employees, who may have contact with offenders, the Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.

The GDC conducts criminal background checks on each applicant/new hire, before each promotion, and every five-years.

Provision (d)

The facility reported on the PAQ there are 2 contracts and 8 contractors. The GDC conducts background checks on each new contractor and every five years thereafter.

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

1. Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.
2. Ensure that new hires complete SOP 104.09, Attachment 4, Applicant

Verification.

3. Ensure that contractors or volunteers complete SOP 208.06, Attachment 13, Contractor/Volunteer Verification Form.

Provision (e)

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

- A. Before any facility/office requests criminal history records on an applicant, Attachment 1, the GDC Criminal/Driver History Consent Form, must be signed by the applicant to initiate processing. This form will remain valid and in effect for use through the duration of employment with GDC.
- B. The signed consent form must be submitted with a GDC facility's request to the Georgia Crime Information Center (GCIC), Georgia Bureau of Investigation (GBI), Georgia State Patrol (GSP) or another related agency.
- C. If an applicant will not sign the Consent Form, the applicant cannot be considered for employment.
- D. When GCIC Criminal History Background queries are done for applicants seeking to be P.O.S.T. certified, a check must be conducted in each state where the applicant resided.
- E. If an adverse employment decision is made based on criminal history records, the facility/office must notify the applicant, in writing, of all information pertinent to that decision. This disclosure must inform the applicant of where the name of the criminal justice center where the record was obtained from, the specific contents of the record, and the effect the record had on the decision. NOTE: The Appointing Authority is responsible for making this disclosure. Failure to provide all information to the person subject to the adverse decision shall be a misdemeanor. (See Attachment 2 & Attachment 3, Sample Letters.)
- F. Each facility/office must maintain a file of all signed Consent Forms. If an applicant is hired, their signed consent form shall be included in the employment package sent to the Corrections Human Resource Management Office (CHRM). NOTE: It is a violation of Georgia law to inquire into an applicant's driver's license history records for employment considerations, except as specified within this SOP.

The GDC conducts a criminal background records check, upon application, when being considered for a promotion, and every five years on all current employees. The GDC conducts a criminal background records check, upon application and every five years on contractors.

Provision (f)

The Administrative Staff (HR) indicated all applicants and employees who may have contact with residents are directly asked about previous misconduct described in

paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions. Further, these questions are asked and answered in writing with employee signatures on an annual basis.

The facility reported on the PAQ that every applicant and employee who may have contact with residents is asked directly about previous sexual misconduct in applications, interviews for hiring or promotions, written self-evaluations conducted as part of review of current employees. Employees also have a continuing affirmative duty to disclose any such misconduct.

Provision (g)

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

The facility reported on the PAQ that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

Provision (h)

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

The facility reported on the PAQ, that unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work.

CONCLUSION

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

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Document Review</u>

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Superintendent Memorandum, PREA Compliance, dated August 10, 2023

Observations during on-site review

During the on-site facility tour, the auditor spent time in the control center reviewing the cameras. Camera coverage is a way to enhance the physical and sexual safety of the resident and staff in the room. Security mirrors are located in potential blind spots to assist in supervision.

Agency Head or Designee Interview

During the interview process the Agency Head designee indicated

- they wanted camera coverage in all areas of the facility to ensure everyone's safety.
- before any camera expansion, areas of concern were identified and it was a high priority to address those areas.
- cameras were always available for video monitoring.

PREA Compliance Manager (PCM) Interview

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

Random Staff Interview

During the interview process staff indicated cameras make the facility safer.

Provision (a)

The facility reported on the PAQ there has not been acquisition of any new facilities. Nor has there been any substantial expansions or modifications to the existing facility since the last PREA audit.

Provision (b)

The facility reported on the PAQ there has not been installation or updating of the video monitoring system, electronic surveillance system or other technology since the last PREA audit.

Superintendent Memorandum, PREA Compliance, dated August 10, 2023, indicates the facility is trying to find a multiplexer that is compatible with our old camera system for an upgrade of the video system. Cameras are located in the following

	<p>areas:</p> <ul style="list-style-type: none"> • East Wing • West Wing • Kitchen • Resident Dining Area • Visitation • Parking Lot • Recreation Area • Outside of building (front and back) <p><u>Conclusion</u></p> <p>Based upon the quality and coverage of the new camera system, combined with a review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility and technology.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Document Review</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual harassment of Offenders, effective date 8/11/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.10, Evidence Handling and Crime Scene Processing, effective date 8/30/2022 • Services Agreement Between the Georgia Department of Corrections (GDC) and Sexual Assault Response Team (SART), dated August 31, 2021 • Sexual Assault Response Team Contact and Call Roster • MOU Agreement with Harmony House Domestic Violence Shelter, Inc. <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interview</p>

Through the interview process, the PC acknowledged the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. The GDC has a service agreement with Sexual Assault Response Team (SART) which covers the GDC facilities.

SAFE/SANE Staff Interview

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

Random Staff Interviews

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

Residents who Reported Sexual Abuse

At the time of the on-site audit there were zero residents in house who had reported sexual abuse; therefore, none could be interviewed.

PROVISIONS

Provision (a)

On the PAQ, the facility reported the facility is responsible for conducting administrative and criminal investigations including resident-on-resident sexual abuse or staff misconduct. The facility does not rely on an outside entity to conduct investigations.

The facility reported on the PAQ that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. This was confirmed through the interview with the PC.

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

Provision (b)

The facility reported on the PAQ that the protocol is developmentally appropriate for youth, even though they do not house youthful offenders.

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

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

According to the PAQ, the facility does not house youthful offenders. When reviewing the resident roster, the Auditor did not see any resident whose birthdate was later than 2006.

Provision (c)

On the PAQ, the facility reported all residents who experience sexual abuse have access to forensic medical examinations. These treatment services are provided to the victim without financial cost. Further, the PAQ reports that all forensic examinations have been completed by SANE personnel who come to the facility. If SAFE or SANE personnel are not available, an ER physician will be utilized. On the PAQ, the facility reported zero forensic examinations during the past twelve months.

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

SAFE/SANE personnel reported the forensic program is responsible for conducting all forensic medical examinations for the facility. SAFE/SANE personnel report to the facility to conduct the forensic examinations. The facility utilizes S.A.R.T. for their

forensic examinations. S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to their residents/inmates/detainees. The SANE personnel are called from the SANE Contact and Call list. The SANE reports to the facility where the forensic examination is conducted in the medical unit. The exam starts with an explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SAFE/SANE will do a head- to-toe assessment, collect evidence, document trauma, and take photographs with the patient's consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV.

Provision (d)

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

During the examination, if requested, the resident is provided a victim advocate. The advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested. This advocate is generally an advocate from Harmony House. However, should an advocate not be available the facility has a designated, specially trained PREA Victim Advocate, who is the Human Resources Clerk.

Provision (e)

As stated in Provision (d) during the examination, if requested, the resident is provided a victim advocate. The advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) all PREA allegations, administrative and criminal, are investigated by the agency/facility. The facility does not rely on an outside agency to conduct administrative or criminal investigations of sexual abuse or sexual harassment.

	<p>Provision (g)</p> <p>Auditors are not required to audit this provision.</p> <p>Provision (h)</p> <p>As reported in Provision (d) victim advocacy services are offered through Harmony House or facility personnel who have received specialized training.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidence protocol and forensic medical examinations.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Document Review</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022 • <u>INTERVIEWS</u> <p>Agency Head or Designee Interview</p> <p>Through the interview process, the agency head designee confirmed:</p> <ul style="list-style-type: none"> • Administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment • Facility or agency investigative staff conduct all investigations • All allegations and investigative information is confidential <p>Investigative Staff Interview</p> <p>Through the interview process investigative staff articulated:</p>

- The agency/facility investigates both administrative and criminal allegations.
- All allegations are investigated thoroughly.
- All information is confidential.

Provision (a)

On the PAQ the facility reported they ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).

On the PAQ the facility reported in the past twelve months they have received zero sexual abuse or sexual harassment allegations. Consequently there were zero administrative or criminal investigations conducted in the past twelve months.

At the time of the audit, information received regarding the allegations of sexual abuse or sexual harassment during the past twelve months revealed a total of zero allegations reported. Consequently, the Auditor was unable to review any documentation of PREA allegations or investigations.

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

Provision (b)

The facility reported on the PAQ that the agency has a policy, which is published on their website, which requires all allegations of sexual abuse or sexual harassment to be referred for investigation. Further, the agency documents all referrals of allegations of sexual abuse or harassment for criminal investigation. This was confirmed by the investigative staff during the interview process.

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

a. Where Sexual Abuse is alleged and cannot be cleared at the local level (as indicated in G.5 of this section), the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator who has received special training in Sexual Abuse investigations.

b. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged

victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.

c. The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges Sexual Abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022, 1, 1, indicates it is the policy of the Georgia Department of Corrections (GDC) that Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment filed by sentenced Offenders against other Offenders, departmental employees, contractors, vendors, or volunteers be reported, fully investigated, and otherwise treated in a confidential and serious manner. OPS Special Agents and/or Criminal Investigators with the requisite experience and training in sex crimes investigations and appropriate interview skills will investigate all Allegations set forth in this policy. Staff conduct and attitude towards such Allegations will be professional and unbiased, and staff members will cooperate with the investigation into all Allegations. It is the policy of the GDC to assure that the investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct. This policy applies to all employees, contractors, vendors, or volunteers at all state, county, or private prisons and centers operating under the Georgia Board of Corrections housing sentenced Offenders. This policy also applies to all employees and other persons conducting business with Georgia Correctional Industries who have contact with sentenced Offenders.

Provision (c)

As stated in Provision (a) the agency/facility investigate administrative and criminal allegations. Allegations are not referred to outside agencies for investigation.

Provision (d)

Auditors are not required to audit this provision.

Provision (e)

Auditors are not required to audit this provision.

Conclusion

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

115.231	Employee training
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 596 376"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="352 443 1461 725" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Staff Sign-in Training Acknowledgement • Staff Training Curriculum <p data-bbox="280 766 480 801"><u>INTERVIEWS</u></p> <p data-bbox="280 842 673 878">Random Staff Interviews</p> <p data-bbox="280 913 1015 949">Through the interview process facility staff recalled:</p> <ul data-bbox="352 1016 1461 1173" style="list-style-type: none"> • Participating in initial PREA training when they were hired before they were allowed to have contact with residents. • Participating in annual training, in-service PREA training, as well as additional shift turnout training. <p data-bbox="280 1214 485 1249">Provision (a)</p> <p data-bbox="280 1285 1474 1487">Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 19, 1, a, i-v, indicates all departmental employees shall be required to attend training annually on:</p> <ul data-bbox="352 1554 1461 2047" style="list-style-type: none"> • i. The Department’s zero-tolerance policy for Sexual Abuse and Sexual Harassment; • ii. How to fulfill their responsibilities under the Department’s Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures; • iii. Offenders’ right to be free from Sexual Abuse and Sexual Harassment; • iv. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment; • v. The dynamics of Sexual Abuse and Sexual Harassment in confinement; • vi. The common reactions of Sexual Abuse and Sexual Harassment victims; • vii. How to detect and respond to signs of threatened and actual Sexual Abuse;

- viii. How to avoid inappropriate relationships with offenders;
- ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and
- v. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

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

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

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

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

Provision (b)

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

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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 1, b-d, indicates the following:

- b. In-service training shall include gender specific reference and training for staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training.
- c. New employees shall receive PREA training during the Pre-Service Orientation. Attachment 19, Staff PREA Brochure, can be used to assist in this training.
- d. Specialized training shall be required for members of the Sexual Abuse

Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.

