

PREA Facility Audit Report: Final

Name of Facility: Patten Probation Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/29/2025

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Mable P. Wheeler | Date of Signature: 01/29/2025 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------------|
| Auditor name: | Wheeler, Mable |
| Email: | wheeler5p@hotmail.com |
| Start Date of On-Site Audit: | 11/14/2024 |
| End Date of On-Site Audit: | 11/15/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Patten Probation Detention Center |
| Facility physical address: | 1009 North 10th Street, Lakeland, Georgia - 31635 |
| Facility mailing address: | P.O. Box 278, Lakeland, Georgia - 31635 |

| Primary Contact |
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|--------------------------|----------------------------|
| Name: | Candice Brooken |
| Email Address: | candice.brooken@gdc.ga.gov |
| Telephone Number: | 229-482-8347 |

| Warden/Jail Administrator/Sheriff/Director | |
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| Name: | Jacob Bell |
| Email Address: | Jacob.Bell@gdc.ga.gov |
| Telephone Number: | 478-993-6839 |

| Facility PREA Compliance Manager | |
|---|----------------------------|
| Name: | Candice Brooken |
| Email Address: | Candice.Brooken@gdc.ga.gov |
| Telephone Number: | 229-482-8347 |

| Facility Health Service Administrator On-site | |
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| Name: | Laronda Thornton |
| Email Address: | lthornton1@teamcenturion.com |
| Telephone Number: | 229-482-8241 |

| Facility Characteristics | |
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| Designed facility capacity: | 252 |
| Current population of facility: | 228 |
| Average daily population for the past 12 months: | 193 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Mens/boys |

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| <p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p> | |
| <p>Age range of population:</p> | 17-99 |
| <p>Facility security levels/inmate custody levels:</p> | NA |
| <p>Does the facility hold youthful inmates?</p> | Yes |
| <p>Number of staff currently employed at the facility who may have contact with inmates:</p> | 49 |
| <p>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</p> | 0 |
| <p>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</p> | 4 |

| 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 |

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|--------------------------|--------------------------|
| Email Address: | tyrone.oliver@gdc.ga.gov |
| Telephone Number: | |

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

| Facility AUDIT FINDINGS | |
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| Summary of Audit Findings | |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 45 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2024-11-14 |
| 2. End date of the onsite portion of the audit: | 2024-11-15 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | <p>Just Detention International was contacted and responded their database did not reflect any contact from the facility, inmates or staff. The Haven was contacted and confirmed they have a MOU with the facility. They provide a victim advocate when requested to accompany residents to forensic examinations. The Haven Inc.'s confidential hotline (1.800.33HAVEN) made available to Bainbridge Probation Substance Abuse Center inmates at no cost to them. Confidential mail correspondence to P.O. Box 5382, Valdosta, GA 31603, and in-person crisis counseling sessions between incarcerated victims and The Haven personnel as deemed necessary. 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.</p> <p>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

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| 14. Designated facility capacity: | 252 |
| 15. Average daily population for the past 12 months: | 193 |
| 16. Number of inmate/resident/detainee housing units: | 5 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 222 |
| 19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit: | 0 |
| 20. 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 |
| 21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 23. 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 |
| 24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 25. 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: | 0 |
| 26. 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 |
| 27. 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 |
| 28. 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: | 0 |
| 29. 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 |

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| <p>30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>The facility has one segregated housing unit that youthful inmates are housed, and four housing unit to house adult inmates. The facility had no transgender or intersex inmates in the past 12 months. No inmate reported sexual abuse or sexual harassment during the last twelve months. No inmates disclosed prior victimization during the risk screening/assessment.</p> |
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

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| <p>31. 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>49</p> |
| <p>32. 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>4</p> |
| <p>33. 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>5</p> |
| <p>34. 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 9 volunteers and contractors approved to enter the facility and have contact with inmates. The volunteers and contractors are provided specific PREA training as it relates to volunteers, in addition to the GDC specific PREA training.</p> |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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| <p>35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>20</p> |
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| <p>36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>37. 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 222. 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 and no targeted inmates meeting the interview protocol.</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. The facility identified targeted inmate populations using the profit report from their database SCRIBE.</p> |
| <p>38. 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> |

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| <p>39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>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. 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.</p> <p>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.</p> <p>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.</p> <p>All random inmates willingly participated in the interview process. All responses were recorded by hand.</p> <p>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.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>0</p> |

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

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| <p>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p> | <p>0</p> |
| <p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/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/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p> |
| <p>41. 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/detainees).</p> | <p>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>42. 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>42. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>43. 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>43. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |

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| <p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>44. 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>44. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>45. 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>45. 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>45. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |

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| <p>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>46. 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>46. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>47. 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>47. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |

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| <p>48. 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>48. 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>48. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>49. 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>49. 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>49. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |

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| <p>50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>50. 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>50. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>51. 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>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>51. 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>Zero inmates in this category were assigned to the facility at the time of the onsite audit.</p> |
| <p>52. 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 facility population day one of the on-site audit was 222. According to the PREA Auditor Handbook this requires a minimum of fifteen targeted inmate interviews. The Auditor interviewed zero targeted inmates. Zero inmates in the targeted category were assigned to the facility at the time of the onsite audit.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>53. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>54. 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 <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p> |
| <p>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |

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| <p>56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>During the on-site tour, the Auditor had informal, conversational encounters with staff regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of twelve formal random staff interviews were conducted.</p> <p>As a result of the audit notice posting the Auditor did not receive any correspondence from staff.</p> <p>At the beginning of each interview the Auditor made clear to the staff why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the staff's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the staff member if he/she wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions. All random staff willingly participated in the interview process. All responses were recorded 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>57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>19</p> |

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| 58. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 59. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 60. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 61. 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) |

62. 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 type="checkbox"/> Other |
| 63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 64. Enter the total number of CONTRACTORS who were interviewed: | 2 |
| 64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

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

There were no issues in selecting specialized staff. Specialized staff were selected from the staff roster, who were available during the on-site audit who were also not a staff member interviewed as a random staff member. Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers which were based on the line of questioning on the specific interview protocols for their position and responsibilities. Some individuals filled more than one responsibility and were interviewed using multiple protocols. During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: "confidential" letters can be mailed out of the facility, contacting the Office of Inspector General, calls to the PREA Ombudsman, written notes given to trusted staff, verbal reports, or through third party reporting. Additionally, any 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.

| | |
|--|--|
| 66. 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: | |
| 67. 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 |
| 68. 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 |
| 69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 70. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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

Patten houses up to 252 Male offenders 17 years old and above sentenced by the State of Georgia to complete an in-house probation Detention center. The program is no longer than 6 months program which includes Occupational Safety, Health Administration, Mental Health counseling, Educational Opportunities, and Case Management counselors.

Physical layout including staffing requirement and video surveillance coverage Robert L Patten PDC consist of (9) buildings (all inside the perimeter).

The main building control room and front lobby is staffed by 1 Correctional Officer 24/7 on the day shift. Night shift can shut control room down to provide help on shift supervising inmates. Two cameras covering main entrance in front lobby and outside towards the parking lot is monitored 24/7.

The Administrative office consists of 7 office. All offices are non-relieved Monday through Friday from 8 am to 4:30 pm (excluding State holidays)

The assistant superintendent office has the camera system. It's monitored in this area through the utilization of monitors with view only capabilities.

Detainees are utilized as needed for janitorial duties and are under constant supervision.

Medical staff two non-relieved nurse Monday through Friday 6:30 am until 3:00 pm (excluding state holidays) One non-relieved nurse Monday through Friday 9:00 am until 5:30 pm

(excluding state holidays) Security staff issues medications after hours and on weekends when medical staff are not on site. There is an on call doctor's list to be utilized as situations arise that may need medical attention and security supervisors are granted the authority to call 911 in case of emergency. General Population Counselors have one non-relieved counselor Monday Through Thursday 6:30 am until 5:00 pm. There is no camera coverage is this area.

Mental Health has one non-relieved counselor

Monday through Thursday 6:30 am until 5:00 pm, there is no camera coverage in this area.

An officer is assigned Monday through Friday 6:30 am through 5:30 pm, and as needed during detainee presence in the area. This area covered by one camera monitored 24/7 by Assistant Superintendent.

Visitation is in operation each Saturday, Sunday and all state holidays from 9:00 am to 3:00 pm and is staffed by one relieved correctional officer during hours of operation. This area also serves as a classroom and church for inmates and is staffed by one relieved correctional officer during detainee presence.

The rear control room has one relieved non-gender specific Correctional officer. This is a priority one security post requiring 24/7 coverage. Rear control is a highly restricted area detainee's presence is prohibited.

During the on-site portion of the audit, the Auditor toured the housing units, during the tour, the Auditor tested inmate phones by placing calls to the GDC PREA Unit hotline.

Housing unit D1: has one relieved non-gender specific correctional Officer. This is a priority one post requiring 24/7 assignment. This post is included in the duties of the female correctional officer assigned to the post. The officer is required to make frequent checks not to exceed 30-minute intervals, the housing unit will house 64 detainees in a combination of double and triple bunks in an open dorm. Two Cameras cover the entire dorm (excluding showers and bathrooms) and are monitored in asst. superintendent office. Housing Unit D2: has one relieved non-gender specific correctional Officer. This is a priority one security post requiring 24/7 assignment. This post is included in the duties of the correctional officer assigned to the officer is required to make frequent checks not to exceed

30-minute intervals, this housing unit will house 64 detainees in a combination of double and triple bunks in an open dorm. Two

cameras cover the entire dorm (excluding showers and bathrooms) and are monitored in asst. superintendent office.

Housing Unit D3: has one relieved non-gender specific correctional officer. This is a priority one post requiring 24/7 assignment. This post is included in the duties of the correctional officer assigned to the post 2, the officer is required to make frequent checks not to exceed 30-minute intervals, this housing unit will house 64 detainees in a combination of double and triple bunks in an open dorm. Two Cameras cover the entire dorm (excluding showers and bathrooms) and are monitored in asst. superintendent office.

Housing Unit D4: has one relieved non-gender specific correctional Officer. This is a priority one security post requiring 24/7 assignment. This post is included in the duties of the correctional Officer assigned to the post 2. The officer is required to make frequent checks not to exceed 30-minute intervals; this housing unit will house 54 detainees in double bunks in an open dorm. Two cameras cover the entire dorm (excluding showers and bathrooms) and are monitored in asst. superintendent office.

Housing Unit D5 is the Juvenile Dorm, one relieved non-gender specific correctional Officer. This is a priority one post requiring 24/7 assignment. This post is included in the duties of the correctional officer assigned to the Post. The officer is required to make frequent checks not to exceed 30-minute intervals; this housing unit will house 6 detainees in a combination of single and double bunks in 4 cells. There is no camera coverage in this area.

Dining Hall: has one relieved correctional working in the area while detainee meals are being served breakfast between 5:15 am and 6:30 am and dinner between 3 :30 pm to 4:30 pm. Lunch is served Monday through Thursday between 11 :30 am through 12:30 pm. The dining hall will seat 40 detainees and are under constant supervision. There is no

camera coverage in the area.

Inmate Store/ Commissary has one relieved Store Clerk Monday through Friday from 8:00 am to 3:30 pm.

The laundry officer is located right across the hallway and assist with monitoring the store.

Detainees store is routinely processed Monday through Thursday between the hours of 8:00 am and 3:00 pm.

One detainee is utilized to work in the store with the Store clerk. On delivery day the sanitation details are utilized and are constant supervision by assigned staff. There is no camera coverage in the area.

Mail Room: has one relieved correctional officer non-gender specific Monday through Friday 7:00 am until 3:00 pm. This is a highly restricted area, detainee presence is prohibited. There is no camera coverage in this area.

Laundry: has one relieved correctional officer. The area is in operation Monday through Friday 7:00 am until 3:30 pm. Detainee details are utilized in this area 3 to 5 working at any given time under constant supervision. There is no camera coverage in this area.

I.D/Intake/ Barbershop: has one relieved correctional officer assigned during operation. The detainees assigned to this detail are 2 to 4 and are under constant supervision. There is no camera coverage in this area.

B Building Outside (Inside perimeter): One correctional officer is utilized as needed. This is the water pump housing. Only the maintenance detail detainees should be allowed in this building with a maintenance officer. There is no camera coverage in this area.

Chemical Building (Inside Perimeter): One relieved correctional Officer Monday through Thursday 6:45 am to 4:00 pm Friday 7:00 am to 12:00 pm. The chemical Building is utilized various times throughout the officer's shift. The detainees work detail working supervised in this area are the sanitation detail and consist of no fewer than 3 and no more than seven at any given time. There is no camera

coverage inside or outside of the building.
Storage Shed (Inside Perimeter): has one correctional officer assigned as needed when detainees are needed in the area. The sanitation or laundry officer with their details performs the work required in this area. There is no camera coverage in the area.

Shakedown Building (Inside perimeter): has one relieved correctional officer 24/7 as needed. One correctional officer assigned when detainees are in the area. Work details detainees are in the buildings Monday through Thursday at various times. There is no camera coverage in the area.

Armory (Inside Perimeter): Highly restricted area with detainee presence prohibited, requiring daily checks by officer in command. There is no camera coverage in the area.

Maintenance & Key Tool (Inside Perimeter): One Plant Operation supervisor works Monday through Friday 7:30 am to 4:00 pm.

Detainees work is conducted through this detail during supervisor hours as needed. The work detail consists of less than 2 and no more than 5 detainees working at any given time. The key and tool office is also in the same building. This is a highly restricted area and detainee presence prohibited. There is no camera coverage in the area.

Storage Building (Inside Perimeter): has one correctional officer assigned as needed when detainees are needed in the area. The sanitation or laundry officer with their details performs the work required in this area. There is no camera coverage in the area.

Building Flammable Chemical (Inside Perimeter): is a highly restricted area with detainee presence prohibited. There is no camera coverage in the area.

Greenhouse (Inside Perimeter): has one relieved correctional officer as needed when Detainees are working in the Greenhouse. No more than two detainees are assigned to the greenhouse. The greenhouse is only operational during certain times of the year. There is no camera coverage in the area.

The Auditor toured all areas of the campus

during the on-site portion of the audit.

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.

72. 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

73. 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 49 facility staff. There were a total of 20 record reviews conducted on staff from various categories. The records were selected by randomly choosing names from the master staff roster.

