

PREA Facility Audit Report: Final

Name of Facility: Paulding Residential Substance Abuse Treatment Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/20/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 02/20/ 2024

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	12/04/2023
End Date of On-Site Audit:	12/06/2023

FACILITY INFORMATION	
Facility name:	Paulding Residential Substance Abuse Treatment Facility
Facility physical address:	1295 Industrial Boulevard North, Dallas, Georgia - 30132
Facility mailing address:	

Primary Contact	
Name:	Mr. R.Barnes
Email Address:	Ronald.Barnes@gdc.ga.gov
Telephone Number:	770-443-7870

Warden/Jail Administrator/Sheriff/Director	
Name:	Mr. R Barnes
Email Address:	Ronald.Barnes@gdc.ga.gov
Telephone Number:	770-443

Facility PREA Compliance Manager	
Name:	Brittany Gibson
Email Address:	brittany.gibson@gdc.ga.gov
Telephone Number:	O: 770-443-7807

Facility Health Service Administrator On-site	
Name:	Jennifer Hutchenson
Email Address:	jehutchenson@wellpath.us
Telephone Number:	770-443-7807

Facility Characteristics	
Designed facility capacity:	240
Current population of facility:	220
Average daily population for the past 12 months:	208
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18 +
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	61
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	51
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Tyrone Oliver
Email Address:	tyrone.oliver@gdc.ga.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Grace Atchison	Email Address:	grace.atchison@gdc.ga.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

5

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.31 - Employee training
- 115.33 - Inmate education
- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-12-04
2. End date of the onsite portion of the audit:	2023-12-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International (no information received) Live Safe, Inc. (outside advocate - PREA reporting, 3rd party)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	240
15. Average daily population for the past 12 months:	208
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	212
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Using the Inmate Profile Report, the auditor selected targeted confined persons to interview following the PRC interview protocol and through discussion with counseling staff, the auditor was able to identify all populations listed above. The Georgia Department of Corrections tracks all groups using the SCRIBE database.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>61</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>51</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>On day one of the audit, the facility employed (61) staff members to include management, administrative, food service, and security. Medical services are contracted through Well Path and mental health services are contracted through Centurion.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>18</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Using the Inmate Alpha Roster, the auditor selected confined persons by age, race, ethnicity, and housing assignment. The interviewees were geographically diverse. The auditor selected confined persons from each living unit for interview.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>The auditor had no barriers completing confined person interviews. Staff ensured interviewees were readily available to the auditor for interview. No confined person refused interview with the auditor. All interviewed confined person were forthcoming, and polite, all interviews were conducted in complete privacy.</p>
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report from the SCRIBE database, and conversations with medical staff, the auditor selected targeted confined persons to interview. The auditor determined the facility did not house a confined person with a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report from the SCRIBE database, and conversations with counseling staff, the auditor selected targeted confined persons to interview. The auditor determined the facility did not house a confined person that was limited English proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report from the SCRIBE database, and conversations with counseling staff, the auditor selected targeted confined persons to interview. The auditor determined the facility did not house a confined person that identify as transgender.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report from the SCRIBE database, and conversations with medical staff, the auditor selected targeted confined persons to interview. The auditor determined the facility did not house a confined person that reported sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report from the SCRIBE database, and conversations with counseling staff, the auditor selected targeted confined persons to interview. The auditor determined the facility did not house a confined person that disclosed prior victimization during the risk screening process.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There have been confined person housed in segregation or isolation during the 12-months preceding the audit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor did not over sample any select group, nor did the auditor have any barriers to completing targeted confined persons interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor selected random staff for interview using the Staff Roster; staff were selected by shift assignment, work assignment, and rank. The auditor had no barriers completing interviews. All interviews were conducted in complete privacy.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor selected specialized staff for interview using the PRC Interview Protocol. During the on-site portion of the audit, there were no volunteers to interview. Medical staff interviewed are contracted to provide services through Well Path. Mental health services are provided by Centurion.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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

Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). During the site review, the auditor observed audit notices posted in the administrative building, counselor's area, and medical. The notices were observed in multiple areas accessible to confined persons, staff, contractors, volunteer and visitors.

The institution has signage related to PREA and how to report posted throughout the facility in Spanish and English telling confined persons that Sexual Abuse and Harassment are not tolerated and how to report it. PREA Signs were observed prominently posted in all areas of the facility. Informally interviewed inmates during the site review were able to name multiple ways to report sexual abuse and sexual harassment. Many said the information is posted on the walls and that they have learned about PREA at this facility and other GDC facilities they have been housed.

Confined person said they could report to family members by phone, mail, or the KIOSK. On the KIOSK confined persons may conduct video visitation and report that way as well. Confined persons who were informally interviewed indicated that staff make rounds between dorms. The facility has cameras to complement staff supervision of confined persons; staff also utilizes line of sight supervision.

The auditor tested confined persons phones in common areas to ensure they were operational by placing a three (3) calls to the PREA Unit. Outgoing mail boxes were observed during the site tour.

Per review of the Detainee Handbook, confined persons can receive and send mail Monday through Friday, with the exception of holidays. Mail is delivered to the dorms. Stamps are available at the store; the confined person can purchase stamps. Indigent confined persons are allotted three stamps per week.

The auditor also observed addresses for reporting sexual abuse. The auditor informally interviewed staff and confined persons in each housing unit during the site tour. All staff and confined persons confirmed they know how to report sexual abuse and sexual harassment. Staff recited the steps they would take if a confined person was sexual assaulted.

The auditor was able to observe the intake and initial risk screening process while on site.

Documentation Sampling

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

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

- Yes
- No

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

The auditor received documents as requested, including those stored electronically. The auditor requested additional documentation for clarification during the report writing phase. The auditor requested additional documentation for standard 115.17 to confirm compliance with the standard. The information was provided as requested.

The following documents were provided for review:

1. Paulding Residential Substance Abuse Treatment Facility Pre- Audit Questionnaire
2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention
3. GDOC Organizational Chart
4. Paulding Residential Substance Abuse Treatment Facility Organizational Chart
5. Paulding Residential Substance Abuse Treatment Facility Staffing Plan 2022
6. Paulding Residential Substance Abuse Treatment Facility Staffing Plan 2023
7. Paulding Residential Substance Abuse Treatment Facility Unannounced Rounds
8. 2021 and 2018 PREA Annual Reports
9. Daily Post Rosters
10. Paulding Residential Substance Abuse Treatment Facility Training Curriculum on Searches
11. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches
12. Policy Number 220.09 DOC Transgender Policy
13. Users instructions for accessing Lionbridge (Interpretive Services)
14. GDOC Employment Application
15. Employee Personnel File Audit
16. GDOC Background Checks on Employees, Contractors, Volunteers
17. GDOC Filling a Vacancy, SOP 104.09
18. GDOC Professional Reference Check Form, SOP 104.09
19. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing

20. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders'
21. Procedure for SANE Evaluation/Forensic Collection
22. PREA Acknowledgement Statement.
23. Procedure for SANE Nurse Evaluation/Forensic Collection
24. GDOC Website referencing agency PREA Policy
25. Sexual Abuse Incident Review Form, Attachment 9
26. Sexual Allegation Response Checklist, Attachment 4

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input 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>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had five (5) allegations reported during the 12-months preceding the audit, none were substantiated.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Standards	
Auditor Overall Determination Definitions	
<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: Exceeds Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.11:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. GDOC Organizational Chart PREA Unit 4. Paulding Residential Substance Abuse Treatment Facility Organization Chart <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager

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

115.11 (a): GDOC and the Paulding Residential Substance Abuse Treatment Facility, has a written Policy

208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policy describes how the facility will implement the GDOC's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances and facility improvements, unannounced rounds, cross gender viewing and searching restrictions, screening and assessments, hiring and promotion practices and addressing disabled Confined persons or those with limited English proficiency. Policy 208.06 (pp. 4-6) defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for Confined persons if upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment. Policy 208.06 (pp. 7-15) the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The policy includes sanctions for those found to have participated in prohibited behaviors (pp. 33-35).

The facility has an operation manual (GDC Policy 220.03 Attachment 14) which is the authoritative guidebook that describes the detailed processes and systems utilized by Care and Treatment staff, identifying the services provided to the offender population. The operational manual has 38 sections, section 36 covers the "PREA Compliance Process".

115.11 (b): Review of GDOC's organizational chart designates the upper-level agency wide PREA Coordinator. This position is considered senior management and reports directly to the GDOC Commissioner. An interview with the PREA Coordinator explained her duties and the authority to develop, implement, and oversee PREA requirements; she related she has enough time to carry out those duties. Emphasis on PREA implementation practices at the facility level, to include policies and procedures, training, PREA literature, and the culture surrounding sexual safety indicate to the auditor that the PREA Coordinator has enough time to carry out PREA related duties.

Georgia Department of Corrections takes sexual safety seriously. The GDC appointed a Director of Compliance who is responsible for the Department's compliance with the PREA standards and the American with Disabilities Act and the American Correctional Association (ACA) Standards.

115.11(c): The Superintendent has designated a PREA Compliance Manager at Paulding Residential Substance Abuse Treatment Facility. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention (p. 7-8) directs Superintendents at each facility to designate a PCM.

In its response to the PAQ, the Superintendent of Paulding Residential Substance Abuse Treatment Facility has designated a staff member that ensures ACA

	<p>Compliance Specialist and PREA Compliance as the PREA Compliance Manager. Also included in the PAQ response was a copy of Paulding Residential Substance Abuse Treatment Facility’s Organizational Chart. The PREA Compliance Manager reports directly to the institution’s Superintendent.</p> <p>Zero tolerance is reflected in multiple documents, including PREA acknowledgement statements for staff, contractors, volunteers, and confined persons. Posters were observed in all areas of the buildings, living units, barber shop kitchen education, gym, medical, segregation, etc.</p> <p>The facility provided PREA In-Service training records confirming staff have been trained in PREA. The in-service training records for employees, unsupervised contractors and volunteers affirms that they received training of the department’s Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Operating Procedure 08.06, Sexually Abusive Behavior Prevention and Intervention Program. They acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.11 based upon documentation provided and interviews conducted. The department has designated a statewide compliance director with the overall responsibility for implementing PREA. The department has designated a statewide PREA coordinator to oversee the implementation of PREA in the GDC facilities. Another member of staff has been designated as the agency’s assistant PREA coordinator. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit.</p> <p>This standard is rated “exceeds” because of the Agency’s and the Facility’s commitment to zero tolerance to PREA. This was evident in interviews with the GDOC Commissioner, Superintendent, staff and confined persons housed at the facility.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.12:

1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022)
3. Review of Georgia Department of Corrections Website

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

Specialized Staff (2)

1. Agency Contract Administrator
2. PREA Coordinator

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

The Pre-Audit Questionnaire indicates that the facility does not contract for the confinement of confined persons. The Georgia Department of Corrections contracts for the confinement of offenders with Private Prisons and Governmental Entities responsible for operating county prisons.

115.12 (a): The agency contracts for the confinement of its confined persons with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the obligation to adopt and comply with the PREA standards. All of the contracts require contractors to adopt and comply with PREA standards. Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, (p. 8) requires the Department to ensure that contracts and renewal contracts for the confinement of confined persons with private agencies and governmental agencies include the entity's obligation to adopt and comply with PREA Standards.

Currently, the Georgia Department of Corrections contracts with twenty-six (26) private prison and county institutions. Paulding Residential Substance Abuse Treatment Facility does not contract for the confinement of confined persons. The facility reported in their response to the Pre-Audit Questionnaire they have not entered or renewed a contract for the confinement of confined persons since the last PREA audit. However, the agency, does contract for the confinement of offenders with Private Prison and Governmental Entities responsible for operations of the county prisons.

115.12 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) does allow for contracts with private entities for the confinement of confined persons. It requires GDOC to ensure that

	<p>contracts for the confinement of its confined persons with private agencies or other entities, including governmental agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.</p> <p>The interview with the Agency Contract Administrator confirmed Paulding Residential Substance Abuse Treatment Facility does not contract with private entities for the confinement of confined persons.</p> <p>GDOC does, contract with private entities, the PREA Coordinator indicated contracted facilities are also on a 3-year cycle and are compliant with the frequency and scope of audits. They are required to submit their final PREA reports to the PREA Coordinator to verify compliance with PREA. The Georgia Department of Corrections post private entity’s PREA audits on their website.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.12 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115:13:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Paulding Residential Substance Abuse Treatment Facility Staffing Plans dated 2022 and 2023 4. Paulding Residential Substance Abuse Treatment Facility Unannounced Rounds <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (4)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. PREA Coordinator 4. Intermediate of High-Level Staff that conduct unannounced rounds

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

1. During the site review the auditor compared the staffing plan to the staffing levels in areas of the facility. The auditor observed the housing units (dorms), education, administration, and other areas of the facility. The control room is located in the center of the living units. There are cameras in living units that supplement confined person's supervision; the cameras do not cover the showers or bathrooms areas. Staff was observed supervising confined persons. Officers make 30 minutes rounds in the living units. Blind spots were identified during the site tour.

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

115.13 (a): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 8-9) requires each facility to develop, document and make its best efforts to regularly comply with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect confined persons against sexual abuse.

In its response to the PAQ:

The facility provided copies of their staffing plans for Paulding Residential Substance Abuse Treatment Facility, the confined person capacity is 240, and the average daily population for the last 12-months is 235.

The auditor reviewed the staffing plan and found it contains all relevant requirements pursuant to this provision. The staffing plan documents overall staff coverage per location and duty station, other relevant factors to include sick and annual leave, priority and gender specific posts, unplanned escorted hospital trips and transfers, retirements, promotions, and documents consideration for the physical layout of the facility and multiple buildings. The staffing plan included the prevalence of substantiated and unsubstantiated incidents of sexual abuse which could possibly determine additional staff coverage in certain areas of the facility.

Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, higher-level staff indicated, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse are taken into consideration in the overall development of staffing levels at Paulding Residential Substance Abuse Treatment Facility.

The staffing plan includes a breakdown of the total staffing, deployment of post and identification of priority posts. The auditor reviewed a sampling of daily Post Rosters to confirm appropriate staffing levels. The staffing plan also contains a contingency for staff 'call ins' by continuing to man the post by staff of previous shift until relief has arrived to maintain the minimum adequate staffing levels. The staffing plan details video monitoring in relation to the physical layout of the facility and lists the areas where the cameras are located. Video cameras are utilized to supplement staff supervision. There are cameras strategically located throughout the facility to enable viewing and to mitigate blind spots.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 235

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 235

115.13 (b): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 9-10) discusses when circumstances arise where the staffing plan is not complied with, the facility will justify and document all deviations on the daily Post Roster.

In its response to the PAQ, the facility indicated there have been deviations from the staffing plan during the past 12 months preceding the audit. All deviations have been documented per policy.

Paulding Residential Substance Abuse Treatment Facility houses male confined persons and has gender specific post.

The auditor reviewed a sampling of daily Post Rosters and found there have been deviations from the staffing plan. Paulding Residential Substance Abuse Treatment Facility makes its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, to protect confined persons against sexual abuse, per the PREA policy (p. 1).

The interviews with the Superintendent and PREA Compliance Manager related deviations from the staffing plan during the 12-month preceding the audit are documented.

The facility reports staff shortages are normally caused by, unexpected call-ins, unplanned hospital posts, unplanned detainee transfers, emergencies, staff vacancies, retirements, promotions, and training requirements.

115.13 (c): On an annual basis, Paulding Residential Substance Abuse Treatment Facility consults with the agency PREA Coordinator and conducts an assessment of the staffing plan to determine whether or not adjustments are needed to the established staffing plan and video monitoring systems as required by GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 9). The facility provided the auditor with the latest staffing plan review documentation in response to the PAQ, which confirmed annual reviews are taking place. Included in the annual review of the staffing plan, the facility assessed the staffing plan itself to include any evidence of prevailing staffing patterns, if there was a need for additional video monitoring systems or cameras and discussion of resources the facility has available to commit to ensure adherence to the staffing plan. Interview with the PREA Coordinator indicated annual reviews typically occur in January of each year.

PREA Unit. At minimum, the PREA Unit reviews and approves staffing plans for all facilities on an annual basis. Staffing plans are also reviewed any time there is a change to the plan. For example, facility infrastructure, staffing changes, technology

	<p>upgrades or malfunctions, post changes, additions, subtractions, etc.</p> <p>115:13 (d): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) requires facilities to conduct and document unannounced rounds by supervisory staff and duty officers on all shifts and locations throughout the facility on a weekly basis; for the intent of identifying and deterring sexual abuse and sexual harassment.</p> <p>Confined persons at risk of sexual victimization are assigned to safe beds; these beds are located in each dorm near the doors and windows.</p> <p>The facility provided documentation of unannounced round logs and duty officer's logbook confirming they are completed on all shifts.</p> <p>In the response to the PAQ which requires shift supervisors and duty officers to make unannounced rounds in all housing units and out-posts to better identify and deter sexual abuse and sexual harassment. The Superintendent related rounds are unannounced and staff shall not alert other staff members that rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.</p> <p>The interview with the Superintendent indicated they conduct unannounced rounds at random times during all shifts, weekends, and holidays.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.13 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.14:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. GDOC agency website, http://www.dcor.state.ga.us/ <p>In order to decide compliance determination, the following people were interviewed,</p>

	<p>and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <p>Superintendent</p> <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. Observations of housing units, during the site tour, the auditor observed no youthful offenders. <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.14 (a): Agency policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp.10) allows for the placement of youthful offenders in its facilities. Policy aligns with the provisions in this PREA Standard. The Paulding Residential Substance Abuse Treatment Facility, as reported in their response to the PAQ, does not house youthful offenders at their facility and the agency website indicates the Paulding Residential Substance Abuse Treatment Facility is comprised of a confined person population of adult males.</p> <p>115.14 (b): Current operations and practices meet the requirements of provision based on documentation provided.</p> <p>115.14 (c): Current operations and practices meet the requirements of provision based on documentation provided.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.14 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.15:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Paulding Residential Substance Abuse Treatment Facility Training Curriculum on Searches 4. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing

and Searches

5. Policy 220.09 Classification and Management of Transgender and Intersex Offenders

6. Policy 226.01 Searches, Security Inspections, and Use of Permanent Logs

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

1. Random Staff (15)
2. Random Confined Persons (18)
3. Transgender Confined Persons (0)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

1. Observations of cross-gender announcements, notice posted that female staff work in the living units. Dorms are non-gender specific post. All living units are priority 1 post. Females entering living units were observed announcing the presence in dorms; there are cameras in the living units that supplement supervision of confined persons.
2. Notices were observed posted in the living units informing confined persons that staff of the opposite gender work in the living units.
3. The auditor observed no confined person that identified as transgender. Discussion with security staff confirmed, they housed no confined persons identifying as transgender.
4. During the site tour, the auditor informally interviewed staff, contractors, and confined persons.

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

115.15 (a): The agency's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross- Gender Viewing and Searches (p.10) addresses provision (a) verbatim to the Standards. All random staff interviews corroborated the policy prohibiting cross gender searches absent emergent and exigent circumstances. Facility responses in the PAQ indicated cross-gender strip and cross- gender visual and body cavity searches of confined persons are prohibited and not conducted. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches, further reiterates the prohibition of cross gender searches.

In the 12-months preceding the audit, the facility reported zero cross-gender strip and cross-gender visual and body cavity searches, and zero conducted that did not involve exigent circumstances or performed by non-medical staff. During the pre-on-site phase on, the auditor requested a list of medical and non-medical staff who conducts cross-gender visual (strip) or body cavity searches and any instances in which a cross-gender supervisor was present during a strip search.

The facility responded by indicating no cross-gender searches were conducted in the

past 12 months preceding the audit.

All random staff interviews and review of related policy prohibits cross gender searches absent emergent and exigent circumstances. If any cross gender searches occur, it is documented.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

115.15 (b): The agency's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross- Gender Viewing and Searches (p. 10) stipulates the facility will not conduct cross- gender pat searches on female confined persons. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches further reiterates this policy.

Policy stipulates the requirement of prohibiting cross-gender pat searches on confined persons will not restrict access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The facility reported in its PAQ response that confined persons are not restricted from programming or other out-of-cell activities.

Confined persons interviewed confirmed male staff are always available for searches. The facility does not house female offenders.