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

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

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

Provision (c)

Of the 29 staff presently assigned to the facility, the Auditor reviewed documentation that reflected 100% of the staff have received PREA training in the past twelve months. Facility staff also receive refresher training every two years. The facility also provides additional PREA training annually, as well as shift training, staff meetings, educational materials, and posters.

The PCM confirmed all current employees who may have contact with residents received PREA training. Formal training is provided a minimum of every two years. On the alternating years, refresher training ensures the employees know the agency's current sexual abuse and sexual harassment policies and procedures.

Provision (d)

PREA training requirements mandate attendance at all PREA required training is documented through employee signature, acknowledging the training they have received. Employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training or provide an electronic verification signifying comprehension of the training. Copies of documentation are maintained by the facility. The Auditor reviewed this documentation.

CONCLUSION

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

115.232	Volunteer and contractor training
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 596 376"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="354 443 1461 855" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • GDC, Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 1, effective date 6/23/2022 • Superintendent Memorandum, Volunteer and Contractor Training, dated August 10, 2023 • Volunteer/Contractor PREA Training Curriculum <p data-bbox="280 891 478 927"><u>INTERVIEWS</u></p> <p data-bbox="280 963 612 999">Contractor Interview</p> <p data-bbox="280 1034 1481 1406">During the interview process a contract driver recalled having PREA training, prior to being allowed to work with residents. The contractor stated the training was specific to the contractor’s role and responsibilities in the facility. When the Auditor questioned the contractor about knowledge of PREA, the contractor was able to identify what PREA was and more importantly, what the contractor’s role or responsibility if confronted with a situation of sexual abuse or sexual harassment. The contractor confirmed notification of the agency’s zero tolerance policy regarding sexual abuse and sexual harassments and were informed how to report such incidents.</p> <p data-bbox="280 1442 596 1478">Volunteer Interview</p> <p data-bbox="280 1514 1481 1886">During the interview process a religious services volunteer recalled having PREA training, prior to being allowed to work with residents. The volunteer stated the training was specific to the volunteer’s role and responsibilities in the facility. When the Auditor questioned the volunteer about their knowledge of PREA, they were able to identify what PREA was and more importantly, what the volunteer’s role or responsibility if confronted with a situation of sexual abuse or sexual harassment. The volunteer confirmed notification of the agency’s zero tolerance policy regarding sexual abuse and sexual harassments and were informed how to report such incidents.</p> <p data-bbox="280 1921 478 1957"><u>PROVISIONS</u></p> <p data-bbox="280 1993 485 2029">Provision (a)</p>

On the PAQ the facility reported the agency ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. On the PAQ the facility reported five volunteers and two contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 2, a, indicates the

department shall ensure that all volunteers and contractors who have contact with offenders are provided with a copy of this policy and have been trained in their responsibilities under the Department's PREA policies and procedures. Attachment 19, Staff PREA Brochure, can be used to assist in this training.

Provision (b)

On the PAQ the facility reported the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.

During the interview process the volunteer and the contractor both confirmed they had been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassments and were informed how to report such incidents.

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

Superintendent Memorandum, Volunteer and Contractor Training, dated August 10, 2023, states all volunteers and contractors who have contact with residents are notified of the department's Zero Tolerance policy regarding sexual abuse and sexual harassment and be informed on how to report such incidents. Charles D. Hudson Transitional Center maintains documentation of all volunteers and contractors' signatures indicating that they understood the training received by signing attachment 1, Employee, Contractor, Volunteer Acknowledgment Statement.

The Volunteer/Contractor PREA Training Curriculum contains all required elements of training required for contractors and volunteers.

Provision (c)

	<p>On the PAQ the facility reported the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>After training, contractors and volunteers sign a Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 1, effective date 6/23/2022, confirming their participation in training and that they understood the training. Each approved contractor and volunteer had a signed GDC, SOP 208.06, Attachment 1, confirming they had participated in training.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 2, c, indicates participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members if necessary to ensure understanding of the training.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding volunteer and contractor training.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. • Charles D. Hudson Transitional Center, Resident Handbook, revised January 2024. • Superintendent Memorandum, 115.233 Resident Education, dated 08/10/2023. • Georgia Department of Corrections, Speaking Up Video, Male Version, dated February 16, 2015. • Resident PREA Intake Information Documentation

- LanguageLine Insight Video Interpreting User Guide
- Georgia Department of Corrections, PREA Resident Information Guide Brochure, undated
- PREA Resident Education Power Point, undated.
- Work Release Sexual Harassment Policy, undated
- Video Remote Interpreting Usage Log
- Hotline Numbers Posting
- Zero Tolerance Posting
- Outside Confidential Support Service Agency Posting
- Resident PREA 30-day Education Attendance Sheets
- Resident PREA Education Chart Spreadsheet with Dates

OBSERVATIONS

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

The Charles D. Hudson Transitional Center Resident Handbook, the PREA Resident Information Guide Brochure, the PREA video, as well as the PREA postings were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

INTERVIEWS

Intake Staff Interview

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

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

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

Georgia Department of Corrections, Speaking Up PREA Video, Male Version, dated February 16, 2015. This video is approximately 20 minutes long. It has closed captions and is available in English and Spanish. It is divided into six sections. The first section is an introduction. The second section is a Discussion of Prison Sexual

Assault. The third section is Policies and Procedures. The fourth section is What's Been Going On. The fifth section is Protection. The sixth section is Reporting. After each section of the video there is a built-in, intentional pause for the facility staff to speak to the residents about facility specific matters that may need more direct discussion than the video provides. During interviews residents confirmed this video was part of their intake process. Speaking Up PREA Video

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

Through the interview process intake staff indicated resident education is in formats accessible to all residents including, but not limited to those who are limited English proficient, hearing impaired, vision impaired, cognitively impaired, and those with limited reading skills. (see Provision (c).

During interviews with intake staff, it was confirmed all residents who enter the facility are provided a Charles D. Hudson Transitional Center Resident Handbook upon admission. The resident signs the acknowledgment form which is retained in the resident record. Further they indicated they receive their PREA training immediately upon arrival, prior to their unit assignment. The residents receive more in-depth PREA education during orientation.

Resident Interviews

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

During the resident interviews, 100% of the residents remembered receiving written PREA materials and a Charles D. Hudson Transitional Center Resident Handbook. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report. All interviewees acknowledged the facility took PREA seriously and the PCM frequently discussed it with them both formally and informally.

PROVISIONS

Provision (a)

Upon arrival it is mandated the resident be given PREA information. This information is not intended to be comprehensive, but an overview of the PREA standards, addressing important topics to make the resident safer until they can be given a Comprehensive PREA education by staff.

According to the PAQ the facility reported during intake residents receive information explaining:

1. The agency's zero tolerance policy regarding sexual abuse and sexual harassment (resident brochure)
2. How to report incidents or suspicions of sexual abuse or sexual harassment (resident brochure, hotline numbers posting list ways to report and the outside confidential support services posting list ways to secure emotional support)
3. Their right to be free from sexual abuse and sexual harassment (resident brochure)
4. Their right to be free from retaliation from reporting such incidents (resident brochure)
5. Agency's policies and procedures for responding to such incidents. Speaking Up PREA Video

Georgia Department of Corrections, Speaking Up PREA video, Male Version, dated February 16, 2015. This video is approximately 20 minutes long. It has closed captions and is available in English and Spanish. It is divided into six sections. The first section is an introduction. The second section is a Discussion of Prison Sexual Assault. The third section is Policies and Procedures. The fourth section is What's Been Going On. The fifth section is Protection. The sixth section is Reporting. At the end of each section the video has built in pauses for the facility staff to address facility specific matters that are not addressed fully in the video. During interviews residents confirmed this video was part of their intake process. Speaking Up PREA Video

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 3, indicates information on the GDC's zero-tolerance policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility shall be provided to every resident upon arrival to the facility. In addition to verbal information, residents will be provided either an Attachment 17, PREA Resident Brochure (English) or an Attachment 18, PREA Resident Brochure (Spanish). Within 15 days of arrival, a comprehensive PREA education training will be conducted by assigned staff members to all residents which will include a gender appropriate video on Sexual Abuse. Receipt of both the initial information and the comprehensive education will be documented in writing by signature of resident and placed in the resident's institutional file.

In the case of Exigent Circumstances, such training may be delayed, but no more than 30 days. If the Exigent Circumstance extends beyond 30 days, justification and documentation must be placed in the resident's institutional file. Once the Exigent Circumstance no longer applies, such training must be provided immediately. This education is documented in the same manner as for residents who participated during the regularly scheduled orientation.

During the interview process the residents and the intake staff, both confirmed residents, are given PREA information upon arrival. Further, they confirmed

residents are provided PREA comprehensive education during orientation.

Superintendent Memorandum, 115.233 Resident Education, dated 08/10/2023, states this local policy directive shall serve as an addendum to GDC policy SOP 208.06 effective this date and is applicable to all staff and residents at Charles D. Hudson Transitional Center. It goes on to say notification of the GDC Zero-Tolerance policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving Facility shall be provided to every resident upon arrival to the Facility; in addition to verbal notification residents will be provided a GDC PREA brochure. Within 15 days of arrival, PREA education will be conducted by the assigned staff to all residents which include the gender appropriate Speaking Up video on sexual abuse. Both the initial notification and the education will be documented in writing by signature of resident. This directive is in addition to all other requirements of SOP 208.06 (pg. 18 sec. 3).

During interviews residents reported receiving PREA information upon arrival. Twenty-six residents were interviewed and twenty-five reported receiving PREA information the day they arrived. The lone outlier reported receiving initial PREA information within 48 hours of arrival.

The Auditor reviewed PREA education records for forty-one inmates. The forty-one resident records reviewed revealed the resident had received PREA intake material within 24 hours of arriving at the facility.

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

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

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

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

During informal conversations, the PCM stated residents are notified of male and female staff routinely working and visiting housing units, the prohibition against retaliation for reporting and the basics of the investigation process during intake.

The Charles D. Hudson Transitional Center Resident Handbook, dated January 2024, Chapter 14, p. 36, states among other goals, the Prison Rape Elimination Act (PREA) seeks to eliminate rapes of residents in custody at correctional institutions. The PREA defines "rape" very broadly to include nonconsensual sexual contact between residents and any form of sexual behavior between staff and residents. The law requires that prison administrators make detection, prevention, and punishment for sexual assault and sexual misconduct a top priority. The Department has established a zero-tolerance policy for sexual assault and sexual misconduct within its institutions. Residents who engage in consensual sexual contact with another resident, attempt to engage in or solicit such contact, or help another engage in sexual contact with a resident will be disciplined in a progressive manner with each occurrence. A resident who engages in sexual contact with another resident without that resident's consent will be disciplined progressively and referred for criminal prosecution. Staff members who engage in sexual contact or sexual misconduct with a resident will be subject to disciplinary action, up to and including termination, or will be banned from all Georgia correctional institutions, whichever action is applicable. According to Georgia law, certain correctional staff members who engage in sexual contact with a resident commit sexual assault, which is a felony punishable by imprisonment of 10 to 30 years.