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.

INMATE RECORDS

The first day of the audit there were 222 inmates in the facility. The Auditor reviewed twenty-five inmate records regarding PREA education, chosen randomly from the master roster. All twenty-five (100%) inmates received PREA information during intake, and had comprehensive PREA education within 30-days of intake.

The Auditor reviewed thirty-one inmate records regarding risk assessments and reassessments, chosen randomly from the master roster. Three were found to be non-compliant. (100%) inmates had their PREA screening within 24 hours of admission. twenty-eight inmates were reassessed within 30 days of arrival.

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. No 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 four allegations reported.

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

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.

74. 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 |

75. 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.

76. 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 |

77. 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.

78. 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 |

79. 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

| | |
|--|---|
| 80. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| 80. Explain why you were unable to review any sexual abuse investigation files: | The facility had no allegations of sexual abuse during the 12-months preceding the audit. Therefore, there were no files to review. |

| | |
|---|---|
| <p>81. 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 type="radio"/> No</p> <p><input checked="" 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>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

| | |
|--|--|
| <p>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>88. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>The facility had no allegations of sexual harassment during the 12-months preceding the audit. Therefore, there were no files to review.</p> |
| <p>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| | |
|---|--|
| <p>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit. Therefore, there were no files to review.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

97. 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

98. 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

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

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

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

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>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 • Facility Organizational Chart • Agency PREA Organizational Chart • Memo Designation of PCM dated February 16, 2023 <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p> <p>Through the interview process, the agency PREA Coordinator (PC) acknowledged having sufficient time and authority to develop, implement, and oversee agency</p> |

efforts to comply with the PREA standards in all agency facilities. The PC acknowledged there are a Statewide Assistance PREA Coordinator and a PREA analyst who also assists the facilities in PREA compliance.

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

PREA Compliance Manager (PCM)

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

PROVISIONS

Provision (a)

The facility reported on the Pre-Audit Questionnaire (PAQ) that there is a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PC verified this.

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

The facility reported on the PAQ there is a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PC verified this.

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

The facility reported on the PAQ that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The PC verified this.

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

The facility reported on the PAQ that their policy includes sanctions for those found to

have participated in prohibited behaviors. The PC verified this.

That portion of the policy which addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 33-34, H, 1, a-d outlines disciplinary sanctions.

The facility reported on the PAQ that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of an inmate. The PC verified this.

The portion of the policy which addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, IV, A, 1, a-d, states:

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

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

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

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

Provision (b)

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

GDC has an agency-wide PREA Coordinator (PC). According to the agency's

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

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

The 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 Commissioner of Corrections.

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

Provision (c)

The facility reported on the PAQ that the facility has a PREA Compliance Manager (PCM). In all PREA matters the PCM reports directly to the PREA Coordinator. At the facility, the PCM reports to the Warden/Superintendent. The PC verified this.

The portion of the policy which supports this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, A, 1, indicates each institution assigns their own PREA Compliance manager at the direction of the warden. As well as the interview with the PCM.

CONCLUSION

Based upon the review and analysis of the evidence provided, 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.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENT REVIEW

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

INTERVIEW

Agency Contract Administrator Interview

During the interview process, the Agency Contract Administrator indicated contracts are with private and county facilities. Each contract includes verbiage related to the vendor's obligation to comply with PREA standards prior to entering into an agreement with the agency. If the entity is not PREA compliant the contract is not executed.

PROVISIONS

Provision (a)

On the PAQ the facility reported the Georgia Department of Corrections (GDC) requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. The facility does not individually contract for the confinement of inmates. The contract administrator verified this.

The portion of policy which addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, addresses Standard 115.12. It indicates any new contract or renewal with entities for the confinement of inmates shall adopt and comply with GDC policies and procedures (which include PREA).

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

Compliance with all State and Federal Laws. Contractor certifies its compliance with all state and federal laws, including but not limited to, the Prison Rape Elimination Act ("PREA") and all laws, relating to health information privacy, to include HIPAA, is an express condition of this Agreement.

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

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| | <p>Provision (b)</p> <p>The facility reported on the PAQ, all contracts for the confinement of inmates require the agency to monitor the contractor’s compliance with PREA standards. The facility also reported on the PAQ that there are zero contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards.</p> <p>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.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of inmates.</p> |
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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Facility Staffing Plan 2024, 2023, 2022 • Memo dated, January 1, 2024, Unannounced Rounds • Unannounced Rounds Logbooks <p>OBSERVATIONS</p> <p>The Auditor randomly reviewed unit logbooks and visually confirmed where intermediate-or-higher staff were making entries documenting unannounced rounds.</p> <p>Staff were observed supervising residents in the living units, education, and while residents were on work detail assignments. Staffing levels were adequate for the population.</p> <p>Sixteen cameras are placed throughout the facility, the facility states three are not</p> |

operational, and cameras are monitored by the control room 24/7. The Warden has access to monitor camera coverage from his office.

The facility does house youthful offenders, but during the on-site portion of the audit no youthful offenders were housing at the facility. The Auditor had informal conversations with staff and residents during the site review. When youthful offenders are housed at the facility, they are keep site and sounds from adult residents.

INTERVIEWS

Facility Head or Designee Interview

Through the interview process the Warden indicated the staffing levels are reviewed annually by himself and the PCM. The Warden acknowledged during the staffing plan review actual staff levels are reviewed and considered, how staffing levels affect the inmates programming, various classification amounts, as well as any changes or modifications to the video monitoring. Other concerns are also reviewed that include physical plant configuration, internal or external oversight bodies, inmate population composition, and placement of supervisory staff, the needs of line-staff and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden stated during his regular staff meeting, staffing plan compliance and any deviations from the staffing plan is a frequent topic of discussion.

During the interview process the Warden addressed:

- Examining how staffing levels affect inmate programming
- How changes or modifications in the video monitoring system can make the facility safer for staff and inmates
- The physical plant configuration,
- Internal and external oversight bodies
- Inmate composition
- Placement of Supervisor staff
- Needs of line staff
- Staffing Plan Compliance and Staffing Plan Deviation if any
- There is a total allotment of 56 positions, 45 security positions, and 3 administrative, 3 food service, 1 education, 3 counseling, 4 contract staff providing medical services, 1 Psychiatrist and 1 Psychologist and 1 maintenance staff member.
- There are cameras, which are monitored by the main control rooms. Main Control is staffed 24 hours a day, 7 days a week, without exception.

During the interview process the PREA Compliance Manager acknowledged routine reviews of staffing levels and how those levels affect inmate programming and assignments. The video monitoring system is reviewed and inspected routinely to ensure proper functioning and coverage and if any changes or modifications are needed. The PCM reported the facility has 16 cameras, 13 working and 3 not operational.

Intermediate-or-Higher Level Facility Staff Interview

Through interviews and informal conversations with intermediate or higher-level staff, it was confirmed, unannounced rounds are regularly conducted. These interactions affirmed the staff are making unannounced rounds and documenting them. During random informal conversations with staff, the staff stated the supervisors conduct unannounced rounds and document them in the logbook.

Random Staff Interviews

Through the interview process, random staff indicated supervisors tour their units regularly throughout each shift, converse with staff of all levels as well as inmates, then 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 Inmates

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

PROVISIONS

Provision (a)

On the PAQ the facility reported it does have a staffing plan that is reviewed at least annually. The Warden verified this. The Auditor reviewed 2024, 2023, and 2022 staffing plans to identify any changes.

The portion of policy which addresses this provision are listed below:

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 7, number 3, indicated the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8, number 4-5, requires the facility to annually discuss the need for any adjustments to be made to the staffing plan, video monitoring systems and other monitoring technologies. Once established, the plan is forwarded to the PREA Coordinator for review and approval.

The facility Staffing Plan, dated July 5, 2024, indicates that it is the policy of the facility to ensure all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts, if any, are posted by male staff only.

The Auditor reviewed the 2024 annual PREA staffing plan. The plan was

comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits ensure compliance with the established staffing model. The staffing plan is predicated upon an inmate population of 252. The average daily number of inmates during the time of the audit was 193.

Provision (b)

On the PAQ the facility reported it has established a staffing plan, which is predicated on the daily average of 252 inmates. In the event a mandatory post is vacant, the post is filled with on-call staff or staff re-directed from non-mandatory posts. If it is a mandatory, gender specific post, it is filled with a male staff member.

The facility reported on the PAQ there have not been any deviation from the staffing plan in the past twelve months.

The Auditor did not find any occurrence when inmate education or program time was shut down due to limited staff coverage in the past 12 months.

Provision (c)

The facility reported on the PAQ that at least annually, the facility/agency, in collaboration with the PREA Coordinator, review the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. Revised plans are forwarded to the PREA Coordinator for review and approval. The Warden verified this.

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

This portion of policy which addresses this provision is Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 7, number 3, requires the staffing plan review to be completed in consultation with the PREA Coordinator and that the PC receive a copy of the PREA Compliant Staffing Plan.

The facility has a minimum staffing requirement. In the event a mandatory post is vacant for whatever reason, that post is filled from the on-call list or staff is redirected from non- mandatory posts. The Auditor reviewed shift rosters and was able to verify each of the mandatory posts were covered by an assigned staff member.

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

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| | <p>Provision (d)</p> <p>On the PAQ the facility reported that intermediate-level-or-higher-level staff conducts unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are documented in the unit logbook. Staff is prohibited from alerting each other and the unannounced rounds cover all shifts. All unannounced rounds are documented in red ink to facilitate locating them in the logbook. The Auditor verified this by reviewing unit logbooks during the facility tour.</p> <p>The portion of the policy which addresses this provision is Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8, number 6, mandates that intermediate level or higher-level supervisors conduct and document unannounced rounds on all shifts.</p> <p>Policy dictates all unannounced rounds are documented in the unit logbook. The logs reflected unannounced rounds are being conducted per the standard. This was confirmed through staff interviews and the review of several unit logbooks during the facility tour.</p> <p>During the days, the Auditor was on site; numerous supervisors were observed walking and working in various capacities throughout the facility.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses supervision and monitoring. No recommendations or corrective action is required.</p> |
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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire 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: 209.11, Restrictive Housing Assignment - Juvenile Offender Administrative Segregation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), |

Policy Number: 211.05, Procedures for Housing Offenders Under 18 Years Of Age(Juvenile) In GDC

- Population Report

OBSERVATIONS

During the on-site tour, the Auditor did not observe a youthful inmate. However, the Auditor did tour the designated youthful inmates housing unit.

INTERVIEWS

Facility Head or designee

Through the interview process and informal conversations, the Facility Head confirmed the facility does house youthful inmates.

PREA Compliance Manager (PCM)

Through the interview process and informal conversations, the PREA Compliance Manager confirmed the facility does house youthful inmates.

Youthful Inmates

The facility does house youthful offenders. However, there were no youthful inmates housed at the facility during the on-site portion of the audit to interview with regard to this Standard.

Youthful inmates are housed in dorm 5. The facility does not have isolation cells; therefore no youthful has been housed in isolation. Youthful inmates are not required to attend school while housed at the facility.

The facility stated, four youthful inmates were admitted to the facility during the last twelve months.

Provision (a)

On the PAQ, the facility reported they do house youthful inmates. The Auditor reviewed the inmate roster and did see any inmates who had birthdates after 2006.

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

Youthful Offender shall not be placed in a housing unit in which the Youthful Offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters.

The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

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| | <p>Provision (b)</p> <p>In areas outside of housing units, the agency’s policy requires staff either, maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.</p> <p>This was confirmed through informal interviews with staff that supervise youth offenders when housed at the facility.</p> <p>Provision (c)</p> <p>The facility documents circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied.</p> <p>Efforts are made by the assigned institution to avoid placing Youthful Offenders in isolation to comply with this provision. Absent Exigent Circumstances, Youthful Offenders shall not be denied daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful Offenders shall also have access to other programs and work opportunities to the extent possible.</p> <p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding youthful inmates.</p> |
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| 115.15 | Limits to cross-gender viewing and searches |
| | 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. • Director of Facilities Admin Support, PIB-Standard Operating Procedures Regarding changes to SOP 226.01; SOP 220.09; SOP 220.09 Att. 1, dated September 12, 2024 • Staff Training Records • Training Guild for Cross Gender Searches <p>OBSERVATIONS</p> <p>During the facility tour, when opposite-sex staff was observed entering a housing</p> |

unit, they made an announcement making sure the residents knew someone of the opposite sex was on the housing unit. During informal interviews with staff and residents, 100% confirmed staff notices their presence when entering living units.

The housing units had notices posted at the entrance advising residents that male and female officers work in the living units. The notices were in English and Spanish.

The Auditor observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, or changing their clothes.

The Auditor observed no non-medical staff of the opposite gender view confined persons in a state of undress, to include from different angles or via mirror placement.

The Auditor verified electronic surveillance monitoring in control rooms do not cover the restrooms showing and toilet areas. The placement of mirrors did not allow viewing in the restroom shower or toilet areas. The Auditor had informal interviews with residents and staff during the facility tour, 100% confirmed they could undress and shower in privacy. In addition, 100% of residents and staff confirmed, cross-gender/opposite-genders do not conduct strip searches.

INTERVIEWS

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

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

Random Staff

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

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

- When asked how this would be arranged, staff reported that most showers throughout the complex are individual shower stalls and provide privacy for each inmate. For those that are not, a different showering time would be approved.
- Each staff member further indicated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate's input would carry great weight in the decision-making process.

Random Inmate

Through the interview process 100% of the inmates 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 announces their presence when entering housing units and bathrooms.

Transgender Inmate Interview

At the time of the onsite audit, there were zero transgender inmates in the facility. Consequently, zero transgender inmates were interviewed for this Standard.

PROVISIONS

Provision (a)

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

The policies that address this provision are listed below:

Georgia Department of Correction (GDC), Standard 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.

On September 12, 2024, the agency issued Policy Information Bulletin, Standard Operating Procedures SOP 226.02; SOP 220.09; SOP 220.09 Att. 1, dated September 12, 2024, which states:

The purpose of this Policy Information Bulletin (PIB) 226.01 Searches, Security Inspections, and Use of Permanent Logs and 220.09 Classification and Management of Transgender and Intersex Offenders is to advise you of policy and attachments that have been revised to reflect changes to searches of transgender offenders.