115.15 (c): The agency's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 9), requires cross-gender visual body cavity searches and cross-gender pat searches of male confined persons be documented. During the Pre-onsite phase of the audit, the auditor requested documentation of exigent circumstances that may have permitted a cross- gender staff member to conduct a strip or body cavity search; and, of cross-gender staff conducting pat searches of male confined persons. The facility's response to the PAQ indicated only male staff conduct pat searches on male confined persons and all cross-gender pat searches performed due to exigent circumstances are required to be documented on an incident report form. The facility responded by indicating there were no cross- gender pat searches or strip or body searches conducted by correctional or medical staff and thus, there was no documentation to review.

115.15 (d): The facility uploaded the Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 11) in their response to the PAQ. Policy stipulates facilities will enable confined persons to "shower, perform bodily functions, and change clothing without non-medical staff of

the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks". Included in the policy is a requirement for staff of the opposite gender to announce their presence when entering a confined person's housing unit. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches supplements policy by requiring staff of the opposite sex, including the assigned housing unit officer to announce themselves prior to entering a housing unit. During the facility tour, the auditor observed staff of the opposite sex announce themselves prior to entering each housing unit.

The interviews with a random staff related staff of the opposite gender announces themselves prior to entering living units. Dorms are no gender specific post, female officer working in living units.

Random and targeted confined person confined person interviews indicated female staff members announce themselves prior to entering their housing units and all confined persons indicated they have never been naked in the presence an opposite gender staff member.

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

115.15 (e): The facility indicated in their response to the PAQ that they do not allow strip searches or any searches in which confined persons would be exposed or asked to take off their clothing and, and zero searches were completed on transgender or intersex confined persons for the sole purpose of determining their genital status in the 12 months preceding the audit. The agency's policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 8, Limits to Cross-Gender Viewing and Searches (P. 12) addresses provision (e) verbatim to the Standards. Policy prohibits staff from physically examining a Transgender or Intersex offender for the sole purpose of determining the offender's genital status. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches further reiterates this policy and emphasizes confined person dignity. Further it discusses gender designation will coincide with the prison assignment made during classification (i.e. offenders at a female prison will be searched as females, and offenders at a male prison will be searched as males). The Local Policy Directive also details how to search transgender and intersex confined persons. Random staff interviews revealed 100% knew of the facility's practice of prohibiting staff from searching or physically examining a transgender or intersex confined person for the sole purpose of determining the confined person's genital status.

	<p>The facility had no confined person that identified as transgender housed at the facility for the auditor to interview.</p> <p>115.15 (f): The facility indicated in their response to the PAQ that 100 % of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex confined persons, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff indicated 100% received training on cross-gender pat-down searches and searches of transgender and intersex confined persons. A review of training documentation consisted of Paulding Residential Substance Abuse Treatment Facility’s Annual Training Curriculum and training records. All staff indicated they received the training and described how to conduct transgender and intersex confined person pat searches, the auditor determined the practice has been institutionalized and staff would know what to do in the event exigent circumstances arise.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.15 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.16:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program SOP 208.06, (eff. 6/23/22) 3. User’s Guide Lionbridge (Interpretive Services) 4. PREA Brochure English/Spanish 5. Hotline Dialing Instructions English/Spanish 6. PREA Posters English/Spanish 7. Offender PREA Training Brochure English/Spanish <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p>

Specialized Staff (1)

1. Agency Head (1)
2. Random Staff (15)
3. Confined Person with Vision Disabilities (1)
4. Confined Person with Cognitive Disabilities (1)
5. Confined Person that were LEP (0)
6. Confined Person with Physical Disabilities (0)
7. Confined Person with Hearing Disabilities (1)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

1. PREA Posting (English and Spanish)
2. Hotline Dialing Instructions
3. Tested phones to ensure they were operational, hotline call to the PREA unit.
4. Informal confined person's interviews.
5. Informal staff and contractor interviews.

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

115.16 (a): GDOC's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9, Offenders with Disabilities, Who Have Limited English Proficient LEP, or have Limited Reading Skills (p. 12-13) requires the facility PREA Compliance Manager to ensure appropriate resources are available to confined persons with disabilities and those who are LEP so they may understand the facility policies regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The facility provided the auditor with the User's Guide for Lionbridge who provides interpretive services for limited English proficient confined persons in making an allegation of sexual abuse or sexual harassment. The Agency Head Designee indicated all PREA related educational materials are available in formats for disabled or Limited-English Proficient confined persons. In addition to the PREA materials, the agency has a dedicated ADA Coordinator who also provides resources to disabled or LEP confined persons.

There were three (3) confined persons with disabilities during the on-site portion for the audit to interview.

There was no limited English proficient confined person housed at the facility during the on-site portion of the audit for the auditor to interview.

The auditor placed a call to Lionbridge (Language Line) to confirm the services are available. In addition, the auditor randomly selected a security staff member to place a call to confirm staff are aware how the services are accessed when needed.

115.16 b): As noted in provision (a) of this standard, interview with the agency head related the agency has a contract with Lionbridge to communicate with LEP confined persons. English and Spanish PREA information and brochures are visibly posted

	<p>throughout the facility and in housing units and are readily available for the confined persons.</p> <p>115.16 (c): Paulding Residential Substance Abuse Treatment Facility written Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9b. Offenders with Disabilities, Who Have Limited English Proficient, or have Limited Reading Skills (p. 12-13) addresses the facility’s reliance on confined person interpreters, readers, or other types of confined person assistants. Paulding Residential Substance Abuse Treatment Facility does not rely on another confined person, only if exigent circumstances arise. Exigent circumstances include where any extended delay in obtaining an interpreter could compromise the confined person’s safety, the performance of first responder duties, or the investigation of confined person allegations.</p> <p>All random staff interviews indicated they do not use confined person’s assistance during translation, Lionbridge is utilized.</p> <p>Policy is in place, and staff interviews support the non-use of any other confined person to translate.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of instances where inmate interpreters readers or other types of inmate assistance have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.16 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.17:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 208.06, (eff. 6/23/22) 3. GDOC Employment Application 4. Employee Personnel Files 5. Employee Personnel Audit File & Training Dates

6. GDOC Background Checks on Employees, Contractors, Volunteers
7. GDOC Applicant Verification Form, SOP 104.09
8. GDOC Professional Reference Check Form, SOP 104.09

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

Specialized Staff (1)

1. Human Resources Tech III

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

115.17 (a): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) addresses this provision in detail and complies with the PREA Standards. No prospective employee, who may have contact with confined persons, is hired or contracted for services who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42. USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above.

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

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

115.17 (b): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) requires GDOC to consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with confined persons.

The interview with the Human Resources Tech III confirmed sexual harassment is taken into consideration prior to hiring anyone, employee or enlisting the services of contractors who may have contact with confined persons.

The facility completes a Professional Reference Check form which asks is the

applicant is under an internal investigation or has an active disciplinary action or adverse action. The form addresses Standard 115.17 as it relates to sexual abuse, but not sexual harassment.

115.17 (c): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 13), requires a background investigations be completed on all prospective employees and volunteers prior to their start date and having contact with confined persons. The policy includes the requirement to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The facility 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 consistent with federal, state, and local law.