The Charles D. Hudson Transitional Center Resident Handbook, dated January 2024, Chapter 14, p. 36, briefly states to report sexual assault, pick up the receiver from any resident phone and dial 7732. Leave a message after the tone. State the alleged victim and alleged perpetrator's full name and GDC number. Indicate which facility you are calling from and give as much detail as possible regarding the assault by including time, location, and date of the incident. You will have one minute to record your message. Please speak slowly and clearly. Remember, if you are a victim of sexual assault, do not remove your clothes, do not wash, shower, or brush your teeth before a staff member has collected this evidence. Report sexual assault, sexual harassment, or sexual misconduct by calling the Georgia Department of Corrections Sexual Abuse Hotline at 7732 from any phone, including

the pay phones in the TC. There is no charge for this call. Posters with this information have been mounted throughout the Center.

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

The one-minute time frame to leave a report is standard throughout the Georgia Department of Corrections (GDC), as this is an agency hotline. In a follow-up contact with the Assistant PREA Coordinator for the GDC, it was reported that zero residents or inmates in the GDC system have made a complaint about the one-minute time frame being insufficient to report an allegation. Further there is no limitation on how many times a resident can call the hotline.

After the on-site audit, the facility added information regarding the Outside Confidential Support Services Agency to the Resident Handbook. In the English Resident Handbook the new information is on page 38. In the Spanish Handbook the new information is on page 44. These additions allow the residents to receive information about the Outside Confidential Support Services Agency upon arrival.

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

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

In an addendum to the original MOU, the Outside Confidential Support Services Agency has clarified and confirmed their agency can be utilized in three ways:

1. A resident can call their 24-hour crisis line and speak to an advocate for emotional support regarding current or past sexual victimization.
2. Their agency provides victim advocates for victims of sexual abuse. The advocate provides informational and emotional support through the forensic examination and investigatory process that follows sexual abuse.
3. A resident can call their 24-hour crisis line and speak to an advocate and report sexual abuse.

The Work Release Sexual Harassment Policy, undated, which the residents sign, states the Department of Corrections, Charles D. Hudson Transitional Center, as well as State and Federal Law, prohibits sexual harassment. Sexual harassment is defined as unsolicited and unwelcome sexual overtone to conduct, verbal, nonverbal or physical. Sexual Harassment includes, but is not limited to the following:

- a. Sexual Comments
- b. Physical Contact
- c. Jokes that are sexual in nature
- d. Asking for sexual favors
- e. Suggestive looks and/or gestures

Provision (b)

According to the PAQ, in the past twelve months there were 242 residents who were admitted and whose length of stay at the facility was more than thirty days. The PAQ also reflected these residents were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. The PAQ reflected 100% of the residents admitted to their facility in the past twelve months received the mandated information.

The Auditor reviewed PREA education records for forty-one inmates. The forty-one resident records reviewed revealed that the resident had received 30-day Comprehensive PREA education well within 30 days of arriving at the facility. 85% of the 30-day comprehensive education was completed within one week of the resident's arrival. The remaining 15% were completed within 10 days of arrival.

All of the mandated parts of PREA comprehensive education are covered through the Resident Education Power Point, the ZERO Tolerance postings, the Hotline Numbers posting, the Outside Confidential Support Services posting, the What You Need to Know PREA video, the Resident Handbook, and the Resident Information Guide Brochure.

See Provision (a) for specifically what information is in which publication, brochure, flyer, etc.

Provision (c)

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

Limited English Proficient residents are provided information in Spanish. The Auditor reviewed the PREA information. Every piece of material available in English is also available in Spanish. Additionally, the PCM is fluent in Spanish, which the auditor confirmed. Additionally, the facility has access to LanguageLine for a plethora of other languages including American Sign Language.

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

Visually Impaired residents are provided information audibly, reading by a staff

member or sound in recorded messages or videos.

Cognitively impaired residents are provided information audibly, reading by a staff member or sound in recorded messages or videos.

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

Provision (d)

According to the PAQ the facility reported it maintains documentation of resident participation in PREA education sessions.

The Auditor reviewed attendance sheets for PREA Education for the past 12 months, confirming new residents participated in Comprehensive PREA Education during the first weeks of their residency. As stated in Provision (b) the Auditor reviewed PREA education records for forty-one residents. The forty-one resident records reviewed revealed that each resident had received 30-day Comprehensive PREA education well within 30 days of arriving at the facility.

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

As indicated in Provision (b) 100% of residents who entered the facility during the past 12-months received the required PREA training. This training, at intake, is facilitated through staff going over material and answering any questions the resident may have. During intake, the residents are given a handout about the Harmony House, the GDC PREA brochure, the Charles D. Hudson Transitional Center Resident Handbook, and are told the policy of Zero tolerance of any sexual abuse, sexual misconduct, and sexual harassment, and how to report an incident. They are made aware that male and female staff work on and visit housing units daily, the prohibition against retaliation for reporting and the basics of the investigation process.

Provision (e)

According to the PAQ the facility reported it ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

See provision (a) for specific publications, formats and information.

CONCLUSION

The facility provides comprehensive PREA education to the residents within 15 days of their arrival, rather than the mandated 30-days from arrival, which should be recognized and commended.

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

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Investigative Staff Interview

Through the interview process investigative staff confirmed participation in and successfully completion of special investigator training.

PROVISIONS

Provision (a)

On the PAQ the facility reported in addition to the general training provided to all employees, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings.

On the PAQ the facility reported it has two specially trained investigators to investigate sexual abuse and sexual harassment allegations.

During the interview process the investigative staff confirmed they had completed specialized training to become an investigator. A review of the SART and investigative training material confirmed the material included interviewing techniques for sexual abuse victims, proper Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence require to substantiate a case for administrative action or prosecution referral. The investigator's certificates of successful completion of the training confirm the information received during the interview proves.

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

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

Through a review of the training curriculum the Auditor was able to confirm the material outlined in the policy were part of the specialized training.

Provision (b)

On the PAQ the facility reported investigator specialized training includes, but is not limited to, techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

Provision (c)

On the PAQ the facility reported the agency maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.

As indicated in Provision (a), the agency/facility conducts all administrative and criminal investigations related to PREA allegations.

Provision (d)

The Auditor is not required to audit this provision.

CONCLUSION

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which

addresses policies regarding specialized training: investigations.

115.235 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Medical Training Curriculum
- Nurse certificates
- Superintendent Memorandum, PREA SART Nurse, dated August 19, 2023

INTERVIEWS

Medical AND Mental Health Staff Interview

Through the interview process the medical and mental health nurse supervisor acknowledged having received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.

PROVISIONS

Provision (a)

On the PAQ the facility reported the agency has a policy related to the training of medical and mental health practitioners who work regularly in the facility. There is one medical and mental health care practitioner who works regularly at the facility who received training. The individual is a nurse supervisor who works in medical and mental health.

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement. The nursing certificate confirms the training was successfully completed December 6, 2023. Through a review of training records and the interview process the Auditor was able to confirm that all training requirements have been met.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 23, 5 indicates GDC and contracted medical and mental health staff members will be

trained annually. Proof of training will be maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC's annual PREA in-service training.

Provision (b)

The nurse supervisor at the facility does conduct a routine physical examination on the sexual abuse victim before they have a forensic examination, but the facility nurse does not conduct forensic medical exams.

The Superintendent Memorandum, PREA SART Nurse, dated August 19, 2023, names the facility SART Nurse and designates this nurse as the one to contact the SANE Nurse.

Provision (c)

On the PAQ the facility reported they maintain documentation showing that medical and mental health practitioners have completed the required training. Medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers.

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, the medical/mental health nurse supervisor has attended the required training and meet all training requirements. All training documentation is maintained by the facility, as required.

Provision (d)

On the PAQ the facility reported that medical and mental health care practitioners employed by the agency also receive training mandated for employees.

During the interview process the nurse supervisor confirmed completion of the general employee PREA education and the more specialized medical and mental health care PREA education. The nurse supervisor reported the general PREA training was in September 2023 and the specialized medical and mental training was in December 2023.

The Auditor reviewed the sign-in sheet and training materials that reflect the medical nurse did participate in the general PREA training that is mandated for agency/facility employees, contractors, and volunteers outlined in policy and PREA standards. The sign-in sheet confirmed, in addition to specialized training, the medical nurse received the general PREA training mandated for all agency/facility employees.

CONCLUSION

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding specialized training: medical and mental health care.

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 596 376"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="354 443 1461 766" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. • GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. • Resident Initial Risk Assessment Records. • Resident Risk Reassessment Records. <p data-bbox="280 810 478 846"><u>INTERVIEWS</u></p> <p data-bbox="280 882 600 918">Resident Interviews</p> <p data-bbox="280 954 1477 1151">Through the interview process residents acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were in danger of being harmed. They also remember being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and was this their first incarceration?</p> <p data-bbox="280 1191 858 1227">Staff Responsible for Risk Screening</p> <p data-bbox="280 1263 1477 1550">Through the interview process risk screening staff indicated the initial risk screening is completed within the first 24 hours after arrival. Another risk screening is completed within 30 days of the first risk screening. Additional screenings are completed after a PREA allegation, if the resident leaves the facility and returns to the facility, or new information becomes known regarding the possible safety of the resident. Transgender residents are risk assessed within 24 hours, after thirty days and a minimum of every six months thereafter.</p> <p data-bbox="280 1585 1452 1783">Through the interview process, risk screening staff indicated residents are not disciplined for refusal to answer questions during an assessment. An explanation would be given for the reason behind the question and an attempt to solicit a response. However, no disciplinary action would be taken if the resident chose not to respond.</p> <p data-bbox="280 1823 641 1859">PREA Coordinator (PC)</p> <p data-bbox="280 1895 1477 2056">Through the interview process the PC indicated behavioral counselors, medical staff, mental health staff, classification staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management</p>

decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

PROVISIONS

Provision (a)

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

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

The Auditor reviewed forty-four resident records. Those records showed that all forty-four residents had their initial 72-hour risk assessment completed within 24 hours of arrival.

Provision (b)

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

Behavioral counseling staff conduct resident risk assessments. All individuals who conduct risk assessments acknowledged they are completed within 24 hours of the resident's arrival and then again within 30-days of arrival. The residents acknowledged during interviews they had participated in a risk assessment upon arrival and had been reassessed within several weeks after the initial assessment.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 232 residents were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility. While the PAQ states 72 hours, the

policy and practice of the facility is for residents to be screened for risk of sexual victimization or sexual abusiveness within 24 hours of their entry into the facility.