226.01 Searches, Security Inspections, and Use of Permanent Logs

• The current language in policy SOP 226.01 IV.C.1.d. “Transgender and intersex offenders’ gender designation will coincide with the prison assignment made during classification (i.e. offenders at a female prison will be searched as females, and offenders at a male prison will be searched as males),” will be replaced with the following: “Transgender and intersex offenders will be searched in accordance with SOP 220.09 Classification and Management of Transgender and Intersex Offenders.”

220.09 Classification and Management of Transgender and Intersex Offenders

The current language in policy 220.09 IV.I.

1. “The Department shall train security staff members on how to conduct searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible. Searches shall be consistent with security needs and with the population gender of their assigned institution;”

5. “A transgender or Intersex offender will be strip searched in the same manner as all other offenders at their assigned facility;”

6. “Pat or frisk searches in male facilities may be conducted by either male or female staff;”

7. “Pat or frisk searches in female facilities may only be conducted by female staff absent exigent circumstances.”

will be replaced with: “

1. The Department shall train security staff members on how to conduct searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible. SOP 220.09, Att. 1 considers (but does not guarantee) the offender’s search preferences and their reported gender identity. Searches are conducted on an individual basis, and the security needs of the facility will supersede any conflict with the offender’s preference.

SOP 220.09, Attachment 1 Transgender/Intersex Referral Form

• A question “Who would you rather be searched by (not guaranteed)? Female? Male? No Preference?” will be added to the existing 220.09, Attachment 1.

Use this PIB as guidance for all Personnel, until such time the revisions are made to the affected policies and posted in the SOP Library/PowerDMS.

All Facility Heads in the Georgia Department of Corrections were notified, for immediate action, of this policy revision to reflect changes to searches of transgender and intersex offenders September 12, 2024. This change went into effect September 12, 2024.

SOP 220.09, Attachment 1, will be completed during the inmate management and classification process as outlined in SOP 220.09. Upon completion, Attachment 1 shall

become a permanent part of the inmate's institutional file.

Provision (b)

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

This facility is a male facility, receiving inmates from the Georgia Department of Corrections. As such they can receive cisgender males as well as male-to-female transgender inmates. At the time of the on-site audit, the facility housed 222 inmates, zero of which was male-to-female transgender inmates.

Provision (c)

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

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

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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 inmates via an incident report explaining the nature of the Exigent Circumstance.

Provision (d)

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

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

Policies which address this provision are listed below:

Georgia Department of Correction (GDC), Standard 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 inmates to shower, perform bodily functions, and change clothing without non-medical 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. Inmates should only shower, perform bodily functions, and change clothing in designated areas (e.g., cells, shower rooms, and bathrooms).

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, e, indicates staff members of the opposite gender shall announce their presence when entering an inmate 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 inmates will be notified of the presence of opposite-gender staff members in several ways:

1. Inmates 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 INMATES: 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 inmates are aware of when opposite-gender staff may be present.
4. An announcement shall be made each time an opposite-gender staff member comes into a housing unit area.

Provision (e)

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

All random staff interviewed confirmed it was against facility/agency policy to search a transgender or intersex inmate 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 inmate in a professional and non-intrusive way, but that the majority of the time medical personnel conduct the strip searches.

During the interview process, random staff indicated absent exigent circumstance, female officers conduct the pat searches on transgender or intersex inmates.

Additionally, absent exigent circumstances, medical personnel generally conduct the strip searches and visual cavity searches on transgender and intersex inmates.

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

Another policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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 inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs,

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

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

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

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

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| | <p>These next 2 sensitive areas can be simulated for this demonstration.</p> <p>When checking the breasts on a female or transgender offender, the back of the hands should be used to check the entire breast area, always on the outside of the clothing.</p> <p>7. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's dignity.</p> <p>8. The inspector then searches from the back at the waistline by proceeding down the back and sides to the shoe tops. The shoe tops, trousers, cuffs, socks, and then inside the legs up to the groin should be checked.</p> <p>Provision (f)</p> <p>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 inmates. 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.</p> <p>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 inmates 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.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding the limits to cross-gender viewing and searches.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | 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
- Facility Handbook, revised August 29, 2024
- PREA Offender Brochure (English/Spanish)
- Lionbridge Insight Video Interpreting User Guide
- Lionbridge User's Guide Telephonic Interpreter
- Video Remote Interpreting Usage Log
- Dialing Instructions for the GDC PREA Hotline (English/Spanish)
- Advocacy and Emotional Support Information (The Haven), 1.800.33HAVEN
- Reporting is the First Step
- Hotline Numbers to Report

OBSERVATIONS

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

INTERVIEWS

Facility Head or Designee

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

Random Staff

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

Inmates with Disabilities

There were inmates housed at the facility with disabilities to interview.

There were no LEP inmates housed at the facility during the on-site portion of the audit to interview.

PROVISIONS

Provision (a)

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

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

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

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

Provision (b)

The facility reported on the PAQ the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Some of the resources include, but are not limited to:

- Lionbridge provides access to interpretive services via video for foreign languages and American Sign Language
- Lionbridge provides telephonic language interpretation.
- PREA written materials in English and Spanish
- PREA Video in English and Spanish with closed captions Limited English Proficient 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 facility has access to Lionbridge 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, read by a staff member or through sound in recorded messages or videos. Braille is also available.
- Cognitively impaired residents are provided information audibly, read by a staff member or through sound in recorded messages or videos.
- Residents with limited reading skills are provided information audibly, read by a staff member or through sound in recorded messages or videos.

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

Provision (c)

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

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

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

CONCLUSION

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

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: 104.09, Filling A Vacancy, effective date 5/27/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, Attachment 4, Applicant Verification, revised 05/25/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020
- Employee Records Review (Personnel File Audit, Backgrounds)
- Hiring and Promotion Decisions
- Contractor PREA Verification

INTERVIEWS

Administrative Staff (HR)

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

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

The facility reported a total of 49 staff currently employed at the facility who may

have contact with inmates. Additionally, the facility reported on the PQA, in the past 12 months the facility has hired 10 new staff that may have contact with inmates. The facility reported 5 contractors and 4 volunteers.

The Auditor conducted a review of personnel records. Of the records reviewed, 10 were new hires and 5 were promotions. All 15 records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

PROVISIONS

Provision (a)

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

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

This was verified during the interview process with HR Personnel.

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

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

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

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

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

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 review fifteen personnel files specifically for Administrative Adjudication Checks. In all fifteen files the three questions listed under Provision (a) were asked and answered prior to being hired and prior to promotion, as required by the standard. All criminal background history checks were completed prior to hire and prior to promotion as required by standard. This information was logged on form SOP 104.09, Filling a Vacancy.

Provision (b)

On the PAQ the facility reported consideration is given of any incidents of sexual

harassment in determining whether to hire or promote someone, or to enlist the services of any contractor who may have contact with inmates. This was verified during the interview process with HR personnel.

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

Provision (c)

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

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

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

In the preceding twelve months there were 10 persons hired who may have had contact with inmates who had a criminal background check completed. The Auditor conducted a review of a total of 15 personnel records, ten of which were new hires and five of which were promoted staff. All personnel records, including the new hires, had completed criminal background history checks and completed PREA Education.

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

Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, iii, 1, states before hiring new employees, who may have contact with offenders, the Department shall:

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

According to the PAQ, there were 10 individuals hired in the past 12 months. The GDC conducts background checks on each new hire, before each promotion, and every five-years.

Provision (d)

The facility reported on the PAQ that before enlisting the services of any contractor who may have contact with inmates, a criminal background records check is completed for each contractor. The facility reported on the PAQ there are 5 contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates. The GDC conducts a criminal background records check on each new contractor and every five years thereafter.

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

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

The Auditor reviewed four Contractor PREA verifications. All contractor PREA verification's were signed, dated and reflected the contractor responded "NO" to the 3 adjudication questions in this standard.

Provision (e)

The facility reported on the PAQ that criminal background record checks are

conducted at least every five years for current employees and contractors who may have contact with inmates. This was verified by HR personnel during the interview process.

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

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

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

Provision (f)

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

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| | <p>verified by HR personnel during the interview process.</p> <p>The Administrative Staff (HR) indicated all applicants and employees who may have contact with inmates 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.</p> <p>Provision (g)</p> <p>The facility reported on the PAQ that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This was verified by HR personnel during the interview process.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, 10, a, v, indicates material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.</p> <p>Provision (h)</p> <p>On the PAQ the facility reported unless prohibited by law the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work. This was verified by HR personnel during the interview process.</p> <p>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.</p> <p>CONCLUSION</p> <p>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.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | 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

OBSERVATIONS

During the on-site facility tour, the Facility Head pointed out camera placement, as well as security mirrors while on the facility tour. Camera coverage is sufficient throughout the facility.

INTERVIEWS

Agency Head or Designee

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

Facility Head or Designee

During the interview process the Facility Head indicated:

- The ultimate goal is to have camera coverage in all areas of the facility to ensure everyone's safety.
- Before any camera expansion, areas of concern would be identified and it is of the highest priority to address any areas identified.
- Cameras are always available for video monitoring.

PROVISIONS

Provision (a)

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

Provision (b)

The facility reported on the PAQ that no upgrades have been made to the video monitoring system, electronic surveillance system or other technology since the last PREA audit. This was confirmed by the Facility Head.

CONCLUSION

Based upon the quality and coverage of the 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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual harassment of Offenders, effective date 8/11/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.10, Evidence Handling and Crime Scene Processing, effective date 8/30/2022
- Services Agreement between the Georgia Department of Corrections (GDC) and Sexual Assault Response Team (SART), dated August 31, 2021
- MOU with The Haven, October 29, 2015
- SANE Contact and Call List
- Certifications of Staff Victim Advocate, dated November 5, 2024

INTERVIEWS

PREA Coordinator (PC)

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

PREA Compliance Manager (PCM)

During the interview process the PCM indicated:

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

SAFE/SANE Staff

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. The inmate is not financially responsible for the examination.

Random Staff

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

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were zero inmates in the facility who had reported sexual abuse. Therefore, no inmates could be interviewed for this standard.

PROVISIONS

Provision (a)

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

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

Provision (b)

The facility reported on the PAQ that it does house youthful offenders. When reviewing the inmate roster, the Auditor did not see any inmates whose birthdate was later than 2006. There were no youthful inmates housed at the facility during the on-site portion of the audit. However, the facility reported that the protocol they use in investigations is developmentally appropriate for youth. The PC verified this.

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

date 6/23/2022, indicates the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Provision (c)

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

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

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

SAFE/SANE personnel reported the forensic program is responsible for conducting all forensic medical examinations for the facility. SAFE/SANE personnel report to the facility to conduct the forensic examinations. The facility utilizes Sexual Abuse Response Team (S.A.R.T.) for their forensic examinations. S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to their residents/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. Post examination prescriptions, if any, are filled by the facility.

Provision (d)

The facility reported on the PAQ they have a MOU with The Haven, who also provides victim advocates sexual abuse victims in the facility. This MOU has been in place since October 29, 2015.

The facility reported on the PAQ that it also provides qualified staff members who has been specifically trained to function as a victim advocate as needed. The facility provided Victim Advocate certification for two staff members who completed training November 5, 2024. The PCM verified this.

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

Provision (e)

The facility reported on the PAQ that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The facility provided Victim Advocate certification for two staff members who completed training November 5, 2024. The PCM verified this.

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

Provision (f)

As reported in Provision (a) all PREA allegations, administrative and criminal, are investigated by the agency/facility.

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| | <p>Provision (g)</p> <p>Auditors are not required to audit this provision.</p> <p>Provision (h)</p> <p>As reported in Provision (d) the facility has two trained staff members who is an available victim advocate to provide services to sexual abuse victims. The facility also has an MOU with The Haven, who also has victim advocates available for sexual abuse victims in the facility.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding evidence protocol and forensic medical examinations.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <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: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022 <p>INTERVIEWS</p> <p>Agency Head or Designee</p> <p>Through the interview process the Agency Head Designee indicated that every allegation of sexual abuse or sexual harassment is taken very seriously. Every allegation, administrative and criminal, is investigated thoroughly and immediately. The GDC does not rely on outside sources to conduct investigations. The policy regarding allegations being referred for investigation is on the agency website. All referrals of allegations of sexual abuse or sexual harassment for criminal investigation are documented.</p> <p>Investigative Staff</p> <p>Through the interview process, investigative staff indicated all allegations are</p> |

investigated. The agency/facility investigates both administrative and criminal allegations.

PROVISIONS

Provision (a)

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

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

30, G, 1, indicates all reports of Sexual Abuse or Sexual Harassment will be considered allegations and will be investigated.

At the time of the audit, information received regarding the allegations of sexual abuse and sexual harassment during the prior twelve months revealed there were zero allegations reported.

Provision (b)

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

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

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

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

b. Agents and investigators shall gather and preserve direct and circumstantial

evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.

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

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

Provision (c)

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

Provision (d)

Auditors are not required to audit this provision.

Provision (e)

Auditors are not required to audit this provision.

CONCLUSION

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

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| 115.31 | Employee training |
| | 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
- Staff Training Curriculum
- PREA Acknowledgement Statements
- Day One Training Rosters

INTERVIEWS

Random Staff Interviews

Through the interview process facility staff recalled:

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

PROVISIONS

Provision (a)

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

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

abuse to outside authorities

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

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

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

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

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

The Auditor reviewed staff training records, conducted with staff from various categories. Each record reviewed contained the relevant documentation to show the staff had met their initial PREA requirements. In addition, the Auditor reviewed the signed PREA acknowledgement statements 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 inmates 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 inmates in the facility.

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

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

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

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

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

The training provided by the agency, addresses both male and female issues. However, the facility training has been tailored specifically to the male inmate 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 inmate. The training curriculum did include training specific to transgender inmates.