The interview with the Human Resources Tech III confirmed the facility completes a Professional Reference Check on each transfer from other correctional institutions to inquire as to any current or past disciplinary actions or investigation concerns. The auditor is confident the standard is being met.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 13

The auditor reviewed a random sampling of employment files during this audit cycle and determined background checks were performed on all staff as required. The facility's HR department provided a complete personnel files audit of all file with current background checks and recent staff training dates.

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

115.17 (d): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) requires a criminal background investigation be completed on all prospective contractors prior to having contact with confined persons.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates: 17

The interview with the facility's Human Resources Tech III indicated completing

criminal background checks on all prospective contractors and volunteers is a practice at all GDOC facilities.

115.17 (e): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-15) require a background investigation be completed on all employees and contractors who may have contact with confined persons every five years.

The facility indicated in their response to the PAQ that agency policy requires a criminal background check at least every five years for all staff and contractors; however, currently backgrounds are completed annually for all staff and contractors.

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

115.17 (f): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) addresses this provision in detail and includes all required information pursuant to this provision. Standard Operating Procedure 104.09, Filling a Vacancy, identifies the three specific PREA related questions as per provision (a) of this standard which are given to everyone prior to hire and having contact with confined persons; and, prior to being promoted. Everyone is expected to answer each question. Specifically, each person is queried if they ever:

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

Upon reviewing employee file documentation, the auditor confirmed these PREA questions are asked and answered by the then applicant. There was promotions file to review during this audit cycle.

The interview with the facility's Human Resources Tech III indicated standard procedure at all GDOC facilities. Employees, transfers, and those pending possible promotion are required to answer the questions and have another background check.

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

115.17 (g): The facility indicated in their response to the PAQ that material omissions regarding misconduct described in provision (a), or the provision of materially false

	<p>information, shall be grounds for termination. The agency’s written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) states, Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>115.17 (h): The agency’s written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 15) addresses this provision in detail and specifically states, unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Human Resources Tech III indicated providing this information is not against the State of Georgia laws and is standard practice at all GDOC facilities.</p> <p>The interview with the Human Resources Tech III indicated when asked they provide this information via the Professional Reference Check Form.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.17 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.18:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 208.06, (eff. 6/23/22) 3. Camera Viewing <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head

	<p>2. Superintendent</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.18 (a): In the response to the PAQ the facility reported they have not engaged in any substantial expansion or modification of its facility since the last PREA audit. The interviews with the agency head and Superintendent indicated they have not had modifications to the Paulding Residential Substance Abuse Treatment Facility.</p> <p>This provision is not applicable since the facility has had no expansions or modifications to their facility.</p> <p>115.18 (b): In response to the PAQ, the facility indicated they have repaired three (3) video monitoring cameras during the 12-months preceding the audit.</p> <p>The interview with the Superintendent indicated there has been no expansion or upgrades to the facility's surveillance system since the last PREA audit, only repairs to non-functioning cameras.</p> <p>The facility is in compliance with PREA Provision with based upon documentation provided and interviews conducted. Current operations and practices meet the requirements of PREA Standard 115.18.</p> <p>Corrective Action: (None)</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.21:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. PREA Investigation Protocol,(dated 6/15/16) 4. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing 5. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Confined persons 6. Policy 507.04.91 Medical Management of Suspected Sexual Assault 7. Procedure for SANE Evaluation/Forensic Collection 8. Sexual Abuse/Sexual Harassment Rape Elimination Act (PREA) Education Acknowledgement Statement. 9. Procedure for SANE Nurse Evaluation/Forensic Collection, (dated 8/14/15)

10. SOP 208.06, Attachment 5, Procedure for SANE Evaluation/ Forensic Collection
11. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 7, Procedure for SANE Nurse Evaluation/Forensic Collection (eff. 8/14/15)
12. MOU with Live SAFE Resources
13. Certificate of Training Victim Advocate

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

Specialized Staff: (2)

1. PREA Compliance Manager
2. SAFE/SANE staff (prior interview)
3. Random Staff (15)
4. Targeted Confined person Who Reported a Sexual Abuse (0)

115.21 (a): In response to the PAQ, the facility indicated they conduct both administrative and criminal investigations of alleged sexual assault and sexual harassment. Allegations that appear to be criminal in nature are referred to the Georgia Department of Corrections Investigative Division. Agency policy,

Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p.32) describes the agency's expectations regarding evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility also reported its agency, GDOC, is responsible for conducting criminal sexual abuse investigations (including confined person-on-confined person sexual abuse or staff sexual misconduct).

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

115.21 (b): According to its PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 16), GDOC's response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. In response to the PAQ, the facility reported it does not house youthful confined persons and accept adults between the ages of 18 and plus years so the protocol requirement to be developmentally appropriate for youth is not applicable in determining compliance of this provision.

115.21 (c): Per PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually

Abusive Behavior Prevention and Intervention Program (p. 16) Paulding Residential Substance Abuse Treatment Facility offers all victims of sexual abuse access to forensic medical examinations at no cost to the confined persons. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE) as required.

The facility responded in the PAQ that there has been no forensic examination conducted by either SAFE/ SANE or a qualified medical practitioner during the 12-months preceding the audit.

The interview with the SAFE/SANE staff at GDOC's Sexual Assault Response Team confirmed this information by indicating they are and do have SAFE/SANE staff responsible for conducting forensic examinations for all individuals, including the Georgia Department of Corrections confined persons. Interviews and the

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available, the agency makes available a qualified staff member to serve as an advocate for victims of sexual assault. The facility documents attempts to secure services from rape crisis centers.

The facility has a MOU with Live SAFE Resources a community-based advocate service for victims of sexual assault. The facility also has a trained staff member that can serve as an advocate for victims of sexual assault. The facility provided the auditor with the training certificate.

115.21 (e): Per PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) Paulding Residential Substance Abuse Treatment Facility offers "a victim advocate to confined persons alleging sexual abuse/ sexual harassment upon request" by the confined person.

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

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

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

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

Victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with offenders.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.21 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.22:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Website referencing agency PREA Policy 4. Sexual Abuse Incident Review Form, SOP 208.06, Attachment 9 (eff. 6/23/22) 5. Sexual Assault Investigation Reports 6. Sexual Allegation Response Checklist, SOP 208.06, Attachment 4 (eff. 6/23/22) 7. PREA Investigative Summary, SOP 208.06, Attachment 6 (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (3)</p> <ol style="list-style-type: none"> 1. Agency Head (designee) 2. OPS Special Agent (prior interview) 3. Facility Investigator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.22 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 27-28) "All reports of sexual abuse or sexual harassment will be considered allegations and will be investigated.</p> <p>In response to the PAQ, the facility reported five (5) allegations of sexual abuse occurred during the 12-month period prior to the audit which required an administrative investigation.</p> <p>In the past 12 months, zero (0) of allegations were referred to OPS for criminal investigation.</p>

The interview with the agency head designee confirmed administrative investigations are completed on all allegations of sexual abuse and sexual harassment; allegations that are criminal in nature are investigated by OPS. These investigations are completed by the facility SART (Sexual Abuse Response Team) and all incidents are reviewed by the facility leadership, as well as our PREA Coordinator's office.