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

Provision (c)

The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake screenings utilize SOP 208.06. Attachment 2, Revised 06-23-2022 Screening Form. The resident is reassessed within thirty days, after the initial meeting. Of the forty-four records reviewed, thirty-eight were reassessed within 30 days of arrival and six were reassessed within 31 days of arrival. The six outliers which were reassessed within 31 days, the thirtieth day fell on a day the individual who was assigned to conduct the reassessment was not at work.

The Auditor discussed this one-day lapse with the staff and recommended to staff to schedule the reassessments 25 days after the resident's arrival, to provide flexibility in the event someone does not report to work, has the day off, is on vacation, is out sick, etc., the reassessment could still be done in a timely fashion. The staff agreed they would begin that practice.

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

Provision (d)

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

1. Is the resident a former victim of institutional (prison or jail) rape or sexual assault?
2. Is the resident 25 years old or younger or 60 years old or older?
3. Is the resident small in physical stature? (BMA <18.5)
4. Does the resident have a developmental disability/mental disability/physical disability?
5. Is this the resident's first incarceration ever (prison or jail)
6. Is or is perceived to be gay/lesbian/bisexual/transgender/intersex or gender

non-conforming?

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

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

Provision (e)

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

Residents are assessed and reassessed by Behavioral Counselors.

Provision (f)

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

The Auditor reviewed the PAQ which indicated that within the past 12 months, 221 residents were in the facility longer than 30-days from arrival. The facility reported 100% of the 221 residents were re-assessed for the risk of sexual victimization or risk of sexually abusiveness of other residents within 30-days of their entry into the facility.

Of the forty-four resident records which were reviewed by the auditor, the initial risk assessment was completed within 24 hours of arrival 100% of the time. Of the forty-four residents, thirty-eight were reassessed within thirty days and six were reassessed within 31-days.

Provision (g)

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

According to the interviews with behavioral counselors they reassess residents 30-days after their arrival. Residents are also reassessed when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Provision (h)

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

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

Provision (i)

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

Through formal interviews and informal conversations, the PREA Coordinator (PC) indicated medical staff, mental health staff, classification staff, intake staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The risk screening staff echoed this information.

CONCLUSION

	<p>The facility consistently conducts the initial 72-hour risk assessments on new arrivals within 24 hours of arrival, which is something to be commended and acknowledged.</p> <p>After the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness.</p> <p>RECOMMENDATION: Since six out of forty-four reassessments reviewed were one day late, it is recommended the staff schedule reassessments 25 days after the initial screening, to ensure the residents are reassessed within 30 days of the first screening.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Subject: PREA Standard 115.13, Facility PREA Staffing Plan, effective date 7/01/2023 • Resident Risk Assessments and Reassessments • Resident Roster <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process the PC indicated:</p> <ul style="list-style-type: none"> • According to policy, the gender identification of each resident is initially determined by their legal sex assignment, at birth; however, from that point forward every resident is individually assessed and classified on a case-by-case basis to ensure the safety of the resident, as well as the safety of the resident population.

- That neither the agency or facility are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents.
- All indicated LGBTI residents are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the resident and address the concerns.
- Transgender or intersex resident's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments.
- Transgender and intersex residents have regular classification reassessments which are conducted a minimum of every six months, or if the resident is involved in an incident of a sexual nature.
- Transgender and intersex residents are interviewed further to determine enemies and potential or perceived threats.
- Transgender and intersex housing placement and programming assignments are based on the information on risk assessment and information received from the resident. The residents' own thoughts and feelings are considered and carry great weight.

Staff Responsible for Risk Screening Interview

Through the interview process, staff responsible for risk screening, indicated:

- The assessment procedures being utilized allow for each resident to be individually evaluated.
- Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual resident when making classification and housing decisions.
- Transgender or intersex residents view of their own safety is taken into thoughtful consideration when determining housing placements and programming assignments.

LGBTI Residents Interview

Through the interview process, the sole gay resident reported he was housed in the general population and was not currently, nor had he ever been, housed in a housing unit designed for only LGBTI residents. The Auditor reviewed a resident roster and confirmed the resident was housed in the general population.

At the time of the on-site audit there were zero transgender or intersex residents assigned to the facility. Therefore, no transgender or intersex residents were interviewed regarding this standard.

PROVISIONS

Provision (a)

On the PAQ the facility reported that they use information from the risk screening to inform housing, bed, work, education, and program assignments. This allows them to keep separate those residents at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive.

Following a review of forty-four resident assessments, the Auditor was able to verify the information from these assessments was being utilized by the staff to make decisions on behalf of the residents. The questions on the assessment are designed to determine the potential vulnerability or abusiveness of the resident.

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

Provision (b)

On the PAQ the facility reported it makes individualized determinations about how to ensure the safety of each resident.

During interviews and informal conversations, the staff responsible for screening acknowledged the assessment assists them in determining who is at risk for victimization and who is at risk for abusing and they keep those two segments of the population as far apart as possible.

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

Provision (c)

On the PAQ the facility reported when making housing and programming assignments, the facility considers, on a case-by-case basis, whether a placement of a transgender or intersex resident would ensure the resident's health and safety and whether a placement would present management or security problems.

During interviews and informal conversations, the staff responsible for screening acknowledged that the movement and placement of transgender and intersex residents are evaluated and considered on a case-by-case basis, with an emphasis on the residents' health and safety.

As stated in provision (b), in deciding whether to assign a transgender or intersex offender to a male or female facility is an agency level decision. However, the Department considers on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems in accordance with SOP 220.09, Classification and Management of Transgender and Intersex Offenders.

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

Provision (d)

On the PAQ the facility reported each transgender and intersex resident's own views with respect to personal safety is given thoughtful consideration when making facility and housing placement decisions and programming assignments.

During interviews and informal conversations, the staff responsible for screening acknowledged the resident's opinion, feelings and thoughts are considered and weighed carefully with the information gleaned from the assessment, before any decision are made about housing, bed, work, education, and program assignments.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender.

Provision (e)

On the PAQ the facility reported all transgender and intersex residents are given the opportunity to shower separately from other residents. There were zero transgender or intersex residents assigned to the facility to interview regarding showering opportunities.

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

Provision (f)

On the PAQ the facility reported transgender and intersex residents are housed in general population. The facility does not have a dedicated facility, unit, or wing solely for the placement of LGBTI residents.

During interviews and informal conversations, the PC reported that transgender and intersex residents are placed in general population. The GDC does not have any

	<p>dedicated facilities, units or wings established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, or intersex residents.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, indicates LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely based on this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard requiring the use of screening information.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Offender PREA Brochure (English and Spanish) • Superintendent Memorandum, 115.233 Resident Education, August 10, 2023 • Resident Handbook, Revised January 2024 • Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders <p><u>OBSERVATIONS</u></p> <p>During the on-site portion of the audit, the Auditor observed numerous different PREA postings in both English and Spanish throughout the facility. These posters were observed in each housing unit, communal areas, main hallways, intake holding area, dining room, etc.</p> <p>The Auditor checked numerous resident telephones throughout the facility, and all were in working order and readily available in each housing unit. Each phone that was evaluated was in working order and could be used to call out.</p>

INTERVIEWS

PREA Coordinator (PC) Interview

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

Random Staff Interviews

Throughout the interview process the staff acknowledged:

- they would accept verbal and written reports or allegations from the resident.
- they would immediately document the verbal report in writing.
- they would provide the report to their supervisor.

Throughout the interview process the staff acknowledged residents can report allegations by the following, to name a few:

- telling a staff member (verbally)
- calling the PREA telephone number posted throughout the facility (can be anonymous)
- telling a family member who reports for them (third party)
- a written report can be given to a staff member or dropped in any box around the facility (in writing)

Through the interview process, staff indicated they may choose to make a private report to their supervisor, a ranking officer, PCM, or PC.

Random Resident Interviews

Through the interview process the residents reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included, but were not limited to:

- Calling the hotline number (can be anonymously)
- contacting the PCM (verbally or in writing)
- having family members contact the institution. (3rd party)
- telling a staff member (verbally)

Through the interview process, residents acknowledged they were familiar with an outside confidential support services agency and said they were aware they offered support services.

PROVISIONS

Provision (a)

On the PAQ the facility reported the facility/agency has established procedures

allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other residents, or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.

During interviews and informal conversations random residents confirmed they could report sexual abuse or sexual harassment in writing, verbally, anonymously, and by third party.

The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to PREA violations.

These can be reported internally verbally, in writing or by a third party. The resident can call the GDC PREA Hotline number 7732. The resident can report to any staff member. The resident can contact the PREA Compliance Manager or the PREA Coordinator. This information is listed in the Resident Handbook (p. 36) and the PREA brochure the resident receives upon arrival.

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

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

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

Provision (b)

On the PAQ the facility reported it provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility.

An outside reporting entity is Harmony House. Information about Harmony House can be found in the Resident handbook, as well as being posted throughout the facility. In the English Resident Handbook it is on page 38. In the Spanish Resident Handbook it is found on page 44. Harmony House has a 24-hour crisis line for reporting, mailing address, and an email address for reporting.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, a, i-iii, indicates reports may be made to :

- i. The Ombudsman's Office at P.O. Box 1529, Forsyth, GA 31029, 478-992-5358.
- ii. Statewide PREA Coordinator at 300 Patrol Road, Forsyth, GA 31029
- iii. By email to the PREA Coordinator at PREA.report@gdc.ga.gov; and
- iv. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Drive, S.E. Balcony Level, East Tower, Atlanta, GA 30334

Provision (c)

On the PAQ the facility reported staff accept reports made verbally, in writing, anonymously, from third parties and promptly document any verbal reports.

During interviews and informal conversations 100% of random staff confirmed they will accept verbal and written reports for sexual abuse and sexual harassment. They further confirmed they document all verbal reports in writing.

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

Provision (d)

The facility reported on the PAQ they provide the staff with a method to report privately sexual abuse and sexual harassment of residents. Staff can report by using the PREA Hotline 7732, using mailing addresses previously mentioned in provision (b), talking to their immediate supervisor or another ranking officer. The staff brochure provides a Confidential Reporting Hotline 888-992-7849, the Statewide PREA Coordinator contact information, and the GDC Employee Support Services telephone number 478-992-5160. Any of these avenues would be acceptable and confidential ways to privately report sexual abuse and sexual harassment of residents.