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

Provision (c)

The Auditor reviewed 10 staff training records of the 49 staff employed by the facility. The reviewed documentation reflected 100% of the staff, whose records were reviewed, received PREA training in the past twelve months. Facility staff also receives refresher training every two years. The facility provides additional PREA

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| | <p>training annually, as well as shift training, staff meetings, educational materials, and posters.</p> <p>All (100%) random staff interviewed reported they had received PREA training. Further, formal training is provided a minimum of every two years. On the alternating years, refresher training ensures the employees know the agency’s current sexual abuse and sexual harassment policies and procedures.</p> <p>Provision (d)</p> <p>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 a PREA Education Acknowledgement Statement upon completion of the training or provide an electronic verification signifying comprehension of the training. Random staff confirmed signing for PREA training.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding policies regarding employee training.</p> |
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| 115.32 | Volunteer and contractor training |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <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 • Volunteer/Contractor PREA Training Curriculum • Volunteer/Contractor Signed PREA Acknowledgement Statements <p>INTERVIEWS</p> <p>Volunteer Interview</p> <p>Through the interview process a volunteer recalled having PREA training, prior to being allowed to work with inmates. 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</p> |

with a situation of sexual abuse or sexual harassment.

Contractor Interview

Through the interview process a contractor recalled having PREA training, prior to being allowed to work with inmates. 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.

PROVISIONS

Provision (a)

The facility reported on the PAQ all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported 5 contractors and 4 volunteers who have contact with inmates, 9 are approved to enter the facility. This was also confirmed through the interview process with the contractors and volunteers.

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

Provision (b)

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

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

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| | <p>Provision (c)</p> <p>The facility reported on the PAQ the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>As indicated in Provision (b), the facility reported copies of the acknowledgment page from the PREA training are retained in each volunteer and contractor file. This provision requires the facility/agency to maintain documentation confirming that volunteers and contractors received and understand the training they have received.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 2, c, indicates participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members if necessary to ensure understanding of the training.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meets every provision of the standard which addresses policies regarding volunteer and contractor training.</p> |
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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>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. • Facility Handbook • Georgia Department of Corrections, Discussing Prison Rape Elimination Act Video, dated February 23, 2023. • Lionbridge User Guide • Georgia Department of Corrections, PREA Inmate Information Guide Brochure, undated • Video Remote Interpreting Usage Log |

- Hotline Numbers Posting – English/Spanish
- Zero Tolerance Posting - English/Spanish
- Outside Confidential Support Service Agency Posting – English/Spanish
- MOU between Patten Probation Detention Center and The Haven, dated October 29, 2015
- Inmate PREA Orientation Signed Acknowledgements
- Inmate PREA 30-day Education Signed Acknowledgments

ON-SITE 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 The Haven (external reporting), Zero Tolerance, etc. Outside Confidential Support Services Agency information. PREA related information was posted in each living unit near telephones for easy accessibility. During the site tour, the Auditor informally interviewed inmates regarding PREA educations and if they felt safe at the facility. All confirmed receiving the training during intake.

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

INTERVIEWS

Intake Staff

Through the interview process, intake staff acknowledged inmates receive information explaining the agency's zero-tolerance policy, definitions of sexual abuse and sexual harassment, preventative strategies to minimize sexual victimization, methods of reporting sexually abusive behavior, treatment options and programs available to resident victims, and monitoring, discipline and prosecution of sexual perpetrators, upon arrival.

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

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

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

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

During interviews with intake staff, it was confirmed all inmates who enter the facility are provided a Facility Handbook upon admission. The inmate sign an acknowledgment form for all PREA education, which is retained in the inmate record. Further the intake staff indicated the inmates receive their initial PREA training immediately upon arrival, prior to their unit assignment. The inmates receive more in-depth PREA education during orientation in the days and weeks following their arrival.

Random Inmates

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

During the inmate interviews, 100% of the inmates remembered watching a PREA video and receiving written PREA materials and a facility handbook upon arrival. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report.

During interviews, inmates confirmed they watched a video as part of their intake process discussing PREA.

PROVISIONS

Provision (a)

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

According to the PAQ the facility reported 805 inmates were admitted during the past twelve months and 100% of them received PREA information at intake. The intake staff verified this.

During the interview process intake staff confirmed inmates are given PREA information upon arrival.

During interviews inmates reported receiving PREA information upon arrival. Twenty

inmates were interviewed and twenty reported receiving PREA information within 24 hours, or less, of their arrival.

The Auditor reviewed PREA education records for twenty-five inmates. The twenty-five inmate records reviewed revealed that 100% of inmates had received PREA intake material within 24 hours, or less, of arriving at the facility.

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

Provision (b)

According to the PAQ, the facility reported in the past twelve months there were 805 inmates who were admitted and whose length of stay at the facility was more than thirty days. The PAQ reflects 100% of inmates were provided the PREA 30-day Comprehensive Education which includes their right to be free from sexual abuse, right to be free from retaliation of any kind, sexual abuse zero tolerance policy, PREA Video "Discussing Prison Rape Elimination Act", Discussing PREA, as well as the policies and procedures for reporting. The PAQ reflected 100% of the inmates admitted to their facility in the past twelve months received the mandated information. The intake staff verified this.

Georgia Department of Corrections, Discussing PREA video, dated February 23, 2023. This video is approximately 15 minutes long. It has closed captions and is available in English and Spanish. It also has an American Sign Language interpreter on screen in the right-hand corner. The video was created by Arks Media, LLC. The video discusses Zero Tolerance Policy for sexual abuse, sexual harassment, and sexual misconduct; definitions of sexual abuse, sexual harassment and sexual misconduct; staff on inmate sexual harassment and sexual misconduct; the dynamics of sexual abuse and sexual harassment in a confinement setting; reasons inmates don't report; retaliation for reporting or for assisting with an investigation; imbalance of power between staff and inmates; prevention of sexual abuse in a confinement setting; know What to Look For; NO Means NO and YES is not allowed; how to report; where to report; every PREA report will be investigated; false reports; good faith reporting; what happens when you report; victim advocate; forensic examination; preserving important evidence; the investigation; inmate notification of the result of the investigation; receiving ongoing support services; staff responsibilities; and health relationships.

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

1. The agency's zero tolerance policy regarding sexual abuse and sexual harassment (inmate brochure).
2. How to report incidents or suspicions of sexual abuse or sexual harassment (inmate 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 (inmate brochure).
4. Their right to be free from retaliation from reporting such incidents (inmate brochure).
5. An overview of the agency's policies and procedures for responding to such incidents. (inmate handbook).

The intake staff confirmed, in addition to the five items listed above, inmates are notified of male and female staff routinely working and visiting housing units, the prohibition against retaliation for reporting or assisting in the investigation of an allegation and the basics of the investigation process during orientation.

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

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

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

- i. The Department's zero tolerance of Sexual Abuse and Sexual Harassment
- ii. Definitions of Sexually Abusive behavior and Sexual Harassment.

- iii. Prevention strategies the inmate 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 inmates.
- v. Treatment options and programs available to inmate 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 inmate 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 inmates
5. Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment
6. Monitoring, discipline and prosecution of sexual perpetrators

As previously stated, the intake staff confirmed, in addition to the six items listed above, inmates are notified of male and female staff routinely working and visiting housing units, the prohibition against retaliation for reporting or assisting in the investigation of an allegation and the basics of the investigation process during orientation.

The GDC, Patten Probation Detention Center Handbook, undated, PREA, pp. 33-34, is dedicated to PREA information. This section of the handbook covers topics such as zero tolerance of sexual abuse or sexual harassment, consensual and nonconsensual sex between inmates, ways to report alleged sexual abuse or sexual harassment, retaliation, good faith reporting, sexual misconduct between staff and inmates, and explanations of what is a PREA violation and what is not. It also provides a telephone number for the GDC PREA Hotline and the Ombudsman Office, as well as an email address email PREA.report@gdc.ga.gov. The address for the Statewide PREA Coordinator is provided for them to write an agency individual with PREA concerns. The address for the Director of Victim Services in Atlanta is provided for third parties

to write with PREA concerns.

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

The Patten Probation Detention Center Handbook, undated, p. 34 states the Patten Probation Detention Center has partnered with The Haven to provide victims of sexual abuse with access to outside victim advocates. As requested by the victim, advocates will accompany and support the victim through forensic medical examination and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.

It goes on to say that communication between an advocate and victim is confidential and follow-up counseling can continue after the initial incident and investigation is needed. The Haven Hotline phone number is 1.800.33HAVEN or 229.244.1765. The mailing address is PO Box 5382, Valdosta, GA 31603.

The Patten Probation Detention Center Handbook, undated, p. 34 states Allegations can be reported:

1. From any dorm telephone by dialing 8, then 7732 (PREA) and leaving as message 24 hours a day.
2. By emailing prea.report@gdc.ga.gov
3. By telling any staff member
4. By writing to one of the following addresses:
 - Statewide PREA Coordinator, 300 Patrol Road, Forsyth, GA 31029
 - Ombudsman, P.O. Box 1529, Forsyth, GA 31029
 - Director of Victim Services, 2 MLKing Drive, SE, Atlanta, GA 30334

The hotline information posted states anonymous reports can be made by dialing *7732. The inmate is given one minute to leave a message on this hotline.

The one-minute time frame to leave a report is standard throughout the Georgia Department of Corrections (GDC), as this is an agency hotline. The PREA Unit confirmed that zero inmates have made a complaint about the one-minute time

frame being insufficient to report an allegation. Further, there is no limitation to how many times an inmate can call the hotline.

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

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

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

Provision (c)

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

Provision (d)

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

Limited English Proficient inmates 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 Lionbridge for a plethora of other languages including American Sign Language.

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

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

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

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

Provision (e)

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

The Auditor reviewed signed attendance sheets for PREA Education for the past 12 months, confirming all inmates participated in Comprehensive PREA Education within 30 days of arrival. As stated in Provision (b) the Auditor reviewed PREA education records for twenty-five inmates. The twenty-five inmate records reviewed revealed that each inmate had received 30-day Comprehensive PREA education within 30 days of arriving at the facility.

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

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

Provision (f)

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

See previous provisions for specific publications, formats and information.

CONCLUSION

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

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| 115.34 | 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
- SOP 103.06 Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment
- SOP 103.10 Evidence Handling and Crime Scene Processing
- Investigator Training curriculum
- Investigator Certification (1)

INTERVIEWS

Investigative Staff

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

PROVISIONS

Provision (a)

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

Investigative staff verified this.

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

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

Provision (b)

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| | <p>The facility reported on the PAQ that investigator specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff verified this.</p> <p>As indicated in Provision (a), the investigative staff reported attending the required training and met all training requirements.</p> <p>Provision (c)</p> <p>The facility reported on the PAQ that the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Investigative staff verified this.</p> <p>Currently there is one investigator that is also the PCM for the facility. The investigator most recently completed the NIC Course Investigating Sexual Abuse in Confinement Setting October, 2024.</p> <p>Provision (d)</p> <p>The Auditor is not required to audit this provision.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meet every provision of the standard which addresses policies regarding specialized training: investigations.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | 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 • Training Curriculum for Health Services Staff • NIC Training Certificates for Mental Health Services Staff • NIC Training Certificates for Medical Services Staff • Contractor PREA Acknowledgement Statements • Health Services Personnel File Audits |

INTERVIEWS

Facility Head

Through the interview process, the Facility Head indicated that medical and mental health care practitioners received general and specialized PREA training.

Medical Staff

Through the interview process, medical personnel acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.

Mental Health Staff

Through the interview process, mental health personnel acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.

PREA Compliance Manager (PCM)

Through the interview process, the PCM confirmed medical and mental health care practitioners employed by the agency/facility also receive training mandated for employees by §115.31.

PROVISIONS

Provision (a)

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

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

Provision (b)

N/A - All medical staff at the facility are prohibited by policy from performing forensic examinations on sexual abuse victims. The Department of Corrections contracts with SART to perform forensic exams for all Georgia facilities.

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| | <p>Provision (c)</p> <p>The facility reported on the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>As indicated in Provision (a), through staff interview and a review of the training certifications by the Auditor, each of the medical and mental health staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.</p> <p>Provision (d)</p> <p>The facility reported on the PAQ that medical and mental health care practitioners employed by the agency also receive training mandated for employees, as well as contractors and volunteers. This was verified through the interview process with the medical and mental health staff.</p> <p>Medical and mental health practitioners reported receiving specialized training, as well as general PREA training.</p> <p>The Auditor reviewed 1 personnel record of health services staff. The record reflected general PREA training within the past 12 months.</p> <p>CONCLUSION</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 specialized training: medical and mental health care.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | 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 • GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number 220.09 Classification and Management of Transgender and Intersex Offenders • Inmate Initial Risk Assessment Records • Inmate Risk 30-Day Reassessment Records |

INTERVIEWS

PREA Coordinator (PC)

Through the interview process the PC indicated medical staff, mental health staff, classification staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The PC also verified the GDC does not detain inmates solely for civil immigration purposes.

PREA Compliance Manager (PCM)

Through the interview process the PCM acknowledged the purpose of the risk screening assessment is to make the inmate safer inside the facility. Pieces of information are collected through the risk screening instrument that when taken as a whole, can be analyzed by staff to determine if an inmate is at higher-than-average risk for sexual victimization or abusiveness. The screening information also assists the staff of the institution in keeping inmates safer by housing potentially abusive inmates in a different area than those who are potential victims.

Risk Screening Staff

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

Transgender inmates are risk assessed within 24 hours, within the first thirty days and a minimum of every six months thereafter.

Through the interview process, risk screening staff confirmed inmates are not disciplined for refusal to answer questions during an assessment. The staff acknowledged they would verbally probe to attempt to remedy the opposition to answering any questions and then another attempt to engage the inmate would follow. However, disciplinary action is not taken if the inmate continues to choose not to respond.

Random Inmate

Through the interview process random inmates acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were in danger of being harmed. 100% of individuals interviewed remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and was this their first incarceration? They reported having their initial risk assessment within 24 hours of arriving at the facility and their 30-day risk assessment within a few weeks of arriving at the facility.

PROVISIONS

Provision (a)

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

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

Through the interview process, 100% of the random inmates interviewed indicated they had participated in a risk assessment within the first 24 hours of arrival. Further, 100% of the inmates interviewed indicated they were reassessed within several weeks of arrival. When asked, 100% of the inmates 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 requested assessment and reassessments for all 20 random inmates interviewed, there were no targeted inmates identified, reviewed twenty inmate records. Those records showed that two were non-compliant not completed within the 30 days. Three inmates had not been at the facility for 30 days, therefore there was not reassessment, and the 15 assessments and reassessment were compliant.

The Auditor requested the facility submit all assessments and reassessments for inmates admitted to the facility since the first day of the on-site audit, November 14, 2024. The facility provided 11 inmate records for review, all assessment were complete upon arrival and all reassessments were completed within 30 days of arrival.