115.22 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 26) "Where sexual abuse is alleged and cannot be cleared at the local level, the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator." This policy can be viewed on the GDOC website - www.dcor.state.ga.us. The auditor verified the PREA policy is on the facility's website under Executive Division, Policy and Compliance.

The interview with the investigator indicated all allegations that are potentially criminal in nature are referred to the GDOC's Office of Professional Standards for investigation.

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

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

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

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

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

Corrective Action: None

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.31:

1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Staff Training Records
4. Paulding Residential Substance Abuse Treatment Facility PREA Annual Training In-Service Roster
5. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention
6. PREA Curriculum
7. Program, SOP 208.06, Attachment 1, PREA Education Acknowledgement Statement (Staff)

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

1. Random Staff (15)

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

115.31 (a): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 18-97) address all the staff training requirements relative to this standard. The auditor reviewed the policy and determined it contains all required training topics to satisfy this standard provision. The interviews with a random of staff indicated 100 percent received the required PREA training and training documentation supports all staff have received this training. Paulding Residential Substance Abuse Treatment Facility also ensures all staff members read, understand and sign the PREA Education Acknowledgement Statement indicating their receipt and understanding of the agency's zero tolerance policy on sexual abuse and sexual harassment. The auditor reviewed an in-service training roster which included PREA as a training topic.

115.31 (b): The Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 20) in part states, "In-service training shall include gender specific reference and training to staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training. Paulding Residential Substance Abuse Treatment Facility houses both male confined persons. In response to the PAQ, the facility indicated the training is tailored to the gender of the confined persons at Paulding Residential Substance Abuse Treatment Facility which is male confined persons. Staff training files indicate training is geared towards male confined persons.

115.31 (c): The Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 16) requires all employees to attend training annually. Review of staff training records confirmed all staff has

	<p>received PREA training as required. Provision (c) requires PREA refresher training every two years and the facility’s practice is to provide comprehensive PREA training on an annual basis which substantially exceeds the requirements of this provision.</p> <p>115.31 (d): The auditor reviewed training records that contain both electronic verification and signatures indicating they understand the PREA training they received. The PREA Education Acknowledgement form in part states, “I have received training on the Department’s Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and have read GDOC Standard Operating Procedure, 208.06, Sexually Abusive Behavior Prevention and Intervention Program. I understand the Department’s zero-tolerance for sexual abuse of confined persons.” The auditor reviewed a sampling of signed forms and found determined them compliant.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.31 based upon documentation provided and interviews conducted.</p> <p>This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement. In addition, provision (c) requires PREA refresher training every two years and the facility’s practice is to provide comprehensive PREA training on an annual basis which substantially exceeds the requirements of this provision.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.32:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Curriculum 4. Training Records – Volunteers and Contractors 5. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 1, Sexual Abuse/ Sexual Harassment PREA Education Acknowledgement Statement. <p>In order to decide compliance determination, the following person was interviewed, and the following interview finding was considered:</p>

Specialized Staff: (3)

1. Medical Staff (2)
2. Mental Health Staff (1)
3. Volunteer (0)

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

115.32 (a): The Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 20-21) addresses volunteer and contractor training requirements relative to this standard. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement.

The auditor reviewed training acknowledgements statements and found them appropriately documented to satisfy this provision.

In the response to the PAQ, the facility indicated there were fifty-seven (57) contractors that had contact with confined persons within the past 12-months prior to the audit. By definition from the PREA Resource Center, a person who may have contact with confined persons is an individual, "within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over any period of time." Volunteers and contractors fall under that category.

Interviews with contractors indicated all received the same training as all staff and signs the PREA Acknowledge Statement, the contractor understood the agency's zero tolerance policy on sexual abuse and sexual harassment.

115.32 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 20-21) in part states, "The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with confined persons, but all volunteers and contractors who have contact with confined persons shall be notified of our zero- tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents." Further, the policy stipulates that participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement.

115.32 (c): The auditor reviewed documentation for five (5) contractors who received PREA training, thus ensuring the facility maintains documentation confirming that volunteers and contractors understand the training they received by way of signature

	<p>on the agency’s acknowledgment form that they received and understood the training. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/ Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The form is maintained in the volunteer/contractor file.</p> <p>The auditor reviewed contractor’s files and found the appropriate documentation in place to satisfy this provision.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.32 based upon documentation provided and interviews conducted.</p> <p>Corrective Action (None)</p>
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.33:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Files (10) 4. Confined person Awareness and Education Brochures (Spanish and English) 5. Paulding Residential Substance Abuse Treatment Facility Confined person Handbook, (English and Spanish) 6. PREA Acknowledgement Statements/Orientation Packet 7. ADA Accommodation Request Procedure, SOP 103.63 8. Lionbridge User’s Guide <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Intake staff 2. Random Confined Persons (18) 3. Targeted Confined Persons with Vision Disability (1) 4. Targeted Confined Persons with Hearing Disability (1) 5. Targeted Confined Persons with Physical Disability (0) 6. Targeted Confined Persons with Cognitive Disability (1)

7. Targeted Confined Persons who were LEP (0)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

1. Observations of prominently posted PREA materials in housing units and common areas. Hotline dialing instructions are posted near phones in English and Spanish. Addresses are provided for third-party report. Stamps are available in the store. Indigent confined persons receive three stamps per week.

2. The auditor observed the Risk Screening Process for one confined person on 12/5/23; this process was conducted in complete privacy by a counselor.

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

115.33 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 18) requires notification of the GDOC's zero- tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility be provided to every confined person upon arrival to the facility.

In response to the PAQ, the facility reported (391) confined persons were orientated at Paulding Residential Substance Abuse Treatment Facility in the 12 months preceding the audit and 100% received the facility's information on its zero-tolerance policy regarding sexual abuse and sexual harassment.

The random confined person interviews confirmed 100% received the zero-tolerance information on sexual abuse and sexual harassment and how to report when they first arrived at the facility.

The interview with intake staff confirmed during the intake process the facility provides PREA information explaining the Paulding Residential Substance Abuse Treatment Facility's zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment both verbally and in writing. They receive a comprehensive PREA brochure and a confined person handbook which details PREA and reporting mechanisms.

115.33 (b): The facility's response to the PAQ indicated (656) confined persons were admitted to Paulding Residential Substance Abuse Treatment Facility during the past 12 months for a stay of 30 days or more. 100% of those confined persons received comprehensive PREA education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Paulding Residential Substance Abuse Treatment Facility provides PREA education/ refresher education to all confined persons who are transferred to their facility, regardless of where they transferred from, within 15 days of intake as stated in their PREA policy (pp. 21-22). The auditor's review of confined person files confirmed all

contained a signed acknowledgment they were given a copy of the confined person handbook which contains a comprehensive PREA information section beginning with "Zero Tolerance for Sexual Violence", as well as, watched a PREA video titled, "Speaking Up". A question and answer period is immediately followed by the video presentation. The video is approximately 20 minutes in length and stresses sexual abuse as not being a part of a confined person's sentence, inferring all confined persons have a right not to be sexually abused, harassed or retaliated against.