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

CONCLUSION

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

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 596 378"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="352 445 1461 647" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p data-bbox="280 692 491 725"><u>INTERVIEWS:</u></p> <p data-bbox="280 770 676 804">Random Staff Interviews</p> <p data-bbox="280 837 1417 904">Through formal interviews and informal conversations with staff, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p data-bbox="280 949 740 983">Random Resident Interviews</p> <p data-bbox="280 1016 1417 1084">Through the interview process, random residents reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p data-bbox="280 1128 485 1162"><u>PROVISIONS</u></p> <p data-bbox="280 1207 485 1240">Provision (a)</p> <p data-bbox="280 1274 1442 1431">The facility reported on the PAQ that sexual abuse and sexual harassment are not grievable issues. Therefore, the facility/agency is exempt from this standard. If a grievance form is received with a PREA allegation on it, it is treated as a written report and is forwarded immediately for investigation.</p> <p data-bbox="280 1476 1474 1677">Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 3, indicates allegations of sexual abuse and sexual harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.</p> <p data-bbox="280 1722 485 1756">Provision (b)</p> <p data-bbox="280 1789 1442 1856">N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p data-bbox="280 1901 485 1935">Provision (c)</p> <p data-bbox="280 1968 1442 2036">N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p>

	<p>Provision (d)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Provision (e)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Provision (f)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Provision (g)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding exhaustion of administrative remedies.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Charles D. Hudson Transitional Center, Resident Handbook, dated January 2024 • Charles D. Hudson Transitional Center, Resident Handbook, dated January 2024, Addendum 1 - English, p. 38 • Charles D. Hudson Transitional Center, Resident Handbook, dated January 2024, Addendum 2 - Spanish, p. 44 • MOU between the facility and the Harmony House, effective January 1, 2024, clarified July 16, 2024

- PREA Resident Information Guide Brochure, undated.
- Hotline Numbers posting
- Outside Confidential Support Services Agency Information postings
- Resident Intake Package

OBSERVATIONS

During the tour of the facility, the Auditor observed PREA information posted throughout the facility. The Hotline Number posting lists three hotline numbers and lets the resident know which hotline numbers are for reporting internally and which are for reporting externally. The last number on the list is for Harmony House, which is the Outside Confidential Support Services Agency.

During the tour of the facility, the Auditor evaluated multiple resident telephones to ensure they worked. Each time the telephones functioned appropriately and a call to the outside support agency was made without problem. The Auditor was able to reach the agency and speak to an advocate. The Auditor was not required to use a “pin” to call out to the agency and when the call went through the Auditor was not required to provide any personal information. During the interview process intermediate-or-higher-level staff reported checking the resident phones daily to ensure they are in working order to reach family and the outside support agency without difficulty.

INTERVIEWS

Random Resident Interviews

Through the interview process 100% of residents indicated there was a telephone number and address available to contact an outside agency regarding things related to sexual abuse or sexual harassment. 100% of residents were familiar with the Harmony House as the outside confidential support service agency and reported the call was free and confidential. 100% of the residents verbalized they understood there were limits to confidentiality. They understood those limits to be if they were going to hurt themselves, if they were going to hurt someone else, or if a crime had been or was about to be committed as part of the report.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM indicated the facility has an MOU with Harmony House. All residents are given information regarding Harmony House as part of their intake package, which includes a mailing address, an email address and a 24-hour crisis telephone number. Additionally, the Outside Confidential Support Services posting is an addendum to the Resident handbook. Addendum 1 is in English and addendum 2 is in Spanish. These addendums provide further information about Harmony House, including a mailing address, an email address, a 24-hour crisis telephone number, third-party reporting and emotional support for sexual victimization, past and present.

Intermediate-or-Higher-Staff

During the interview process intermediate-or-higher-level staff reported checking the resident phones daily to ensure they are in working order to reach family and the outside support agency without difficulty.

PROVISIONS

Provision (a)

The facility reported on PAQ, that the agency/facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. That outside agency is The Harmony House. The MOU for services and the Advocacy information posting confirm The Harmony House is the outside confidential support services agency for the residents. This was also confirmed by the residents during the interview process.

After the onsite audit, the facility provided an amended MOU that added language that stated:

The Harmony House 24-hour Crisis Line is available to the residents of the Charles D. Hudson Transitional Center. The residents and staff may use it:

1. To request emotional support for sexual victimization, regardless of when or where the victimization occurred.
2. To report sexual victimization which occurs while a resident at the Charles D. Hudson Transitional Center.
3. To request a victim advocate for medical accompaniment during a forensic examination and support during the interview process.

The Auditor has also reviewed the updated Outside Confidential Support Services Agency Information posting and it reflects the verbiage used in the amended MOU.

This amendment clarifies the role of the Harmony House as an outside reporting agency, an outside agency that provides confidential emotional support for victimization past and present and an agency that provides victim advocates for residents who experience sexual victimization while a resident of the Charles D. Hudson Transition Center. This updated posting has been made part of the Resident Handbook. In the English version it is page 38 and in the Spanish version it is page 44.

On the PAQ the facility reported it provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents mailing addresses and telephone numbers (including toll-free numbers) for local, state, or national victim advocate or rape crisis organizations
2. Enable reasonable communication between residents and these organizations in as confidential a manner as possible.
3. Specifically, the resident can call Harmony House 24-hour crisis line:

706-885-1525, for emotional support services, for sexual victimization past and present.

4. The resident can also write Harmony House at P.O. Box 2925, LaGrange, GA 30241, for emotional support services, for sexual victimization past and present.
5. The resident can email Harmony House at breakthecycle@harmonyhousega.org, for emotional support services, for sexual victimization past and present.

According to the Hotline Number posting, this call is free. Calls can be made anonymously and does not require the resident to leave identifying information. The line is a 24-hour crisis line, which is monitored and recorded. This number can be called to secure emotional support services for sexual victimization past and present.

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

The MOU with Harmony House was executed in January 2024 and clarified July 16, 2024. According to the PCM and the Assistant PC, the facility had been previously utilizing the services of The Harmony House without an executed MOU. The Assistant PC stated the facility was directed to secure a MOU with The Harmony House and they did so in January 2024. The Auditor contacted Harmony House, and they confirmed this information.

Provision (b)

The facility reported on the PAQ that it informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. According to the MOU the Harmony House limits to

confidentiality are for suspected abuse or neglect of a child or vulnerable adult or in the case of concern about the resident's intent to harm themselves or someone else. This limit to confidentiality is part of the Harmony House information added to the Resident Handbook.

During resident interviews, 100% of the residents acknowledged there were limits to confidentiality with the information provided to the Harmony House staff. The residents acknowledged that if they disclosed information regarding an intent to hurt themselves or others, or if they disclosed information with regard to a crime being committed, such as the suspected abuse or neglect of a child the Harmony House staff would be legally bound to report what they had been told to law enforcement.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 18, B, f, indicates victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with residents. The victim advocate serves as emotional and broad support, navigating the resident through the treatment, evidence collection, and investigation process. The victim advocate has access to the resident like that of medical staff at the facility. Victim advocates are not authorized to make decisions regarding resident care or interfere with escort, security, or investigation procedures that are deemed necessary by the facility/investigator.

Provision (c)

On the PAQ the facility reported it has an MOU with the Harmony House to provide residents with emotional support services related to sexual abuse, past and present. The facility maintains a copy of the MOU. As stated in Provision (a), the Auditor reviewed the MOU with the Harmony House.

The MOU with the Harmony House states the Harmony House will provide a Sexual Assault Victim Advocate. The advocate may accompany and provide support services to the victim throughout the investigative process, including interviews, forensic exam, and/or crisis intervention for informational and emotional support only. The MOU further states Harmony House, Sexual Assault Advocates are bound by confidentiality and will not share information about the alleged incident(s) of sexual assault or other information shared by a resident except for suspected abuse or neglect of a child or vulnerable adult or in the case of concern about intent to hurt someone else or attempt suicide. As stated in Provision (b) residents acknowledged the limits of confidentiality during interviews.

CONCLUSION:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding resident access to outside confidential support services.

115.254	Third party reporting
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 596 378"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="352 445 1461 770" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • GDC PREA Offender Brochure, undated • GDC Website https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea <p data-bbox="280 815 480 848"><u>INTERVIEWS</u></p> <p data-bbox="280 882 738 916">Random Resident Interviews</p> <p data-bbox="280 949 1422 1028">Through the interview process the resident (100%) indicated they were aware of third-party reporting and would use it if necessary.</p> <p data-bbox="280 1072 480 1106"><u>PROVISIONS</u></p> <p data-bbox="280 1140 485 1173">Provision (a)</p> <p data-bbox="280 1218 1422 1420">On the PAQ the facility reported the facility/agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The methods provided are listed in the GDC Resident Brochure, undated, and on the agency’s website https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea.</p> <p data-bbox="280 1453 1461 1610">Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 26-27, E. 2, a, i-iii, indicates a. Third party reports may be made to:</p> <ul data-bbox="352 1677 1422 1890" style="list-style-type: none"> • i. The Ombudsman’s Office at P.O. Box 1529, Forsyth, GA 31029, 478-992-5358. • ii. By email to the PREA Coordinator at PREA.report@gdc.ga.gov; and • iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334. <p data-bbox="280 1924 1461 2036">The GDC website, offender brochure and posted notices assist third party reporters in reporting allegations of sexual abuse or sexual harassment. The random inmates (100%) interviewed indicated they were aware of third-party reporting methods.</p>

CONCLUSION

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

115.261 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- GDC, Staff Brochure, undated
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, revised 06-23-2022, PREA local Procedure Directive and Coordinated Response Plan

INTERVIEWS

Facility Head or Designee Interview

During the interview process the Facility Head Designee indicated:

- All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, will be fully investigated.
- If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a State or local statute, the facility/agency is required to report the allegation to the designated State, local services agency under mandatory reporting laws.

PREA Coordinator (PC) Interview

During the interview process the PC acknowledged they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the agency investigators.

Random Staff Interviews

During the interview process, staff acknowledged this requirement and were able to articulate how they would immediately report an allegation of sexual abuse in a

manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

Medical and Mental Health Staff Interviews

During the interview process, medical and mental health individuals were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

PROVISIONS

Provision (a)

The facility reported on the PAW that staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are required to report immediately any instance of retaliation against residents or staff who reported a PREA allegation. Staff are to report any staff neglect or violation of responsibility that may have contributed to an incident or retaliation. This was verified through the interview process with random staff.

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

Provision (b)

The facility reported on the PAQ apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. This was verified during the interview process with random staff.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, 3,

NOTE, indicates staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions.

Provision (c)

On the PAQ the facility reported unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, as well as the limitations of confidentiality, at the initiation of services. This was verified through the interview process with medical and mental health staff.

Provision (d)

On the PAQ the facility reported if an alleged victim is under the age of eighteen or is considered a vulnerable adult under a State or local statute, the facility/agency is required to report the allegation to the designated State, local services agency under mandatory reporting laws. This was verified by the Facility Head Designee during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting Laws.

Provision (e)

On the PAQ the facility reported all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, will be fully investigated. The Facility Head Designee verified this during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates all staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CONCLUSION

	Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff and agency reporting duties.
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan <p><u>INTERVIEWS</u></p> <p>Agency Head or designee Interview</p> <p>Through the interview process the Agency Head Designee indicated the protection and safekeeping of the victim is always the primary focus in allegations of sexual abuse. The Agency Head Designee indicated, if necessary, the victim would be moved to different housing. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.</p> <p>Facility Head or Designee Interview</p> <p>Through the interview process the Facility Head Designee acknowledged immediate action to protect the victim (resident) would be taken. The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator, if known, would be placed in segregated housing. When the facility/agency learns that a resident is at substantial risk of imminent sexual abuse, the facility takes immediate action to protect the resident. In the past twelve months there were zero instances of a resident being subjected to a substantial risk of imminent sexual abuse.</p> <p>Random Staff Interview</p> <p>Through the interview process random staff acknowledged if they received an</p>

allegation from an inmate, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.

PROVISIONS

Provision (a)

The facility reported on the PAQ when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past twelve months, the agency/facility had zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse. This was verified and confirmed by the Facility Head Designee during the interview process.