Provision (b)

The facility reported on the PAQ that policy states inmates are screened for risk of sexual victimization or risk of abusing other inmates within 24 hours of arrival. The Risk Screening Staff verified this.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, 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 inmates at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive. Note: The results of the risk assessment should not hinder classification opportunities.

As stated in policy, counseling staff members conduct screening for risk of sexual victimization and abusiveness. All individuals who conduct risk assessments acknowledged they are completed within 24 hours of the inmate's arrival and then again within 30-days of arrival. The inmates 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 805 inmates 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 inmates to be screened for risk of sexual victimization or sexual abusiveness within 24 hours of their entry into the facility. In a review of twenty initial risk assessments all had been completed within 24 hours of arrival.

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

Provision (c)

On the PAQ the facility reported the risk assessment is conducted using an objective screening instrument. The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake screenings utilize SOP 208.06. Attachment 2, Revised 06-23-2022 Screening Form. The inmate is reassessed within thirty days, after the initial meeting. Of the twenty records reviewed, 15 were reassessed within 30 days of arrival, 3 had not been housed at the facility for 30 days and 2 were found non-compliant.

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Provision (b)

The facility reported on the PAQ that policy states inmates are screened for risk of sexual victimization or risk of abusing other inmates within 24 hours of arrival. The Risk Screening Staff verified this.

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

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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 addresses the

vulnerability of the inmate, and questions nine through fourteen addresses the possible sexual aggressiveness of the inmate. It adheres to the minimum criteria in the standard, as outlined in Provision (d).

Provision (d)

The facility reported on the PAQ that their risk screening instrument includes all the elements of this provision. The risk screening staff verified this. Additionally, the Auditor reviewed the risk screening document, GDC, SOP 208.06. Attachment 2, Revised 06-23-2022.

The risk screening instrument does not address the question of detaining inmates solely for civil immigration purposes. However, the agency does not detain inmates solely for civil immigration purposes in any of their facilities. This was confirmed by the PC during the interview process. Therefore, for all intents and purposes the risk screening instrument includes the elements of this provision.

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

1. Is the inmate a former victim of institutional (prison or jail) rape or sexual assault?
2. Is the inmate 25 years old or younger or 60 years old or older?
3. Is the inmate small in physical stature? (BMA <18.5)
4. Does the inmate have a developmental disability/mental illness (disability)/physical disability?
5. Is this the inmate'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 inmate have a history of prior sexual victimization (sex abuse)?
8. The inmate's own perception of being vulnerable?
9. Does the inmate have a criminal history (convictions) that is exclusively non-violent?
10. Does the inmate have a conviction(s) for sex offenses against adult and/or child?
11. Does the inmate have a history of institutional (prison or jail) sexually aggressive behavior?
12. Does the inmate have a history of sexual abuse/sexual assault toward others (adult and/or children)?
13. Is the inmate's current offense sexual abuse/sexual assault toward others (adult and/or children)?
14. Does the inmate have a prior conviction(s) for violent offenses?

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

Provision (e)

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

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

Provision (f)

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

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, specifies within a period, not to exceed 30 days from the inmate's arrival at the facility, the inmate 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, 508 inmates remained in the facility longer than 30-days from arrival. The facility reported 508 inmates were re-assessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within 30-days of their entry into the facility.

Provision (g)

On the PAQ the facility reported an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

This was verified by the risk screening staff through the interview process.

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

Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, D, 2, c, indicates an inmate 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 inmate's risk of sexual victimization or abusiveness.

According to the interviews with risk screening staff inmates are reassessed within 30-days of their arrival. Inmates are also reassessed when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Provision (h)

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

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

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

Provision (i)

The facility reported on the PAQ that they control the dissemination within the facility of responses to questions asked during risk screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

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

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

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| | <p>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 inmate by staff or other inmate.</p> <p>CONCLUSION</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> |
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| 115.42 | Use of screening information |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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), Subject: PREA Standard 115.13, Facility PREA Staffing Plan, effective date 7/01/2023 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p> <p>Through the interview process the PC indicated according to policy, the gender identification of each inmate is initially determined by their legal sex assignment, generally at birth; however, from that point forward every inmate is individually assessed and classified to ensure the safety of the inmate, as well as the safety of the inmate population.</p> <p>Through the interview process the PC indicated the transgender or intersex inmate's view of their own safety is given great weight when making decisions regarding housing placement or programming assignments. Further regular classification</p> |

reassessments are conducted a minimum of every six months, or if the inmate is involved in an incident of a sexual nature. Additionally, these inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

Staff Responsible for Risk Screening

Through the interview process, staff responsible for risk screening, indicated because of the assessment procedures being utilized, each inmate is individually evaluated.

Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

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

PREA Compliance Manager (PCM)

Through the interview process the PCM, revealed that neither the agency or facility are under a 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) inmates. All acknowledged that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

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

Transgender Inmate

At the time of the on-site audit there were zero transgender or intersex inmates in the facility. Therefore no inmates were interviewed regarding this standard.

PROVISIONS

Provision (a)

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

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

date 6/23/2022, p. 24, 4, indicates the Warden/Superintendent shall designate safe housing for those offenders identified as highly vulnerable to Sexual Abuse.

Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in Attachment 11, Staffing Plan Template.

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

Provision (b)

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

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 24-25, 5, indicates in deciding whether to assign a Transgender or Intersex offender to a male or female facility and in making other housing and

programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems in accordance with SOP 220.09, Classification and Management of Transgender and Intersex Offenders.

Provision (c)

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

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, pp.

4-5, Section IV, 8, a-d states diagnostics staff will assist in gaining information about safe housing for transgender and intersex offenders by doing the following:

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

- i. Medical and mental health issues;
- ii. Public and institutional risk factors;
- iii. Educational;
- iv. Vocational;
- v. Drug or alcohol involvement;
- vi. Work history;

- vi. The PREA Sexual Victim/Sexual Aggressor Classification Screening;
 - vii. Any other areas pertinent to the needs and facility placement of the offender; and
 - viii. This information shall be used to complete the Personal Data Sheet on all offenders.
- b. Each area will be discussed in depth to develop the Classification Profile;
- c. Specific recommendations will be made by the interviewer, relating to:
- i. The offender's needs;
 - ii. Possible program assignments; and
 - iii. Housing placement.
- d. If it is known that the offender is transgender or intersex on the sexual safety risk screening, then the diagnostics staff will complete the facility section of Attachment 1, Statewide Classification Committee (SCC) Referral Form and submit it to their Classification Committee for approval; Another policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, pp. 5-6, Section IV, 9, a-e states once the Classification Committee is notified of the offender's status, the Chairperson must ensure the following is completed:
- a. The Classification Chairperson will review and forward the approved Statewide Classification Committee Referral Form to the PREA Unit via prea.report@gdc.ga.gov;
 - b. The Chairperson must enter the appropriate profile on the Transgender and Intersex Offender List (TIOL) in SCRIBE, which will include all intersex and transgender offenders in GDC custody;
 - c. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender;
 - d. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and
 - e. The offenders' own views with respect to their safety should be given serious consideration.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, p. 6, Section IV, 10, a-c states the GDC PREA Unit will:
- a. Ensure that the facility has entered the correct profile on the TIOL;
 - b. Arrange a private meeting with the offender in person, via video or telephone call within ten 10 business days of receiving the Statewide Classification Committee Referral Form; and
 - c. During the private meeting, the PREA Unit designee will complete the Transgender

Questionnaire portion of the SCC Referral Form and make a recommendation to the remaining SCC Committee Members for review.

Provision (d)

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

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

Provision (e)

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

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

Provision (f)

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

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

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

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| | <p>being satisfied with their showering accommodations.</p> <p>Provision (g)</p> <p>The facility reported on the PAQ that unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, the agency always refrain from placing lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. The PC verified this.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, indicates LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely based on this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.</p> <p>CONCLUSIONS</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard requiring the use of screening information.</p> |
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| 115.43 | Protective Custody |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022. <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>Through the interview process the facility head reported having zero administrative segregation beds. Consequently, there were zero inmates at risk of sexual victimization held in involuntary segregated housing in the past twelve months. If an inmate needs to be held until transfer, they are placed in a holding cell until transportation arrives. Inmates are never placed in a holding cell overnight; the</p> |

average length of time in a holding cell is 1 to 2 hours and rarely over 4 hours.

Staff Who Supervise Inmate in Segregated Housing

The facility has zero administrative segregation beds. Therefore there are zero staff who supervise inmates in segregated housing. Zero staff could be interviewed for this standard.

Inmates in Segregated Housing

The facility has zero administrative segregation beds. Therefore, zero inmates were placed in segregation. Zero inmates could be interviewed for this standard.

PROVISIONS

Provision (a)

The Warden Statement of Fact, Administrative Segregation, dated April 1, 2024 states the facility does not have Administrative Segregation beds. Should an inmate need to be placed in Administrative Segregation, they are direct transported to Georgia Diagnostic Classification Prison (GDCCP) or Phillips State Prison, per the inter-facility agreement.

The facility reported on the PAQ that the agency has a policy prohibiting the placement of inmate at elevated risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from abusers.

The facility reported on the PAQ that in the past twelve months there had not been any inmate placed into involuntary administrative or punitive segregation in accordance with this standard. The PCM indicated the facility does not have administrative segregation cells. Therefore, no inmate has been placed in protective custody or involuntary administrative/punitive segregation in the past twelve months for risk of sexual victimization or because they were a victim of sexual abuse.

Consequently, no inmates were interviewed relative to this standard. The Facility Head verified this.

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

The policy the staff were referring to on the PAQ is Georgia Department of Correction

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

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

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

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

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

Provision (b)

Provision (b) is not applicable as the facility does not have Administrative Segregation cells. Therefore, no inmate is ever placed in Administrative Segregation. The Facility Head verified this.

Provision (c)

Provision (c) is not applicable as the facility does not have Administrative Segregation cells. Therefore, no inmate is ever placed in Administrative Segregation. The Facility Head verified this.

.Provision (d)

Provision (d) is not applicable as the facility does not have Administrative Segregation cells. Therefore, no inmate is ever placed in Administrative Segregation. The Facility Head verified this.

Provision (e)

Provision (e) is not applicable as the facility does not have Administrative Segregation cells. Therefore, no inmate is ever placed in Administrative Segregation. The Facility Head verified this.

CONCLUSION

Based upon the review and analysis of all available evidence, the Auditor has

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| | determined the agency/facility meets every provision of the standard relative to protective custody. |
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| 115.51 | Inmate reporting |
| | 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 • Offender PREA Brochure (English and Spanish) • Hotline Dialing Instructions • Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders • Hotline Numbers • The Haven MOU and Posters with Hotline Number (1.800.33HAVEN) or (229.244.1765) Local Calls • Advocacy and Emotions Support Information <p>OBSERVATIONS</p> <p>During the on-site portion of the audit, the Auditor observed different PREA posters in both English and Spanish throughout the facility. The posters could be easily read and clear to easily understand the verbiage. Poster for The Haven, outside support services were observed posted in areas accessible to inmates. Services provided by the agency were clearly identified. The text size and physical placement would accommodate most readers such as visually impaired and physically disable inmates. Poster were free of graffiti, damaged or missing. The Auditor verified the accuracy of reporting phone number by placing calls. These posters were observed in each housing unit, communal areas, main hallways, intake holding area, dining room, etc., accessible to staff, inmates, visitors, contractor, and volunteers.</p> <p>The Auditor checked numerous inmate 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. The Auditor placed 4 calls to the GDC PREA Unit and received a confirmation email.</p> <p>OUTGOING MAIL: Detainee's mail should be sealed and have correct postage on it before being placed in the dormitory mailbox. The correct return address is also required on each out-going envelope. Letters with outside writing, with the exception of the name/address, on the envelopes will be returned to the proper detainee. Detainees should put their mail in the mailbox before 8:30 A.M. on the day they want</p> |

it to leave the Center. Mail is collected between 8:30 and 9:00 A.M. each weekday, except on observed State/Federal holidays.

Indigent detainees may request from their counselor postage for three items of personal correspondence per week. Sufficient postage will be provided for legal mail of indigent detainees. (Indigent detainees are considered those account has had a balance of less than \$5.00 prior to the request for assistance). Deductions will be made from any future funds the detainee may receive in order to reimburse the account for the assistance provided. Stamps are sold in the store for non-indigent detainees.

The Auditor observed no kiosks, tablets or computers during the on-site portion of the audit.

During the site tour, the Auditor has informal conversations with staff, contractors, and inmates regarding reporting procedures. All were aware of numerous ways to report an allegation of sexual abuse and harassment; most inmates said they would report to a staff member of the Warden.

The Auditor observed the hard copy records storage room, inmates are not allowed in this area. A list of staff authorized to enter the room was post at the entrance. The Auditor tested that the records room was locked. Electronic records are stored in the SCRIBE database; this information is password and has user ID restrictions.

INTERVIEWS

PREA Compliance Manager (PCM)

Throughout the interview process the PCM reported inmates could report abuse or harassment to a public or private entity. Inmates can report to the State Board of Pardons and Paroles, Office of Victim Services, as a reporting entity that is outside of the facility/agency. Inmates can also report to The Haven.

Random Staff

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

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

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

Random and Targeted Inmates

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

PROVISIONS

Provision (a)

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

Sexual abuse and sexual harassment.

Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment.

Staff neglect or violation of responsibilities that may have contributed to such incidents.

This was verified by the PCM during the interview process.

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

- a. Offenders may make a report of Sexual Abuse, Sexual Harassment, or retaliation by any of the following methods: in writing, or verbally, through internal or external methods available. Offenders shall be encouraged to report allegations immediately and directly to a staff member. All reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.
- b. The Department may choose to maintain a Sexual Abuse hotline, currently known as the "PREA hotline." Hotline calls will not require the use of the offender's PIN number. Should a Sexual Abuse hotline be maintained, monitoring of this line will be the responsibility of the OPS, with immediate oversight by the Department's PREA Coordinator or designee.

Provision (b)

The facility reported on the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. This was confirmed by the PCM during the interview process. Inmates can report to The Haven by dialing the hotline 1.800.33HAVEN or 229.244.1765.