The facility also has a Braille version of the PREA Brochure available upon request.

The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: (391)

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

115.33 (c): Paulding Residential Substance Abuse Treatment Facility provides PREA education/refresher education to all confined persons who are transferred to their facility, regardless of where they transferred from as evidenced through file documentation and interviews.

In response to the PAQ, the facility indicated there were no confined persons transferred to their facility who did not receive PREA training.

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

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

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

According to the policy, to ensure effective communication with those confined persons who are hearing impaired, GDOC will provide hearing aids and services free of charge. Services include qualified sign language interpreters and oral translators, TTY s, videophones, note-takers, computer- assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices and

systems, telephones compatible with hearing aids, closed caption decoders or TVs with built-in captioning, open and closed captioning of GDOC's programs, or other equally effective solutions.

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

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

115.33 (e): The facility maintains documentation of confined person participation in PREA education sessions. All PREA education documents are signed and dated by both staff and confined person. Documents include the Confined person Orientation Checklist, which includes verification of watching the PREA video and receipt of the confined person handbook. All confined persons also sign an acknowledgement stating "On (date) received the Prison Rape Elimination Act (PREA) orientation at Paulding Residential Substance Abuse Treatment Facility. This orientation consisted of watching the PREA "Speaking Up" video, followed by a question-and-answer period. I also received the Sexual Assault, Sexual Harassment, and Prison Rape Elimination Act handouts during the intake process. The auditor review of the confined person files confirmed all contained the appropriate forms and signatures of receipt.

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

English and Spanish PREA hotline posters prominently displayed in the facility and in the housing units by the entrance and in the day rooms by the telephones.

Eighteen (18) confined persons randomly interviewed confirmed receipt of PREA training and the methods used to ensure they understood, all watched or listen to the video, received the brochure, and Detainee Handbook, and through discussion with the counselor.

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

	<p>This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.34:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Records of Investigative Staff (1) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. OPS Investigator (prior interview) 2. Facility Investigator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.33 (a): Per the agency’s Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), specialized training is a requirement for staff conducting sexual abuse and sexual harassment investigations in confinement settings. As reported in the PAQ, the facility conducts administrative investigations that do not rise to the level of potentially criminal in nature. Potentially criminal allegations are referred to the GDOC’s Operations of Professional Standards office for investigation. The interview with investigative staff confirmed receiving specialized training. Review of investigative staff training files confirmed certifications of completion for PREA: “Investigating Sexual Abuse in a Confinement Setting” which was presented online by the National Institute of Corrections.</p> <p>115.34 (b): Training document review and the interview with investigative staff who received training on sexual abuse investigations confirmed the training included the following topics:</p>

	<ul style="list-style-type: none"> - Techniques for interviewing sexual abuse victims. - Proper use of Miranda and Garrity warnings. - Sexual abuse evidence collection in confinement settings. - The criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>The auditor verified through the NIC website that Investigating Sexual Abuse in a Confinement Setting contained required topics pursuant to 115.34 (b) and review of the investigative staff training file documented a certification of completion for “Investigating Sexual Abuse in a Confinement Setting”.</p> <p>115.34 (c): Review of investigative staff training files for one (1) investigator at Paulding Residential Substance Abuse Treatment Facility is a Lieutenant; the auditor confirmed the certification of completion for OPS “Investigating Sexual Abuse in a Confinement Setting”. The facility maintains documentation the investigator has completed the required specialized training in conducting sexual abuse investigations.</p> <p>The number of investigators currently employed who have completed the required training: (1)</p> <p>115.34 (d): For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.34 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.35:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Documentation – Medical Certificates (5) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p>

Specialized Staff (1)

1. Medical Staff

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

115.35 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), stipulates in part, all GDOC medical staff contracted through Well Path who have contact with confined persons will receive Specialized Training PREA Medical. Additionally, they are required to attend are required to attend annual PREA in-service training.

In response to the PAQ the facility indicated it has five (5) medical contractors at the facility and 100 percent received their required training. The interview with medical and mental health staff indicated they received specialized training as well as, attend annual training provided by the facility. Specialized training contains information on:

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor verified through the required topics pursuant to 115.35 (a) and review of training documentation confirmed all had the required specialized and annual training.

115.35 (b): The interview with medical staff confirmed they do not conduct forensic examinations, all forensic examinations are conducted at local hospital or in-house by DOC contracted SANE staff. The facility does not conduct forensic examinations. If there was a sexual assault at this facility, the medical staff at Paulding Residential Substance Abuse Treatment Facility would not conduct the forensic examination but would perform a physical examination to determine the extent of the injuries. The forensic examination would be conducted by the GDOC contracted SANE on-site or at the local hospital emergency room depending upon the injuries the confined person incurred. The interviewee indicated medical staff is required to complete specialized training.

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

Paulding Residential Substance Abuse Treatment Facility has medical and mental health staff on-site to provide services to confined persons.

115.35 (d): Medical staff receives new-hire training and annual in- service training as

	<p>any other Paulding Residential Substance Abuse Treatment Facility employee. Training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and following up with written statements. Medical staff is trained in annual in-service training on how to respond to allegations and how to protect the evidence from being compromised or destroyed. A review of training files confirmed medical personnel, whether employee, contractor or volunteer acknowledge receiving training on Sexual Abuse and Sexual Harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.35 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. PREA Risk Screening (Assessment and Reassessments) (18) Nineteen Random and (6) Six Targeted 4. Confined person Files (10) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered 115.41:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Random Confined Persons (18) 5. Targeted Confined Person Vision Disability (1) 6. Targeted Confined Person Hearing Disability (1) 7. Targeted Confined Person Cognitive Disability (1) 8. Targeted Confined Person Gay (3) <p>In order to decide compliance determination, the following observations were made</p>

during my on-site tour of the facility:

Observation of the initial intake process, the screening was conducted in complete privacy by the counselor. Confined person received PREA education during the intake process.

Observation of secured records room, this room has limited access for staff and a restricted area for confined persons.

Assessments and reassessments are documented in SCRIBE, GDC database.

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

115.41 (a): Per Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 23-24), all confined persons are required to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons.

The interview with the counselor (Behavioral Health Professional), that is responsible for conducting risk assessments, indicated they are conducted on all incoming confined persons upon arrival to the facility.

The interviews with random confined persons nineteen (19) confirmed 100% received a risk assessment upon arrival to the facility.

115.41 (b): Per Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 23-24), stipulates risk screening will be conducted within 24 hours of arrival at the facility.

The facility reported in its response to the PAQ that (391) confined persons were admitted to the facility for over 72-hours which equated to 100% of the population who received screening for sexual victimization or sexual abusiveness during the 12 months prior to the audit.

The interview with Behavioral Health Counselor that conducts the intake screening and risk assessments confirmed they are conducted within 24 hours of arrival to the facility, which exceeds standard requirements.