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

CONCLUSION

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

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

Through the interview process the Agency Head Designee confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any facility will be investigated in accordance with the guidelines of the GDC.

Facility Head or Designee Interview

Through the interview process the Facility Head Designee indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned for investigation.

Upon receiving information that a resident has been victimized sexually while at another facility, the current facility has no more than 72-hours to make the previous facility aware of the allegation.

Upon receiving information that a previous resident reported an allegation after transfer to another facility. The previous facility, where the allegation occurred has the responsibility to make the investigative staff aware of the allegation and have them investigate it thoroughly and promptly.

PROVISIONS

Provision (a)

The facility reported on the PAQ upon receiving an allegation that an inmate was sexually abused while confined at another facility, the facility head that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. During the past twelve months there have been zero allegations that a resident was abused while confined at another facility. This was verified by the Facility Head Designee during the interview process.

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

Provision (b)

The facility reported on the PAQ that the Facility Head or Designee is to provide such notification as soon as possible, but no later than 72-hours after receiving the allegation. This was verified by the Facility Head Designee during the interview process.

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

Provision (c)

The facility reported on the PAQ indicates that it documents that it has provide such notification within 72 hours of receiving the allegation. This was verified by the Facility Head Designee during the interview process.

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

Provision (d)

The facility reported on the PAQ that the agency/facility that receives the allegation from another facility are responsible for the investigation of the allegation. This allegation is to be investigated in accordance with the PREA standards. This was verified by the Agency Head Designee during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 2, d, indicates the facility head or Department office that receives such notification shall ensure that the allegation is investigated only if a previous investigation did not occur.

CONCLUSION

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

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, Charles D. Hudson Transitional Center, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-2022

INTERVIEWS

Facility Head or Designee Interview

Through the interview process, the Facility Head Designee acknowledged first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance. In the past twelve months there have been zero allegations of sexual abuse or sexual harassment.

Security Staff - First Responders Interview

Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on the job training, and staff meetings. The PCM reminds them of PREA policies and speaks with them regarding the importance of PREA and sexual safety.

Non-Security First Responders Interview

Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Random Staff Interviews

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

Residents who Reported Abuse Interview

At the time of the onsite audit, there were zero residents assigned to the facility who had reported sexual abuse while at the facility. Subsequently, zero residents were interviewed who had reported abuse.

PROVISIONS

Provision (a)

On the PAQ the facility reported the agency has a first responder policy. The policy requires:

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

Upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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

Upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past twelve months there were zero allegations that a resident was sexually abused. This was confirmed by the Facility Head Designee during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, Charles D. Hudson Transitional Center, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-2022, is a two page document and the purpose of the document is to provide a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.

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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

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

a. Response protocols shall follow the guidelines outlined in Attachment 7, Local Procedure Directive and Coordinated Response Plan.

b. The PREA Unit will be notified of all allegations within two (2) working days after receiving the allegations via PREA.report@gdc.ga.gov using Attachment 10, PREA Initial Notification Form.

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

1. Identify, separate and secure inmates involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be expected to destroy biological, forensic, or physical evidence related to such sexual abuse.
5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.
6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

According to the PAQ in the past twelve months, there were zero allegations that a resident was sexually abused or experienced sexual harassment.

Provision (b)

The facility reported on the PAQ that agency policy requires:

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

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors receive, identifies whoever receives the information first, as a First Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all

	<p>uninvolved parties, relay any observations to the Shift Supervisor or PCM.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff first responder duties.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, Charles D. Hudson Transitional Center, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-202 • Superintendent Memorandum, Response Procedure for Sexual Assault, Contact and Harassment, dated August 10, 2023 <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee Interview</p> <p>Through the interview process the Facility Head designee confirmed the coordinated response plan breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>The facility reported on the PAQ they have developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),</p>

	<p>Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of Sexual Abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, Charles D. Hudson Transitional Center, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-2022, is a two page document and the purpose of the document is to provide a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This plan provides contact information for everyone who will need to be notified during the reporting and investigating of a PREA allegation. It breaks down the reporting duties into 15 steps, which are well thought out and measurable. It takes into consideration victimization screening, safe housing and identifying “at risk” residence in the facility.</p> <p>The Superintendent Memorandum, Response Procedure for Sexual Assault, Contact and Harassment, dated August 10, 2023, outlines the responsibilities of the Shift Officer in Charge and the responsibilities of the Facility PREA Compliance Manager.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding coordinated response.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

INTERVIEWS

Agency Head or Designee Interview

Through the interview process the Agency Head Designee indicated:

- The State of Georgia is a right to work state.
- The GDC does not enter into collective bargaining
- The Facility Head or Designee can remove any staff member from contact with residents following an allegation of sexual abuse or sexual harassment.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the GDC does not enter into collective bargaining. The State of Georgia is a right to work state. This was verified by the Agency Head Designee during the interview process.

Provision (b)

Auditors are not required to audit this provision.

CONCLUSION

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

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> <ul style="list-style-type: none">• Pre-Audit Questionnaire (PAQ) and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022• Superintendent Memorandum, PREA Retaliation Officer, dated August 10, 2023
	<u>INTERVIEWS</u>
	Agency Head or Designee Interview

Through the interview process the Agency Head Designee indicated that retaliation is not tolerated. All instances of retaliation will be investigated, pursued and disciplined.

Retaliation monitoring includes status checks with the victim, monitoring the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, monitoring the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, act promptly to remedy any such retaliation, monitor any resident disciplinary report, housing changes, program changes, performance reviews of staff, and reassignment of staff.

Facility Head or Designee Interview

The Facility Head Designee emphasizes to staff and residents that they are to speak about PREA without fear of retaliation. It is emphasized that if retaliation does occur, there will be prompt action taken against those responsible for the retaliation. They would be investigated and disciplined. These sentiments were echoed by the staff in charge of monitoring retaliation.

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

Retaliation Monitor Interview

Through the interview process the Retaliation Monitor indicated there were zero instances of retaliation in the past twelve months. The retaliation monitor stated that monitoring begins immediately after staff are aware of the allegation. The victim is monitored for a period of ninety days, regular status checks, unless further monitoring is needed. However, if the allegation is determined to be unfounded, the retaliation monitoring is discontinued.

If someone who cooperates with the investigation expresses a fear of retaliation, that individual will be monitored for a period of up to ninety days, with status checks. If the allegation is determined to be unfounded, the monitoring will be discontinued, like in the case of the victim.

PROVISIONS

Provision (a)

On the PAQ the facility reported the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. This was confirmed by the Facility Head Designee during the

interview process.

Superintendent Memorandum, PREA Retaliation Officer, dated August 10, 2023, names the retaliation officer for the facility. This individual is a member of the SART team.

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

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

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

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

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

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

monitor.

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

Provision (b)

The facility reported on the PAQ the agency employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Head Designee confirmed this during the interview process.

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

Provision (c)

The facility reported on the PAQ, the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The retaliation monitoring is generally for a period of ninety days unless further monitoring is needed. The PAQ also indicated the facility had zero instances of retaliation in the past twelve months. The Facility Head Designee confirmed this during the interview process.

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

Provision (d)

The facility reported on the PAQ that retaliation monitoring consist of:

- Status checks with the victim
- Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff
- Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff
- Act promptly to remedy any such retaliation
- Monitor any resident disciplinary report
- Monitor resident housing change
- Monitor resident program changes
- Monitor negative performance reviews of staff
- Monitor reassignment of staff
- Continue monitoring beyond 90 days if the initial monitoring indicates a continuing need

The Agency Head Designee confirmed this during the interview process.

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

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

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

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

Provision (e)

The facility reported on the PAQ that if any other individual who cooperates with an investigation expresses a fear of retaliation, that individual will be protected against retaliation as well. The Facility Head Designee confirmed this during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive

	<p>Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility shall respond appropriately to protect that individual against retaliation.</p> <p>Provision (f)</p> <p>Auditor is not required to audit this provision</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection against retaliation.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Investigative Staff Interview</p> <p>During the interview process the investigator indicated:</p> <ul style="list-style-type: none"> • Investigations begin immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, verbally, third party, by mail or anonymously. • Confirmed attendance at the required training sessions. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training. • All investigations follow the same investigative format. Interviews are conducted with the victim first, then any witnesses, leaving the perpetrator for last. Protocol varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse. • If it is an alleged sexual assault or sexual abuse incident, the victim is met at

the dedicated SAFE/SANE location if applicable. Except in the cases where the SAFE/SANE team collects the evidence, the investigator collects and secures all evidence.

- Investigative staff are trained in evidence collection.
- When the evidence supports a criminal act that has been committed, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The OPS-Criminal Division confirmed if the case is criminal Miranda warnings are given to the person(s)
- The credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. Polygraph is not used in the investigative process of PREA cases.
- In administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in the investigative report.
- If the investigation uncovers evidence that a crime has been committed, the allegation is investigated by the OPS-Criminal Division
- Confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.
- Confirmed the facilities cooperate with the OPS-Criminal Division and endeavor to keep the facility informed of the progress of the investigation.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the GDC has a policy related to criminal and administrative investigations.

This was confirmed by investigative staff who acknowledged the facility/agency conducts its own investigations into all allegations of sexual abuse and sexual harassment. All investigations are conducted promptly, thoroughly and objectively. Investigations are for all allegations, including third party and anonymous reports.

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

Provision (b)

On the PAQ the facility reported all investigators are specially trained in sexual

abuse investigations.

As stated in the discussion of §115.234, during the interview process the investigative staff confirmed they had completed specialized training to become an investigator. A review of the investigative training material confirmed the material included interviewing techniques for sexual abuse victims, proper Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence require to substantiate a case for administrative action or prosecution referral. The investigator's certificates of successful completion of the training confirm the information received during the interview proves.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

Provision (c)

On the PAQ the facility reported investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators, and witnesses. Investigators will review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Investigative staff confirmed except in the cases where the SAFE/SANE team collects the evidence, the investigator collects and secures all evidence.

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

Provision (d)

On the PAQ the facility reported when the quality of the evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

During the interview process the investigative staff confirmed that in criminal investigations compelled interviews are used only after consulting with prosecutors to ascertain whether compelled interviews could jeopardize criminal prosecution.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 32, 10,

indicates substantiated allegations of conduct that are deemed criminal shall be referred for prosecution if there is enough evidence to prosecute.

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

Provision (e)

On the PAQ the facility reported the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

This was confirmed by the investigative staff who acknowledged the credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. Polygraph is not used in the investigative process of PREA cases.

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

Provision (f)

On the PAQ the facility reported administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

This was confirmed by investigative staff who stated during interviews that in administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in the investigative report.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates staff shall document the description of physical and testimonial evidence in the

body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Furthermore, whether information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.

Provision (g)

On the PAQ the facility reported criminal investigations are documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all evidence where feasible.

This was confirmed by investigative staff during interviews and informal conversations. Investigative staff reported all criminal investigations are documented in a written report and contain descriptive evidence.

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

Provision (h)

On the PAQ the facility reported in the past twelve months there were zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution. During informal conversations, the investigative staff confirmed this information.