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

- 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 Drive, S.E. Balcony Level, East Tower, Atlanta, GA 30334

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

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

Provision (c)

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

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

Provision (d)

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

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

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

CONCLUSIONS

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

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| 115.52 | Exhaustion of administrative remedies |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 544 378">DOCUMENT REVIEW</p> <ul data-bbox="256 456 1469 613" 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="256 658 432 692">INTERVIEWS</p> <p data-bbox="256 725 448 759">Random Staff</p> <p data-bbox="256 792 1453 871">Through the interview process with staff, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p data-bbox="256 904 496 938">Random Inmates</p> <p data-bbox="256 972 1445 1050">Through formal interviews and informal conversations with inmates, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p data-bbox="256 1084 432 1117">PROVISIONS</p> <p data-bbox="256 1151 432 1184">Provision (a):</p> <p data-bbox="256 1218 1477 1431">The facility reported on the PAQ that sexual abuse and sexual harassment are not grievable issues. This was verified by staff during the interview process. If a grievance form is received with a PREA allegation on it, it is treated as a written report and is forwarded immediately for investigation. However, it does not proceed through the grievance process.</p> <p data-bbox="256 1464 1477 1711">The policy related to this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 3, indicates allegations of sexual abuse and sexual harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.</p> <p data-bbox="256 1744 432 1778">Provision (b)</p> <p data-bbox="256 1812 1477 1890">N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p data-bbox="256 1924 432 1957">Provision (c)</p> <p data-bbox="256 1991 1477 2069">N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> |

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| | <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>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding exhaustion of administrative remedies.</p> |
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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>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 • MOU between Patten Probation Detention Center and The Haven • PREA Inmate Information Guide Brochure, undated. • Hotline Numbers posting • Outside Confidential Support Services Agency Information postings contact information • Inmate Intake Package <p>OBSERVATIONS</p> <p>During the tour of the facility, the Auditor observed PREA information posted</p> |

throughout the facility in living units, work areas, programming areas, and the visitation area. The PREA Hotline Numbers are posted near telephones for ease of access. Two of the PREA hotline numbers are internal GDC hotline numbers. The third number on the list is for the Outside Confidential Support Services Agency, The Haven. Posters were printed in English and Spanish. The text and placement of the posters were accessible to average height inmates, the font size was large enough for inmates with low vision disability to read, all signage was free of graffiti, and the Auditor did not observe any signage that was torn or ripped off.

Signage posted was easily read and accessed to inmates, staff, contractors, volunteers, and visitors. Language was clear and easy to understand. Contact information for The Haven was posted on white paper with a green background in black lettering. Services provided by the agency were clearly stated on the poster. The toll free number (1.800.33HAVEN), and locate number (229.244.1765) was provided. During the site tour, the Auditor placed a call to The Haven to confirm ease of access. The Auditor also placed 4 calls to the PREA Unit Hotline number from 4 different inmate phones.

During the tour of the facility, the Auditor evaluated multiple inmate telephones to ensure they worked. Each time the telephones functioned appropriately and a call to the outside support agency was made without difficulty. The Auditor was able to reach the Outside Confidential Support Services Agency. The Auditor was not required to provide any identifying information to call out to the agency. When the call was answered, no personal information was required to speak with an advocate.

The Auditor had informal conversations with staff and inmate regarding reporting methods. All interviewed could name several ways to report and inmates were aware of how to access the outside advocate service.

The Auditor informally interviewed the mailroom staff, the mail process is as follows:

OUTGOING MAIL: Detainee's mail should be sealed and have correct postage on it before being placed in the dormitory mailbox. The correct return address is also required on each out-going envelope. Letters with outside writing, with the exception of the name/address, on the envelopes will be returned to the proper detainee. Detainees should put their mail in the mailbox before 8:30 A.M. on the day they want it to leave the Center. Mail is collected between 8:30 and 9:00 A.M. each weekday, except on observed State/Federal holidays.

Indigent detainees may request from their counselor postage for three items of personal correspondence per week. Sufficient postage will be provided for legal mail of indigent detainees. (Indigent detainees are considered those account has had a balance of less than \$5.00 prior to the request for assistance). Deductions will be made from any future funds the detainee may receive in order to reimburse the account for the assistance provided. Stamps are sold in the store for non-indigent detainees.

INTERVIEWS

PREA Compliance Manager (PCM)

Through informal conversations and a formal interview process the PCM indicated the facility has an MOU with The Haven. All inmates are given information regarding The Haven as part of their intake package. This provides the inmate with information about The Haven, including a mailing address (PO Box 5382, Valdosta, GA 31603), and a 24-hour crisis telephone number (1.800.33HAVEN) or (229.244.1765), and emotional support for sexual victimization, past and present.

Intermediate-or-Higher-Staff

Through informal conversations and a formal interview process, intermediate-or-higher-level staff reported checking the inmate phones daily to ensure they are in working order to reach family and the outside support agency without difficulty.

Random Inmate

Through the interview process 100% of inmates indicated there was a telephone number and address available to contact the outside confidential services agency, The Haven, regarding things related to sexual abuse or sexual harassment. 100% of inmates were familiar with the, The Haven. 100% of the inmates reported the call is free and confidential. 100% of the inmates 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 harm would come to a vulnerable person and if a crime had been or was about to be committed as part of the report.

PROVISIONS

Provision (a)

The facility reported on PAQ, that the agency/facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. That outside agency is The Haven. The MOU for services and the advocacy information posting confirms that The Haven is the outside confidential support services agency for the inmates. This was also confirmed by the inmates during the interview process. The Haven personnel also confirmed this.

The MOU with The Haven was executed October 27, 2015. The facility was utilizing the services of The Haven on an informal basis prior to the MOU being negotiated and put into place.

The MOU states The Haven agrees to:

1. Work with Patten Probation Detention Center to ensure that incarcerated victims have access to emotional support services related to sexual abuse.
2. Work with Patten Probation Detention Center to obtain necessary security clearances for designated The Haven personnel and follow all Patten Probation Detention Center guidelines for safety and security.

3. Ensure rape crisis center personnel attend the required Patten Probation Detention Center certified volunteer training.
4. Respond to requests from Patten Probation Detention Center to provide accompaniment for incarcerated victims during the forensic medical examination process and investigatory interviews.
5. Maintain confidentiality as required by state and federal laws for rape crisis center personnel pursuant to Georgia Code Title 24 § 24-5-509 and the requirements of The Haven funders.
6. Provide emotional support services in response to Patten Probation Detention Center staff referrals and requests from incarcerated offenders including Hotline calls (1.800.33HAVEN) or (229.244.1765); written correspondence and Follow-up crisis counseling at the request of the offender victim.
7. Inform the Patten Probation Detention Center's Mental Health Director, or his or her designee, of any emergency mental health needs of the offender -victim, with proper consent and without disclosing anything beyond the immediate concern.
8. Provide training on trauma informed responses to sexual abuse and sexual harassment for Patten Probation Detention Center staff as needed.
9. Communicate any questions or concerns to the PREA Compliance Manager, or his or her designee, at monthly meetings or by telephone or email between meetings as needed.

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

1. Giving inmates 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 inmates and these organizations in as confidential a manner as possible.
3. Specifically, the inmate can call The Haven, 24-hour Crisis Hotline 1.800.33HAVEN, or 229.244.1765 for emotional support services, for sexual victimization past and present.
4. The inmate can also write The Haven, PO Box 70938, Albany, GA. 31708 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 inmate 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.

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

Program, effective date 6/23/2022, p. 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 inmates 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 inmates. In addition, the facility will include in this posting information the extent to which such communications will be allowed and monitored. Documentation of training must be maintained by the employee's manager and made available to the local PREA Compliance Manager upon request. The facility advocate must ensure completion of Attachment 12, PREA Victim Advocate Request Form on all allegations of Sexual Harassment or Sexual Abuse. Note: Any agreement must be approved through the Legal Services Office prior to implementation.

Provision (b)

The facility reported on the PAQ that it informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. According to the MOU The Haven limits to confidentiality are for suspected abuse or neglect of a child or vulnerable adult or in the case of concern about the inmate's intent to harm themselves or someone else. This limit to confidentiality is part of The Haven information posted in the facility and given to the inmate at intake.

During inmate interviews, 100% of the inmates acknowledged there were limits to confidentiality with the information provided to The Haven. The inmates acknowledged that if they disclosed information regarding 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 Haven staff would be legally bound to report what they had been told to law enforcement.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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 inmates. The victim advocate serves as emotional and broad support, navigating the inmate through the treatment, evidence collection, and investigation process. The victim advocate has access to the inmate like that of medical staff at the facility.

Victim advocates are not authorized to make decisions regarding inmate care or interfere with escort, security, or investigation procedures that are deemed necessary by the facility/investigator.

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| | <p>Provision (c)</p> <p>On the PAQ the facility reported it has an MOU with The Haven to provide inmates 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 Haven.</p> <p>The MOU with The Haven states it will provide personnel to 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. As stated in Provision (b) inmates acknowledged the limits of confidentiality during interviews.</p> <p>CONCLUSION</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 inmate access to outside confidential support services.</p> |
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| 115.54 | Third-party reporting |
| | 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 • GDC PREA Offender Brochure • GDC Website https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-PREA <p>OBSERVATIONS</p> <p>During the tour of the facility, the Auditor observed PREA information posted throughout the facility in living units, work areas, programming areas, and the visitation area. The PREA Hotline Numbers are posted near telephones for ease of access. Two of the PREA hotline numbers are internal GDC hotline numbers. The third number on the list is for the Outside Confidential Support Services Agency, The Haven. Posters were printed in English and Spanish. The text and placement of the posters were accessible to average height inmates, the font size was large enough for inmates with low vision disability to read, all signage was free of graffiti, and the</p> |

Auditor did not observe any signage that was torn or ripped off.

Signage posted was easily read and accessed to inmates, staff, contractors, volunteers, and visitors. Language was clear and easy to understand. Contact information for The Haven was posted on white paper with a green background in black lettering. Services provided by the agency were clearly stated on the poster. The toll free number (1.800.33HAVEN), and local number (229.244.1765) was provided. During the site tour, the Auditor placed a call to The Haven to confirm ease of access. The Auditor also placed 4 calls to the PREA Unit Hotline number from 4 different inmate phones.

During the tour of the facility, the Auditor evaluated multiple inmate telephones to ensure they worked. Each time the telephones functioned appropriately and a call to the outside support agency was made without difficulty. The Auditor was able to reach the Outside Confidential Support Services Agency. The Auditor was not required to provide any identifying information to call out to the agency. When the call was answered, no personal information was required to speak with an advocate.

The Auditor had informal conversations with staff and inmate regarding reporting methods. All interviewed could name several ways to report and inmates were aware of how to access the outside advocate service.

The Auditor informally interviewed the mail room staff, the mail process is as follows:

OUTGOING MAIL: Detainee's mail should be sealed and have correct postage on it before being placed in the dormitory mailbox. The correct return address is also required on each out-going envelope. Letters with outside writing, with the exception of the name/address, on the envelopes will be returned to the proper detainee. Detainees should put their mail in the mailbox before 8:30 A.M. on the day they want it to leave the Center. Mail is collected between 8:30 and 9:00 A.M. each weekday, except on observed State/Federal holidays.

Indigent detainees may request from their counselor postage for three items of personal correspondence per week. Sufficient postage will be provided for legal mail of indigent detainees. (Indigent detainees are considered those account has had a balance of less than \$5.00 prior to the request for assistance). Deductions will be made from any future funds the detainee may receive in order to reimburse the account for the assistance provided. Stamps are sold in the store for non -indigent detainees.

INTERVIEWS

Random Inmates

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

Provision (a)

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| | <p>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>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 26-27, E. 2, a, i-iii, indicates third party reports may be made to:</p> <ol 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>The website, offender brochure and Reporting is the First Step 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> <p>Reporting is the First Step lists six ways third party reporting can be made. It lists telephone numbers, mailing addresses and an email address for third party reporting.</p> <p>CONCLUSION</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 third party reporting.</p> |
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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>OBSERVATIONS</p> <p>During the site tour, informally interview staff could articulate ways for staff to report sexual abuse and harassment, reporting information was ready and available to staff.</p> |

However, all reported they would report to their immediate supervisor.

INTERVIEWS

PREA Coordinator (PC)

During the interview process, the PC confirmed the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.

Facility Head or Designee

During the interview process the Facility Head acknowledged awareness of this requirement and the directive to report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators. The staff are to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The same reporting directive goes for retaliation or staff neglect as it related to sexual abuse or sexual harassment.

Medical and Mental Health Practitioners

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.

Random Staff

During the interview process, staff acknowledged this requirement and was able to articulate how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. Revealing any information related to a sexual abuse report to anyone is prohibited unless it is needed for treatment, investigation, security or management. All (100%) staff indicated PREA-related allegations and reports go to the PCM, who then notifies the investigative staff.

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

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

date 6/23/2022, p. 27, E, 2, c, indicates staff members shall forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly. Staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Provision (b)

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

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

Provision (c)

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

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

Provision (d)

The facility reported on the PAQ that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting laws. This was verified by the Facility Head through the interview process.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual

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

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| | <p>Facility Head or Designee</p> <p>Through the interview process the Facility Head acknowledged immediate action to protect the victim (inmate) 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 an administrative holding cell until transferred.</p> <p>Random Staff</p> <p>Through the interview process staff acknowledged if they receive an allegation from an inmate, they will immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence. The first action would be to protect the inmate.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported on the PAQ that 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. However, in the past twelve months, the agency/facility reports zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>This was confirmed through formal interviews and informal conversations with random staff and the Facility Head.</p> <p>The provision is addressed by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan provides a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. When the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse it takes immediate action to protect the inmate.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection duties.</p> |
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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENT REVIEW

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

INTERVIEWS

Agency Head or Designee

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

Through the interview process the Facility Head indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned for investigation. When an inmate reports sexual abuse or sexual harassment that occurred at another facility, the facility where it occurred is notified as soon as possible, but no later than 72 hours.

PROVISIONS

Provision (a)

The facility reported in the PAQ that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility reported receiving zero allegations in the past twelve months that an inmate was abused while confined at another facility. The Facility Head verified it.

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

Provision (b)

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

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

Provision (c)

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

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

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

Provision (d)

The facility reported on the PAQ that the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past twelve months the facility reported it received zero allegations of sexual abuse from another facility that and inmate had been abuse while housed at the facility. The Facility Head verified this.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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 does meet every provision of the standard regarding reporting to other confinement agencies.