The investigative staff acknowledged there were zero substantiated PREA allegations in the past twelve months that appeared to be criminal in nature.

Provision (i)

On the PAQ the facility reported the facility/agency maintains all written reports pertaining to administrative and criminal investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Through the interview process the investigative staff confirmed all administrative and criminal investigations of sexual abuse and sexual harassment are retained as long as the individual is associated with the facility/agency, plus five years.

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

- if the alleged abuser is incarcerated or employed by the Department, plus five years; or,

- as long as required by State records retention policies; or,
- as required by a litigation hold notice, whichever is longer.

Provision (j)

On the PAQ the facility reported that the departure of the alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation.

During interviews and informal conversations investigative staff confirmed that an investigation will proceed to its completion regardless whether the abuser or victim are still associated with the facility or agency.

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

Provision (k)

The Auditor is not required to audit this provision.

Provision (l)

Investigative staff confirmed the facility/agency conduct all PREA investigations, administrative and criminal. No outside agency conducts any form of administrative or criminal sexual abuse investigations.

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

CONCLUSIONS:

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

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

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

INTERVIEWS

Investigative Staff Interview

Through the interview process investigative staff relayed that:

- during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.).
- the GDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

PROVISIONS

Provision (a)

On the PAQ the facility reported the facility/agency imposes a standard of a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated.

This was confirmed through interviews with investigative staff who when asked “What standard of evidence do you require to substantiate allegations of sexual abuse or sexual harassment?” The investigative staff responded a preponderance of the evidence.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 5, indicates no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

CONCLUSION

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

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 3, GDC PREA Disposition Offender Notification Form, Revised 06-23-2022.

INTERVIEWS

Facility Head or Designee Interview:

Our policy dictates any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency

There were zero PREA allegations or criminal or administrative investigations of alleged resident sexual abuse in the past twelve months.

Outside entities do not conduct PREA investigations for the GDC. The investigators are either from the facility itself or are from the agency.

The agency/facility is responsible for conducting administrative and criminal investigations.

Investigative Staff Interview

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

When it is determined a staff member has committed sexual abuse against a resident, the resident is notified when the staff member is no longer posted on the resident's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse in the facility and when the staff member has been convicted on a charge related to sexual abuse in the facility.

There were zero administrative or criminal investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months.

PROVISIONS

Provision (a)

On the PAQ the facility reported:

- The agency/facility has a policy requiring that any resident who alleges suffering sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This was confirmed through the interview process with the Agency Head designee.
- The agency has a policy requiring that any resident who makes an allegation of sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This was confirmed through the interview process with the Agency Head designee.
- There were zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months. This was confirmed through the interview process with the investigative staff.

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

Provision (b)

On the PAQ the facility reported zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed by an outside agency in the past twelve months. The agency/facility is responsible for conducting all administrative

investigations of PREA allegations. This was verified through an interview with the Agency Head designee.

Provision (c)

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

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

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

This was verified by the investigative staff during the interview process.

Provision (d)

The facility reported, as is the case in provision (c) with a staff-on-resident allegation, when there is a resident-on-resident allegation, the victim will be notified when:

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

This was confirmed by the investigative staff during interviews.

Provision (e)

The facility reported on the PAQ that all inmate notices will be documented. Because there were zero allegation in the past twelve months, there were zero notifications in the past twelve months.

This was verified by the investigative staff during the interview process.

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

Provision (f)

	<p>Auditors are not required to audit this provision.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding reporting to residents.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process the PC indicated all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment or sexual misconduct policies. Further the PC confirmed the presumptive disciplinary sanction for staff who have engaged in sexual abuse is termination.</p> <p>Facility Head or Designee Interview</p> <p>Through the interview process the Facility Head designee confirmed during the previous twelve months there had been zero terminations or resignations of staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies. Further the Facility Head designee confirmed the presumptive disciplinary sanction for staff who have engaged in sexual abuse is termination.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>On the PAQ the facility reported facility staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This was verified by the PC and Facility Head Designee during the interview process.</p>

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

Provision (b)

The facility reported on the PAQ in the past 12 months, there were zero staff from the facility who violated sexual abuse or sexual harassment policies. Subsequently there have been zero staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. This was verified by the PC and Facility Head Designee during the interview process.

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

Provision (c)

The facility reported on the PAQ 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. In the past 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. This was verified by the Facility Head Designee during the interview process.

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

Provision (d)

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

	<p>resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. This was verified by the Facility Head Designee during the interview process.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 1, c, indicates all terminations for violations of the Department Sexual Abuse or Sexual Harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for staff.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee Interview</p> <p>During the interview process the Facility Head Designee acknowledged during the previous twelve months there had been zero contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. Further there had been zero volunteers or contractors reported to law enforcement for engaging in sexual abuse of inmates.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p>

	<p>The facility reported on the PAQ, agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Further any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. However, in the past twelve months zero contractors or volunteers have been reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. This was verified by the Facility Head Designee during the interview process.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, 2, indicates any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of Department Sexual Abuse or Sexual Harassment policies by a contractor or volunteer.</p> <p>Provision (b)</p> <p>The facility reported on the PAQ they take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The facility has had no remedial measures against a contractor or volunteer to prohibit further contact with inmates due to a violation of agency sexual abuse or harassment policies, in the past twelve months. This was verified by the Facility Head Designee during the interview process.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation.

- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Resident Handbook, Revised January 2024

INTERVIEWS

Facility Head or Designee Interview

Through the interview process the Facility Head Designee indicated;

- The GDC prohibits sexual activity between inmates.
- There were zero administrative findings of inmate-on-inmate sexual abuse that occurred at the facility in the past twelve months.
- There were zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.
- Inmates are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- Disciplinary action is prohibited for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred.
- Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
- When determining what types of sanction, if any, should be imposed, the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior.

Medical and Mental Health Staff Interviews

Through the interview process the medical and mental health staff stated:

- When determining what types of sanction, if any, should be imposed, the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior
- The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
- The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits

PROVISIONS

Provision (a)

The facility reported on the PAQ:

- Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. This was verified by the Facility Head Designee during the interview process.
- Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. This was verified by the PCM during the interview process. This was verified by the Facility Head Designee during the interview process.
- In the past 12 months, there were zero administrative findings of resident-on-resident sexual abuse that have occurred at the facility. This was verified by the Facility Head Designee during the interview process.
- In the past 12 months, there were zero criminal findings sexual abuse that have occurred at the facility. This was verified by the Facility Head Designee during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates the Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.

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

Provision (b)

The facility reported on the PAQ sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. This was verified by the Facility Head Designee during the interview process.

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

for comparable offenses by other offenders with similar histories.

Provision (c)

The facility reported on the PAQ when determining what types of sanction, if any, should be imposed, the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. This was verified by medical and mental health staff during the interview process

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

Provision (d)

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

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

Provision (e)

The facility reported on the PAQ that they only discipline residents for sexual conduct with staff upon finding the staff member did not consent to such contact. This was verified by the Facility Head Designee during the interview process.

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

Provision (f)

The facility reported on the PAQ that they prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged

conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. This was verified by the Facility Head Designee during the interview process.

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

Provision (g)

The facility reported on the PAQ that sexual activity between residents is prohibited. The agency/facility deems sexual activity between residents to constitute sexual abuse only if it determines that the activity is coerced. This was verified by the Facility Head Designee during the interview process.

Resident Handbook, Revised January 2024, p.46, states offenders who engage in sexual contact with another offender, attempt to engage or solicit such contact, or help another engage in sexual contact with another offender will be disciplined in a progressive manner with each occurrence.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates the Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute Sexual Abuse but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.

CONCLUSION

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

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 5, Procedure for SANE Evaluation/Forensic Collection, revised 06-23-2022
- Medical PREA Log

INTERVIEWS

Medical and Mental Health Staff Interview

Through the interview process medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the resident receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, a resident will get a cursory examination by the physician to provide feedback for use of SART or if the resident should be immediately transported to a hospital due to the nature of his injuries. If the SART is utilized, before leaving the facility, the nurse will provide 'recommendations' for treatment and care. The facility physician will complete the orders. As part of the process, the resident receives information about sexually transmitted infection prophylaxis and other necessary care information.

PROVISIONS

Provision (a)

The facility reported on the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The medical and mental health practitioners determine the nature and scope of the services according to their professional judgment. Medical and mental health staff document the timeliness of emergency medical treatment and crisis intervention that was provided. This was verified through the interview process with medical and mental health services staff. The Auditor reviewed a Medical PREA Log and it has time and date slots to be completed at each step of the medical and mental health portion of a PREA allegation, including SANE notification and exams, to document that medical and mental health services were provided in a timely manner.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, I,

indicates the Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault.

Provision (b)

The facility reported on the PAQ if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim. Then immediately notify the appropriate medical and mental health practitioners. This was verified through the interview process and informal conversations with medical services staff.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, I, indicates the Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault.

Provision (c)

The facility reported on the PAQ indicates resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This was verified through the interview process and informal conversations with medical staff.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 5, Procedure for SANE Evaluation/Forensic Collection, revised 06-23-2022, further verifies this provision is being implemented.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, indicates offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate.

As previously stated, medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the resident receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

	<p>Provision (d)</p> <p>The facility reported on the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was verified through the interview process and informal conversations with medical and mental health services staff.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, c, indicates treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018 <p><u>INTERVIEWS</u></p> <p>Medical and Mental Health Staff Interviews</p> <p>During the interview process medical and mental health staff indicated:</p> <ul style="list-style-type: none"> • Treatment is provided immediately and is based on their professional

judgment.

- Medical and mental health staff work together to ensure the resident receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.
- Any resident who has been victimized by sexual abuse in any prison, jail, lockup or juvenile facility is offered a medical and mental health evaluation. As appropriate and necessary, after evaluation, all residents are offered medical and mental health care services to assist with their victimization.
- Further medical and mental health staff support compliance in evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff indicates an active understanding of the importance of appropriate evaluation, follow-up, treatment planning and service referral.

PREA Compliance Manager Interview

During the interview process, the PCM confirmed there had not been any PREA allegations in the past twelve months. Consequently, no residents could be interviewed who reported sexual abuse.

PROVISIONS

Provision (a)

On the PAQ the facility reported it offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in prison, jail, lockup, or juvenile facility. The medical and mental health care staff verified this during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018, pp.3-4, 3, indicates offenders stating that they have been subjected to Sexual Abuse, Sexual Misconduct, or Sexual Harassment will be treated in a professionally sensitive and non-judgmental manner. Mental health staff will perform an initial evaluation to assess the emotional impact of the alleged incident victim within one business day, or sooner if deemed an emergency. This is NOT an investigation but a clinical evaluation. The mental health staff person who performs the initial evaluation will not participate in the investigation process, to include documentation of witness statements or incident reports, unless the staff member directly witnessed the alleged violation. Mental health staff will not be involved in determining guilt or innocence, truth or falsehood. Staff will make no judgment regarding whether the reported incident occurred or not but will refer the person for an appropriate mental health evaluation, treatment, and interventions as clinically indicated.

The Auditor reviewed records, produced by the facility, documenting the community standard of care, the evidence of sexually transmitted Infection testing, prophylaxis

treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to residents regardless of whether the abuser is named or whether the resident cooperates with an investigation.

Provision (b)

As stated in provision (a) the evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units or their release from custody.

Provision (c)

On the PAQ the facility reported it provides victims of sexual abuse and sexual harassment with medical and mental health care services consistent with the community level of care.

Documentation and records reviewed supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on evaluations conducted by medical and mental health staff and their follow-up appointments with residents. Follow-up consisted of routine, documented resident visits with medical and mental health staff.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates offender victims shall be provided medical and mental health services consistent with the community level of care.

Provision (d)

Facility is an all-male facility.

Provision (e)

Facility is an all-male facility.

Provision (f)

The facility reported on the PAQ that residents' victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. This was verified by the medical staff during the interview process.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, mandates that offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

Provision (g)

The facility reported on the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was confirmed by the medical staff during interviews.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, c, indicates in part, treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (h)

The facility reported on the PAQ that they attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This was verified by the mental health staff during interviews.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or inmates/residents that are alleged victims or aggressors of a Sexual Harassment or Sexual Abuse allegation, must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. Staff must complete Attachment 14, PREA Counseling Referral Form.

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 9, Sexual Abuse Incident Review Checklist

INTERVIEW

Facility Head or Designee Interview

During the interview process the Warden confirmed the members of the Incident Review Team. The Warden expressed the facility's commitment to consider and incorporate recommendations from team members.

PREA Coordinator (PC) Interview

During the interview process the PC indicated the report from the Sexual Abuse Incident Review team is submitted to the PCM and the Warden. Additionally, the team confirmed they would meet within thirty days of the end of the investigation.

Incident Review Team (IRT) Interview

Members of the IRT included upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners

Members of the sexual abuse incident review team indicated the team considers all criteria listed in this standard, as required by PREA policy. The report from the Sexual Abuse Incident Review team is submitted to the Warden and the PCM.

Except unfounded allegations, a sexual abuse incident review is conducted at the conclusion of every criminal or administrative sexual abuse investigation

PROVISIONS

Provision (a)

The facility reported on the PAQ that a sexual abuse incident review is conducted at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation is unfounded. This was confirmed through the interview process with sexual abuse incident review team members.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, J, 1,

indicates the facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for harassment Allegations or incidents with a disposition of Unfounded or not PREA.

Provision (b)

The facility reported on the PAQ there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past twelve months. Consequently, there were zero sexual abuse incident review.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 9, Sexual Abuse Incident Review Checklist, is the form the Sexual Abuse Incident Review Team uses to document their reviews.

Provision (c)

The facility reported on the PAQ that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Auditor reviewed the Sexual Abuse Incident Review (SAIR) team roster to confirm the makeup of the SAIR team.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. Adding the Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Provision (d)

The PAQ indicates the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

The Sexual Abuse Incident Review Team confirmed during their reviews they:

- assess the adequacy of staffing levels in the area of the facility the allegation occurred

- assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
- examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- 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
- consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for harassment Allegations or incidents with a disposition of Unfounded or not PREA.

Provision (e)

On the PAQ the facility reported they implements the recommendations of the sexual abuse incident review team, for improvement or documents its reasons for not doing so.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners; and the unit shall implement recommendations that result from the review or document the reasons for not doing so. Approval for any improvements must receive approval from the GDC.

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS:

PREA Coordinator (PC) Interview

Through the interview process the PC stated:

- Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30th.
- The agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- The agency aggregates the incident-based sexual abuse data at least annually
- The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
- The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents

PROVISION

Provision (a)

The facility reported on the PAQ that the agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. This was confirmed during the interview process by the PC.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a,

indicates each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the third calendar day of the month following the reporting month. All allegations investigated within the month shall be included in this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, b, indicates in addition to the electronic spreadsheet (see section 2.a above), each facility shall submit a copy of Attachment 9, Sexual Abuse Incident Review Checklists from each SAIRT meeting held that month. These forms shall be submitted by e-mail no later than the third calendar day of the month following the reporting month.

Provision (b)

On the PAQ the facility reported the facility/agency aggregates incident-based sexual abuse data at least annually. This was confirmed by the PC during the interview process. The Auditor reviewed the 2022 GDC PREA Annual Report.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 37, 2, c, indicates the Department shall review data collected and aggregated of all Sexual Abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety. The Department shall publish the data in an annual report, comparing each years' data, and provide an assessment of progress in addressing offender Sexual Abuse. It shall make this publicly available on its website.

Provision (c)

On the PAQ the facility reported the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PC confirmed this during the interview process.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 36-37 J, indicates the annual report shall be forwarded to the U.S. Department of Justice (Bureau of Justice Statistics). Upon request by the Department of Justice, the Department shall also provide all such data for the previous calendar year.

Provision (d)

On the PAQ the facility reported the facility/agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The PC confirmed this during the interview process.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a, indicates each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the third calendar day of the month following the reporting month. All allegations investigated within the month shall be included in this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

Provision (e)

On the PAQ the facility reported the facility/agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The PC confirmed this during the interview process.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 36-37, J, indicates This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The Commissioner shall approved the report which will be made readily available to the public through the Department's website. Prior to being made publicly available, information that would present a safety and security threat if made public can be redacted from the report with an explanation as to the nature of the redacted information.

Provision (f)

On the PAQ the facility reported that the facility/agency provides the Department of Justice with data from the previous calendar year upon request. The PC confirmed this during the interview process.

CONCLUSION

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Data Collection.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Most Recent Survey of Sexual Victimization (Form SSV-2)
- Most Recent PREA Annual Data Report
- Website Address for GDC <https://gdc.georgia.gov/organization/about-gdc/agency-activity/research-and-reports/prison-rape-elimination-act-prea/prea-0>

INTERVIEWS

PREA Coordinator (PC) Interview

Through the interview process, the PC indicated the agency reviews data collected and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. Information is reviewed monthly and annually. This data is analyzed by the PREA Unit. This analysis allows the PREA Unit to track investigations, consider possible problem areas, and adjust, if needed. The PC prepares an annual report and posts the information on the website. The PC continued by stating the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Agency Head or Designee Interview

Through the interview process, the Agency Head Designee acknowledged the facility PREA committee reviews each allegation, and that information is provided to the PC for review. The PC is responsible for creating an annual report based on the data provided by the institutions. The annual report is submitted to the Agency Head for approval, before being posted to the agency website.

PROVISIONS

Provision (a)

On the PAQ the facility reported the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training, by:

- Identifying problem areas
- Taking corrective action on an ongoing basis
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.

During the interview process the Agency Head designee acknowledged and confirmed agency reviews were occurring annually and they included the information and data under provision (a).

During the interview process the PC acknowledged being responsible for a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparisons from the previous year's data reports.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the PC shall review data collected to assess and improve the effectiveness of appropriate GDC policies and procedures. The PC shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparisons from the previous year's data reports.

Provision (b)

The Auditor reviewed the most recent PREA annual report and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse. This annual report can be located at <https://gdc.georgia.gov/organization/about-gdc/agency-activity/research-and-reports/prison-rape-elimination-act-prea/prea-0>

The PC confirmed the agency reviews the data and attempts to identify any problem areas related to PREA and develop strategies to minimize any problems revealed.

Provision (c)

As required by standard, the GDC places all annual reports on its website, accessible for public view. <https://gdc.georgia.gov/organization/about-gdc/agency-activity/research-and-reports/prison-rape-elimination-act-prea/prea-0> allows access to the GDC PREA webpage, which contains each annual report.

The Agency Head designee confirmed the PC is responsible for creating an annual report based on the data provided by the institutions. The annual report is submitted to the Agency Head for approval, before being posted to the agency website.

Provision (d)

The PC indicated that the agency reviews data collected and only redacts personal identifying information. All other information is included in the annual report.

CONCLUSION

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

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 596 378"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="352 445 1477 725" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Website Address for GDC https://gdc.georgia.gov/organization/about-gdc/agency-activity/research-and-reports/prison-rape-elimination-act-prea/prea-0 <p data-bbox="280 770 480 804"><u>INTERVIEWS</u></p> <p data-bbox="280 837 799 871">PREA Coordinator (PC) Interview</p> <p data-bbox="280 916 935 949">During the interview process the PC indicated:</p> <ul data-bbox="352 1016 1477 1632" style="list-style-type: none"> • There are secure locations where the GDC retains data, such as the SCRIBE database. • At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know. • Additional data is retained at the Agency level as required for completion of the SSV-2, and within the GDC website for public access. • The agency reviews data collected and the only information redacted from the agency report is personal identifying information. • The agency policy requires that aggregate 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 • Prior to making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. • The agency maintains sexual abuse data collected for at least ten years after the initial collection unless the law requires otherwise. <p data-bbox="280 1677 480 1711"><u>PROVISIONS</u></p> <p data-bbox="280 1744 485 1778">Provision (a)</p> <p data-bbox="280 1823 1430 1935">On the PAQ the facility reported that the agency ensures that incident-based and aggregate data is securely retained. This was confirmed by the PC through the interview process.</p> <p data-bbox="280 1980 1477 2092">Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. http://www.gdc.ga.gov/Divisions/</p>

	<p>ExecutiveOperations/PREA</p> <p>Provision (b)</p> <p>On the PAQ the facility reported the agency policy requires that aggregate 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. This was confirmed by the PC through the interview process.</p> <p>The GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at https://gdc.georgia.gov/organization/about-gdc/agency-activity/research-and-reports/prison-rape-elimination-act-prea/prea-0</p> <p>Provision (c)</p> <p>On the PAQ the facility reported that prior to making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. This was confirmed by the PC through the interview process.</p> <p>Provision (d)</p> <p>On the PAQ the facility reported the agency maintains sexual abuse data collected for at least ten years after the initial collection, unless federal, state or local law requires otherwise. This was confirmed by the PC through the interview process.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 39, B, indicates criminal investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or ten (10) years from the date of the initial report, whichever is greater.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data storage, publication, and destruction.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <p>Georgia Department of Corrections publicly accessible website: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</p>

INTERVIEWS

PREA Coordinator (PC) Interview

During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 2022).

Random Resident Interviews

Through the interview process all residents reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (a)

The current audit cycle is 2022 - 2025. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (b)

The Auditor learned this audit was in the second year of the new current three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

During a formal interview and informal conversations the PC confirmed all GDC facilities were audited with the past three years.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

	<p>N/A</p> <p>Provision (h)</p> <p>During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit, agency and facility staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.</p> <p>Provision (i)</p> <p>At all times throughout the audit process, GDC and the facility provided the Auditor with all requested information in a timely and complete manner.</p> <p>Provision (j)</p> <p>N/A</p> <p>Provision (k)</p> <p>N/A</p> <p>Provision (l)</p> <p>N/A</p> <p>Provision (m)</p> <p>The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.</p> <p>Provision (n)</p> <p>Through the interview process all inmates reported they were provided the opportunity to send confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Provision (o)</p> <p>N/A</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Georgia Department of Corrections publicly accessible website:
<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (f)

The GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: GDC publicly accessible website: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

CONCUSION

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

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

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