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>INTERVIEWS</p> <p>Security Staff - First Responders</p> <p>Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on the job training, and staff meetings.</p> <p>Non-Security First Responders</p> <p>Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.</p> <p>Random Staff</p> <p>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.</p> <p>Inmates Who Reported Sexual Abuse</p> <p>At the time of the on-site audit there were zero inmates in the facility who reported sexual abuse allegations. Therefore, no inmates could be interviewed.</p> <p>PROVISIONS</p> <p>Provision (a)</p> |

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

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

Another policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, 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 was one allegation that an

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| | <p>inmate was sexually abused.</p> <p>Provision (b)</p> <p>The facility reported on the PAQ that 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.</p> <p>Of the allegations that an inmate was sexually abused in the past twelve months, a non-security staff member was the first responder zero times.</p> <p>The Auditor’s review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the Shift Supervisor or PCM.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding staff first responder duties.</p> |
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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire 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, PREA Local Procedure Directive and Coordinated Response Plan <p>INTERVIEWS</p> <p>Facility Head</p> <p>Through the interview process the Facility Head confirmed the coordinated response plan breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service</p> |

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| | <p>training, monthly staff meetings and on-the-job training.</p> <p>PROVISIONS</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. The Facility Head verified this.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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>Another policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, 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” inmates in the facility.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding coordinated response.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | DOCUMENT REVIEW |

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| | <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>INTERVIEW</p> <p>Agency Head or Designee</p> <p>Through the interview process the Agency Head Designee indicated the State of Georgia does not enter into collective bargaining.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported on the PAQ, the State of Georgia does not enter into collective bargaining. The Agency Head Designee verified this</p> <p>Provision (b)</p> <p>Auditors are not required to audit this provision.</p> <p>CONCLUSION</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 preservation of ability to protect inmates from contact with abusers.</p> |
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| 115.67 | Agency protection against retaliation |
| | 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 • GDC, Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 8, Retaliation Monitoring Checklist, effective date 6/23/2022 • Bainbridge RSAT PREA Local Procedure Directive and Coordinated Response Plan • Retaliation Monitor Memo, dated January 1, 2024 <p>INTERVIEWS</p> |

Agency Head or Designee

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

Facility Head or Designee

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

Retaliation Monitor

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

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

Inmates in Segregated Housing for Risk of Sexual Abuse

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

Inmates who Reported Sexual Abuse

At the time of the on-site audit, the facility reported zero inmates who reported sexual abuse. Therefore, no one could be interviewed.

PROVISIONS

Provision (a)

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

The facility designated a Counselor III as the Retaliation Monitor. The Warden Memorandum, Appointment of SART Members, dated January 1, 2024, confirmed this information.

The following policies address this provision:

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

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

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

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

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

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

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

Provision (b)

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

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

Provision (c)

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

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

Provision (d)

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

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

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

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

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

Provision (e)

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

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

Provision (f)

The Auditor is not required to audit this provision.

CONCLUSION

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

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

DOCUMENT REVIEW

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

INTERVIEWS

Facility Head or Designee

During the interview process the Facility Head confirmed the abuser or victim can be moved to another facility if needed. The facility does not have a segregation unit.

Staff who Supervise Inmates in Segregated Housing

The facility does not have a Segregation Unit. Therefore, no staff could be interviewed for this Standard.

Inmates in Segregated Housing for Risk of Sexual Abuse

The facility does not have a Segregation Unit. Therefore, no inmates could be interviewed for this Standard.

PROVISIONS

Provision (a)

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

The facility reported on the PAQ if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The Facility Head verified this.

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

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| | <p>documentation of why no alternative means of separation can be arranged.</p> <p>a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.</p> <p>b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p>c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited, 2) the duration of the limitation, and 3) the reasons for such limitations.</p> <p>d. Every 30 days, the facility shall conduct and document a review for each such offender to determine whether there is a continuing need for separation from the general population.</p> <p>CONCLUSION</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 post allegation protective custody.</p> |
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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>OBSERVATIONS</p> <p>During the site review, the Auditor observed the secure record room where hard copy file are stored, the Auditor tested the door to ensure it was secure. Through discussion with staff that have access to the SCRIBE database, staff stated users' ID's are issued and password protected. The user ID determines what information the employee has access to review or enter into the database.</p> <p>Inmate medical information is stored in a secure location within the medical department in secure filing cabinets; medical records are also entered into the</p> |

SCRIBE secure database.

INTERVIEWS

PREA Coordinator (PC)

During the interview process the PC indicated the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Additionally, most of the inmate information is stored permanently in their SCRIBE database.

Facility Head or Designee

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

Investigative Staff

During the interview process the investigator indicated:

1. 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.
2. Confirmed attendance at the required training sessions. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training.
3. 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.
4. 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.
5. Investigative staff are trained in evidence collection. The Auditor reviewed training records, which provided confirmation.
6. When the evidence appears to support a criminal act that has been committed, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The OPS-Criminal Division confirmed if the case appears to be criminal Miranda warnings are given to the person(s)
7. 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.

8. 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.

9. If the investigation uncovers evidence that a crime has been committed, the allegation is investigated by the OPS-Criminal Division

10. 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.

11. Confirmed the facilities cooperate with the OPS-Criminal Division and endeavor to keep the facility informed of the progress of the investigation.

PREA Compliance Manager (PCM)

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

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were zero inmates remaining at the facility who reported sexual abuse. Therefore, no inmates were interviewed.

PROVISIONS

Provision (a)

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

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

Provision (b)

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

The facility investigator in charge of investigating sexual abuse allegations has successfully completed the NIC Curriculum, PREA: Investigating Sexual Abuse in a

Confinement Setting. The Auditor verified this through the completion certificate.

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

Provision (c)

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

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

Provision (d)

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

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

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

Provision (e)

The facility reported on the PAQ that agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that

individual's status as inmate or staff. The agency investigates allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. The investigative staff verified this during the interview process.

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

Provision (f)

The facility reported on the PAQ that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse.

Administrative investigations document in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigative staff verified this during the interview process.

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

Provision (g)

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

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

Provision (h)

The facility reported on the PAQ that in the past twelve months there were zero substantiated allegations of conduct that appear to be criminal that were referred for

prosecution. This was confirmed by the facility head during the interview process.

Provision (i)

The facility reported on the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. This was verified by the PREA Coordinator (PC) during the interview process.

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

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

Provision (j)

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

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

Provision (k)

The Auditor Is not required to audit this provision.

Provision (l)

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

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

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| | <p>Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an outside agency is not in charge of PREA investigations.</p> <p>Investigations are all completed by the SART team.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding criminal and administrative agency investigations.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>INTERVIEW</p> <p>Investigative Staff</p> <p>Through the interview process investigative staff relayed that:</p> <ol style="list-style-type: none"> 1. During an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.). 2. GDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported on the PAQ that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was verified by the investigative staff during the interview process.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination</p> |

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| | <p>Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 5, indicates no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CONCLUSION</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 evidentiary standard for administrative investigations.</p> |
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| 115.73 | Reporting to inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <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: 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 <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>Through the interview process the Facility Head acknowledged when an inmate alleges that a staff member has committed sexual abuse against an inmate, if the allegation is substantiated, we will inform the inmate whenever:</p> <ol style="list-style-type: none"> 1. The staff member is no longer in the inmate’s housing unit; 2. The staff member is no longer employed at the facility; 3. The Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>When there is a substantiated inmate-on-inmate allegation of sexual abuse, the facility notifies the inmate (victim) when the inmate (abuser) has been indicted, charged or convicted or the sexual abuse.</p> <p>Investigative Staff</p> |

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

Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were zero inmates remaining at the facility who reported sexual abuse. Therefore, no inmates were interviewed.

PROVISIONS

Provision (a)

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

The facility reported on the PAQ that there were zero criminal and/or administrative investigations of alleged inmate sexual abuse that was completed by the agency/facility in the past 12 months.

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

Provision (b)

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

Provision (c)

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

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

The Facility Head verified this.

The facility reported on the PAQ that there was zero substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in the past 12 months. The Facility Head verified this.

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

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

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

During the document review the Auditor found there were zero sexual abuse allegations.

Provision (d)

In provision (c) with a staff-on-inmate allegation, when there is an inmate-on-inmate allegation, the victim will be notified when:

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

During the document review the Auditor found zero inmate-on-inmate sexual abuse

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| | <p>allegations.</p> <p>Provision (e)</p> <p>The facility reported on the PAQ that in the past 12 months zero inmates was provided notification, in writing, of the outcome of sexual abuse investigation, the facility had no allegations of sexual abuse or harassment.</p> <p>The policy which relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 indicates the requirement to provide offender notification shall terminate if the offender is released from the custody of the CDOC.</p> <p>During the document review the Auditor found that no victims had been notified of the investigation outcomes for allegations, the facility received no allegations of sexual abuse of harassment during the past twelve months.</p> <p>Provision (f)</p> <p>Auditors are not required to audit this provision.</p> <p>CONCLUSION</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 inmates.</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>Through the interview process the Facility Head indicated:</p> |

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

PROVISIONS

Provision (a)

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

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

Provision (b)

The facility reported on the PAQ that in the past 12 months, there was zero staff from the facility that have violated agency sexual abuse or sexual harassment policies. In the past twelve months there have been zero staff been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. This was verified through the interview process with the Facility Head.

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

Provision (c)

The facility reported on the PAQ that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, in the past 12 months there was zero staff from the facility who were disciplined, short

of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). This was confirmed through the interview process with the Facility Head.

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

Provision (d)

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

Additionally, in the past 12 months, there were zero staff members from the facility who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. This was confirmed through the interview process with the Facility Head.

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

These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

CONCLUSION

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

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

DOCUMENT REVIEW

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

INTERVIEWS

Facility Head or Designee

During the interview process the Facility Head 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.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the 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 is prohibited from contact with inmates. However, in the past twelve months zero contractors and zero volunteers have been reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. The Facility Head verified this.

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

Provision (b)

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

According to the PAQ the facility has had no remedial measures against a contractor or a volunteer to prohibit further contact with inmates due to a violation of agency

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| | <p>sexual abuse or harassment policies, in the past twelve months. The Facility Head verified this.</p> <p>CONCLUSION</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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| 115.78 | Disciplinary sanctions for inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>INTERVIEWS</p> <p>Facility Head or Designee</p> <p>Through the interview process the Facility Head indicated:</p> <ul style="list-style-type: none"> • 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 for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred is prohibited. <p>Medical and Mental Health Staff</p> <p>Through the interview process medical and mental health staff stated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.</p> <p>PROVISIONS</p> |

Provision (a)

The facility reported on the PAQ that:

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

The Facility Head verified this.

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

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

These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

Provision (b)

The facility reported on the PAQ that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The Facility Head verified this.

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

histories.

Provision (c)

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

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

Provision (d)

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

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

Provision (e)

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

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

Provision (f)

The PAQ indicates the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred,

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| | <p>even if an investigation does not establish evidence sufficient to substantiate the allegation. This was verified with the Facility Head through the interview process.</p> <p>This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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.</p> <p>Provision (g)</p> <p>The PAQ indicates the agency prohibits all sexual activity between inmates and deems such activity to constitute sexual abuse only if it determines that the activity is coerced. This was verified with the Facility Head through the interview process.</p> <p>This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates the Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute Sexual Abuse but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.</p> <p>CONCLUSION</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 inmates.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), |

Reference Number: VH82-0001, Informed Consent, effective date 4/01/ 02

- Georgia Department of Correction, SOP 507.04.91 Medical Management of Suspected Sexual Assault
- Georgia Department of Correction, SOP 508.22 Mental Health Management of Suspected Sexual Abuse or Sexual Harassment

INTERVIEWS

Risk Screening Staff

Through the interview process staff who conducts intake screenings confirmed all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Medical and Mental Health Staff

Through the interview process medical and mental health staff acknowledged they obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake. If the screening indicates the inmate is at substantial risk for victimization, aggressiveness or has a history of victimization.

Inmates who Disclosed Prior Victimization

At the time of the onsite audit there were zero inmates who disclosed prior victimization. Therefore, zero no inmates were interviewed regarding this standard.

PROVISIONS

Provision (a)

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

Medical and mental health staff verified this.

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

Attachment 14, PREA Counseling Referral Form.

Provision (b)

The facility reported on the PAQ that all inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. The meeting is no more than 14 days from the time the staff becomes aware of the predatory behavior. Mental health staff maintain logs of all mental health service encounters. This information was verified through the interview process with mental health staff. The facility reported there were zero inmates who fell into this category at the time of the on-site audit. Consequently, none could be interviewed.

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

Provision (c)

This provision is not applicable because the facility is not a jail.

Provision (d)

The facility reported on the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to informing security and management decisions, including treatment plans, housing, beds, work, education, and program assignments, or as otherwise required by federal, state or local law. This was verified through the interview process with Risk Screening Staff.

Provision (e)

The facility reported on the PAQ that medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. This was verified by medical and mental health staff during the interview process.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Reference Number: VH82-0001, Informed Consent, effective date 4/01/02, p. 3, VI, A, 1-4, indicates:

1. Upon entry to the Georgia Department of Corrections (GDC) inmate/probationers will be asked to read and sign a general informed consent document. This document will serve as consent to perform noninvasive examinations, procedures, and treatments (i.e., physical examinations and lab work) until the inmate/probationer's release from GDC. Form P82- 0001.01 is the English version and form P82-0001.02 is

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| | <p>the Spanish version.</p> <p>2. Inmate/probationers unable to speak, read or write English or Spanish (i.e., blind, deaf, mute, non-English or non-Spanish speaking persons, etc.) will have the consent read and explained in language that they understand.</p> <p>3. The signed consent form will be filed in the consent section of the health record.</p> <p>4. Subsequent to signing the General Consent for Medical Treatment Form, the inmate/probationer's agreement to any examination, treatment, or procedure following an explanation will serve as an implied consent.</p> <p>CONCLUSION</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 medical and mental health screenings, history of sexual abuse.</p> |
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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022 <p>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>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 inmate 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> <p>Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, an inmate will receive a cursory examination by the physician to provide feedback for use of SART or if the inmate 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</p> |

and care. The facility physician will complete the orders. As part of the process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care information.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmate who had reported sexual abuse in the facility. Therefore, no one could be interviewed regarding this standard.

First Responders (Security and Non-Security)

During the interview process security first responders indicated that their primary responsibility is to protect the victim, notify the appropriate medical and mental health practitioners and preserve evidence.

During the interview process the non-security first responders said that their primary responsibility was to protect the victim, notify security first responders and stay with the victim until the security first responders arrived.

PROVISIONS

Provision (a)

The facility reported on the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This was verified during the interview process as well as casual conversations with medical staff. Additionally, the Auditor reviewed the PREA file of an inmate who alleged sexual abuse and the inmate was offered a referral to medical and mental health. Because the inmate was no longer in the facility, the individual could not be interviewed.

The facility reported on the PAQ that medical and mental health practitioners determine the nature and scope of such services according to their professional judgment. The medical and mental health staff document the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Medical and mental health staff verified this.

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

Provision (b)

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

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

Provision (c)

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

As previously stated, medical and mental health staff reported during interviews that treatment is provided immediately and is based on their professional judgment.

Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

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

.Provision (d)

The facility reported in the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was verified through the interview process with medical staff.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, c, indicates treatment services shall be provided to the

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| | <p>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>CONCLUSION</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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| <p>115.83</p> | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire 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>INTERVIEWS</p> <p>Medical and Mental Health Staff</p> <p>During the interview process medical and mental health staff indicated; treatment is provided immediately and is based on their professional judgment.</p> <p>Medical and mental health staff offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse.</p> <p>Medical and mental health staff provide victims with medical and mental health services consistent with the community level of care.</p> <p>Medical and mental health staff acknowledged treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Medical and mental health staff work together to ensure the inmate receives the</p> |

appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Further medical and mental health staff support compliance in evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff indicates an active understanding of the importance of appropriate evaluation, follow-up, treatment planning and service referral.

Mental Health staff indicated through the interview process that a mental health evaluation of all known inmate-on-inmate abusers is attempted within 60 days of learning of such abuse history. Treatment is offered when deemed appropriate and beneficial.

Medical Staff indicated through the interview process that inmate victims of sexual abuse, while incarcerated, are offered tests for sexually transmitted infections as medically appropriate.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmate who had reported sexual abuse remained in the facility. Therefore, no one could be interviewed regarding this standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. This was verified by medical and mental health staff during the interview process.

The Auditor reviewed records, produced by the facility, documenting the community standard of care, the evidence of sexually transmitted infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

The policy which relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018, pp.3-4, 3, indicates offenders stating that they have been subjected to Sexual Abuse, Sexual Misconduct, or Sexual Harassment will be treated in a professionally sensitive and non-judgmental manner. Mental health staff will perform an initial evaluation to assess the emotional impact of the alleged incident victim within one business day, or sooner if deemed an emergency. This is NOT an investigation but a clinical evaluation. The mental health staff person who performs the initial evaluation will not participate in the investigation process, to include documentation of witness statements or incident reports, unless the staff member directly witnessed the alleged violation. Mental health staff will not be involved in determining guilt or

innocence, truth or falsehood. Staff will make no judgment regarding whether the reported incident occurred or not but will refer the person for an appropriate mental health evaluation, treatment, and interventions as clinically indicated.

Provision (b)

The facility reported on the PAQ that the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. This was verified by medical and mental health staff during the interview process.

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

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

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

Provision (c)

The facility reported on the PAQ that it provides victims with medical and mental health services consistent with the community level of care. This was verified by medical and mental health staff during the interview process.

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

Provision (d)

N/A - Facility is an all-male facility.

Provision (e)

N/A - Facility is an all-male facility.

Provision (f)

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

The policy which is related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, mandates that offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Provision (g)

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

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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 it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This was verified through the interview process with the mental health staff.

The policy that addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or inmates 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.

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| 115.86 | Sexual abuse incident reviews |
| | 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: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022, attachment 9, Sexual Abuse Incident Review (SAIR) Checklist <p>INTERVIEWS</p> <p>Warden Interview</p> <p>During the interview process the Warden confirmed the members of the Incident Review Team are executive level, upper-level management and cross many departments. The Warden expressed the facility's commitment to consider and incorporate recommendations from team members.</p> <p>PREA Compliance Manager (PCM) Interview</p> <p>During the interview process the PCM indicated the report from the Sexual Abuse Incident Review team is submitted to the PCM and the Warden. Additionally, the PCM confirmed the SAIR meets within thirty days of the close of the investigation.</p> <p>Incident Review Team (IRT) Interview</p> <p>Members of the IRT (SAIR) included upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners</p> <p>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.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported on the PAQ that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The facility reported in the past twelve months there was zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. This was verified during the interview process with the Warden.</p> |

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 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 sexual harassment allegations or incidents with a disposition of Unfounded or not PREA.

Provision (b)

The facility reported on the PAQ the facility ordinarily conducts a sexual abuse incident review (SAIR) within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The facility reported in the past twelve months, there was zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a SAIR within 30 days, excluding only "unfounded" incidents.

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

Provision (c)

The facility reported on the PAQ the SAIR includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. This was verified during the interview process with the Warden Designee. This was verified during the interview process with the Warden.

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

Provision (d)

The facility reported on the PAQ that it prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to this section and any recommendations for improvement, and submits

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| | <p>such report to the Warden and PREA Compliance Manager. This was verified during the interview process with the PCM.</p> <p>This policy which addresses this provision is, Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the 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.</p> <p>Provision (e)</p> <p>The facility reported on the PAQ that it implements the recommendations of the SAIR, for improvement or documents its reasons for not doing so. This was verified during the interview process with the Warden.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners; and the unit shall implement recommendations that result from the review or document the reasons for not doing so. Approval for any improvements must receive approval from the GDC.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.</p> |
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| 115.87 | Data collection |
| | 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 (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
- 2012 - 2023 GDC PREA Annual Report
- Private Facility PREA Report
- Incident Demographic Information Form
- 2024 Survey of Sexual Victimization (SSV2)

INTERVIEWS

PREA Coordinator (PC) Interview

Through the interview process the PC indicated upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM indicated the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PC verified this.

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

Another policy which addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, b, indicates in addition to the electronic spreadsheet (see section 2.a above), each facility shall submit a copy of Attachment

9, Sexual Abuse Incident Review Checklists from each SAIRT meeting held that month. These forms shall be submitted by e-mail no later than the third calendar day of the month following the reporting month.

Provision (b)

The facility reported on the PAQ, that the agency aggregates incident-based sexual abuse data at least annually. This was verified by the PC during the interview process. The Auditor reviewed the most recent Annual PREA Report.

The policy which addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 37, 2, c, indicates the Department shall review data collected and aggregated of all Sexual Abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety.

The Department shall publish the data in an annual report, comparing each years' data, and provide an assessment of progress in addressing offender Sexual Abuse. It shall make this publicly available on its website.

Provision (c)

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

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

Provision (d)

The facility reported on the PAQ the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. This was verified through the interview process with the PC.

The policy which addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a, indicates each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the third calendar day of the month following the

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| | <p>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.</p> <p>Provision (e)</p> <p>On the PAQ the facility reported that the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates. This was verified through the interview process with the PC.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 36-37, J, indicates this report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the Commissioner and be made readily available to the public through the Department's website. Prior to being made publicly available, information that would present a safety and security threat if made public can be redacted from the report with an explanation as to the nature of the redacted information.</p> <p>Provision (f)</p> <p>On the PAQ the facility reported the agency provides the Department of Justice with data from the previous calendar year upon request. This was verified through the interview process with the PC. The Auditor reviewed the most recent SSV2 submitted by the agency.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Data Collection.</p> |
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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <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

- Most Recent Survey of Sexual Victimization (Form SSV-2)
- Most Recent PREA Annual Data Report
- Website Address for GDC [http://www.gdc.ga.gov/Divisions/ ExecutiveOperations/ PREA](http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA)

INTERVIEWS

Agency Head or Designee Interview

Through the interview process the Agency Head Designee reported the annual report includes a comparison of the current year's data and corrective actions with those from prior years. PREA annual report are on our agency website <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

The purpose of the annual report is to capture the facilities and the agency as whole are keeping our inmates and staff safe from sexual victimization. It assists us in locating problem areas as quickly as possible. It also helps us to take corrective action on an ongoing basis.

Facility Head or Designee Interview

Through the interview process, the Warden acknowledged the facility Sexual Abuse Incident Review Team reviews each allegation, and that information is provided to the PC for the annual review.

PREA Coordinator (PC) Interview

Through the interview process, the PC indicated the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PC continued by stating that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

PREA Compliance Manager

Through the interview process, the PREA Compliance Managers indicated that most PREA information can be found on the agency website.

PROVISIONS

Provision (a)

On the PAQ the facility reported the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The PC verified this.

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

Provision (b)

The facility reported on the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. This was verified by the Agency Head Designee through the interview process.

The Auditor reviewed the most recent PREA annual report and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse. This annual report can be located at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (c)

The PAQ indicates the agency makes its annual report readily available to the public at least annually through its website.

As required by standard, the GDC places all annual reports on its website, accessible for public view. <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA> allows access to the GDC PREA webpage, which contains each annual report.

The Agency Head Designee verified this.

Provision (d)

The facility reported on the PAQ when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. This was verified by the PC during the interview process.

The PC indicated that the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.

CONCLUSION

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

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| | review for corrective action. |
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| 115.89 | Data storage, publication, and destruction |
| | 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 • GDC Annual PREA Reports 2022 -2023 • Records Room Access Memo, dated January 2, 2024 <p>OBSERVATIONS</p> <p>During the facility tour, the Auditor observed the hard copy records storage room, inmates are not allowed in this area. The cabinets were locked and only the individuals with authority to review the data had a key to open the lockable cabinets. A list of staff authorized to enter the room was post at the entrance. The Auditor tested that the records room was locked. Electronic records are stored in the SCRIBE database; this information is password and has user ID restrictions.</p> <p>INTERVIEWS</p> <p>PREA Coordinator (PC) Interview</p> <p>During the interview process the PC indicated the facility/agency retains data in secure locations. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know.</p> <p>Additional data is retained at the Agency level as required for completion of the SSV-2, and within the GDC website for public access.</p> <p>During the interview process the PC indicated the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. Most information related to inmates is kept permanently in the SCRIBE database.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported on the PAQ that the agency ensures incident-based and aggregate data is securely retained. Information that is not immediately stored</p> |

digitally is stored in locked filing cabinets inside locked offices. The Auditor observed these lockable file cabinets while on site. Only those with approved access to the records have a key to the file storage cabinets. The PC verified this.

Pictures of the lockable, secure records room were uploaded and the notice to inmates, (Restricted Area) signage is posted in this area.

Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (b)

The facility reported on the PAQ that the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>. The PC verified this.

Provision (c)

The facility reported on the PAQ that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PC verified this.

Provision (d)

The facility reported on the PAQ that the agency maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The facility further indicated most inmate information is kept permanently in the SCRIBE database. The PC verified this.

The policy that relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 39, B, indicates criminal investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or ten (10) years from the date of the initial report, whichever is greater.

The policy that relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 39, C, indicates administrative investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or ten years from the date of the initial report, whichever is greater.

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| | <p>The Auditor reviewed data from previous years, as required by the PREA compliance standard. Reports were posted as mandated.</p> <p>CONCLUSION</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 |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-PREA <p>INTERVIEWS</p> <p>PREA Coordinator (PC) Interview</p> <p>During the interview process the PC indicated this audit was in the third year of the new current three-year audit cycle. GDC webpage https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 - 2022).</p> <p>Random Inmate Interviews</p> <p>Through the interview process all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>PROVISIONS</p> <p>Provision (a)</p> <p>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</p> |

PREA standards. Data can be accessed at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

Provision (b)

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

Provision (c) N/A

Provision (d) N/A

Provision (e) N/A

Provision (f) N/A

Provision (g) N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, GDC and the facility provided the Auditor with all requested information in a timely and complete manner. After the on-site portion of the audit, the Auditor requested additional information, documents, photos, and clarification of operational practices. The facility PCM was responsive in a timely manner.

Provision (j) N/A

Provision (k) N/A

Provision (l) N/A

Provision (m)

The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit. The Auditor conducted interviews with selected staff, inmates, and contractors. No inmates refused to be interviewed by the Auditor, all interviewed individuals were forthcoming.

Provision (n)

Through the interview process all (100%) inmates 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. During the on-site

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| | <p>portion of the audit, the Auditor observed audit notice posted throughout the facility, all staff, inmates, contractors, volunteers, and visitors this information was accessible to all parties. The Auditor received no corresponds from any party.</p> <p>Provision (o) N/A</p> <p>CONCLUSION</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 |
| | <p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-PREA <p>PROVISION</p> <p>Provision (f)</p> <p>The GDC website provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-PREA</p> <p>CONCLUSION</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 audit contents and findings.</p> |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | yes |

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| | that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into | yes |

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| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the | na |

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| | facility does not have female inmates.) | |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication | yes |

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who | yes |

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| | may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |

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| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |

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| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | na |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |

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| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | na |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |

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| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |

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| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |

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| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and | yes |

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| | Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or | yes |

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| | suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective | yes |

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

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| | Whether the inmate is detained solely for civil immigration purposes? | |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive | yes |

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| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) Use of screening information | | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) Use of screening information | | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would | yes |

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| | present management or security problems? | |
| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing | yes |

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| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| 115.43 (c) | Protective Custody | |

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| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) Protective Custody | | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) Protective Custody | | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) Inmate reporting | | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.51 (b) Inmate reporting | | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain | yes |

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| | anonymous upon request? | |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | na |

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| | this standard.) | |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | na |
| 115.52 (f) | Exhaustion of administrative remedies | |

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| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, | na |

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| | including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual | yes |

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| | abuse or sexual harassment or retaliation? | |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

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| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in | yes |

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| | response to an incident of sexual abuse? | |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of | yes |

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| | sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations | yes |

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| | of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |

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| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | na |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

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| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually | yes |

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| | abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |

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| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish | yes |

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| | evidence sufficient to substantiate the allegation? | |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior | yes |

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| | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse | |

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| | victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |

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| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant | yes |

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| | to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |

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| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 | Audit contents and findings | |

| (f) | | |
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| | 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 |