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

The facility provided initial assessments and reassessments for review; all were compliant with the standard.

The auditor has determined that the practice of conducting risk assessments within

24 hours has been institutionalized.

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

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

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

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

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

The facility's mission does not include detaining confined persons solely for civil immigration purposes.

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

of this standard:

The PREA Screening Tool additionally asks the following questions:

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

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

115.41 (f): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) in part states, "Confined persons whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all confined persons, within 30 days of arrival at the institution."

In response to the Pre-Audit Questionnaire:

The facility reported in the PAQ (391) confined persons entered the facility within the past 12-months with lengths of stay in excess of 30 days and 100% were reassessed.

The interview with staff responsible for conducting risk assessments indicated confined persons are reassessed within 30 day of the initial assessment. Interviews with eighteen (18) random confined persons and six (6) targeted confined persons confirmed reassessment are conducted within 30 days of the initial assessment.

The auditor reviewed documentation of PREA Risk Screenings from the SCRIBE database, and determined confined persons were reassessed no later than 30 days of arrival to the facility.

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

115.41 (g): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "Confined persons whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all confined persons, within 30 days of arrival at the institution."

The auditor interviewed staff responsible for conducting risk assessments who indicated reassessments are conducted a reassessment; including, when it is necessary due to a referral, request, incident of sexual abuse, or receipt of additional information which may have an impact on a confined person's risk of sexual victimization or abusiveness.

Auditor requested documentation of assessments/reassessments on all confined persons interviewed while on site, this was in addition to documentation uploaded on PAQ. Information supporting this request was submitted 1/22/2024.

The auditor reviewed the PREA assessment tool which is also used for reassessments. There is no differentiation between the initial assessment and reassessment forms utilized in SCRIBE. There is no indication on the form to indicate the reason for the reassessment, be it, routine 30-day, due to a referral or request, an incident of sexual abuse or receipt of additional information which may affect a confined person's risk level. Counseling staff document the reasons in SCRIBE using Case Notes.

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

115.41 (h): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "If a confined person chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined." The auditor will recommend the facility amends its policy to include specific language related to this standard. Most notably that confined persons will not be disciplined for refusing to answer or for not disclosing completed information in response to the following questions:

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

The auditor interviewed the staff member responsible for conducting risk assessments who indicated confined persons are not disciplined for not answering the questions, but are encouraged to answer honestly in an effort to keep the confined person safe.

115.41 (i): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "If any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

	<p>The auditor interviewed the PREA Coordinator who stated each Superintendent determines who has access to the confined person's risk assessment. Typically, access will be granted to counselors, mental health professionals, and facility executive staff members. Although there is limited access to the details of the risk assessment, their overall score (victim, aggressor, both or neither) is available to all staff to ensure they have the necessary information to make housing, program and bed assignments.</p> <p>Interviews with the PCM and staff that conduct risk screening indicated there is limited access of confined person records for privacy concerns.</p> <p>The auditor requested additional documentation for all confined persons interviewed during the on-site portion of the audit. The documentation was received, the auditor has determined, the facility is compliant with this standard. Initial assessments during intake and 30 day reassessments are completed within the policy standard and PREA standard 115.41.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.41 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Administrative Segregation, PN 209.06, (eff. 2/7/18) 4. PREA Screening Tools (18) Random Confined Persons 5. PREA Screening Tools (6) Targeted Confined Persons 6. Confined person Files (10) 7. Brochure, PREA Standards and Information Related to Transgender/Intersex Confined persons, SOP 220.09, Attachment 2, (eff. 7/26/19) 8. Statewide Classification Committee (SCC) Referral Form, SOP 220.09, Attachment 2, (eff. 7/26/19)

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

Specialized Staff (2)

1. PREA Compliance Manager
2. Staff who conduct Risk Screening
3. Transgender Confined Person (0)
4. Targeted Gay Confined Persons (3)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

Observation of shower areas, there are no cameras in the area.

Safe beds are located in dorms A & B near the control room.

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

115.42 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 20) requires screening for risk of sexual victimization and abusiveness by conducted for all confined persons within 24 hours of arrival at the facility. Policy (p. 24-26) also states in part, "Information from this assessment will be used to determine classification decisions with the goal of keeping separate those confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive. NOTE: The risk assessment should not hinder classification opportunities." Policy also indicates facilities are to designate a safe dorm(s) or safe beds for those confined persons identified as highly vulnerable to sexual abuse.

The facility's Classification Committee is a multi-disciplinary committee that is responsible for making bed, program, education, and work assignments considering the known information about each confined person, including information learned from PREA Sexual Victim/Sexual Aggressor Classification information.

115.42 (b): Facilities are required by Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 13) to make individualized determinations about how to ensure the safety of each confined person. The policy (pp. 24-26) also requires that confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the confined person may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the confined person will have access to programs as described in GDOC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the confined person will be kept in involuntary segregated

housing for protection only until a suitable and safe alternative is identified.

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

Safe beds are located in dorms A & B; confined persons at risk for sexual abuse are assigned to beds near the control room and windows.

115.42 (c): GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24-26) is a verbatim representation of provision (c). Specifically, paragraph six of the policy states in part, "In deciding whether to assign a transgender or intersex confined person to a male or female facility and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the confined person's health and safety, and whether the placement would present management or security problems." GDOC completes a Statewide Classification Committee Referral Form for all transgender and intersex confined persons to determine housing recommendations. Input is given by GDOC's PREA coordinator, medical director, mental health director, facilities director, and the assistant commissioner.

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

The interview with the PREA Compliance Manager confirmed the facility takes into consideration on a case-by-case basis whether a confined person's placement at the facility would ensure his or her health and safety and whether management or security concerns would arise as a result of the placement.

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

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

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

	<p>take their concerns seriously.</p> <p>The interviews with the PREA Compliance Manager and risk screening staff both confirmed transgender confined person's views of his or her safety are given serious consideration in placement and programming assignments.</p> <p>115.42 (f): Paulding Residential Substance Abuse Treatment Facility allows for transgender confined persons the opportunity to shower separately from other confined persons. Observation of the facility restroom areas confirmed individual showers have curtains allowing for complete privacy for all confined persons.</p> <p>The interviews with the PREA Compliance Manager and risk screening staff both confirmed transgender confined persons are afforded the opportunity to shower separately from other confined persons.</p> <p>115.42 (g): The Georgia Department of Corrections is not under a consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LGBTI) confined persons for their protection.</p> <p>The interview with the PREA Coordinator confirmed GDOC is prohibited from establishing dedicated facilities or housing units for LGBTI confined persons and the GDOC PREA unit, through site visits, ensures its facilities are not housing LGBTI confined persons in dedicated housing units or beds.</p> <p>During interview with the PREA Compliance Manager, confirmed Paulding Residential Substance Abuse Treatment Facility is not under consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house LGBTI confined persons for their protection.</p> <p>There was no confined person identifying as transgender at the facility for the auditor to interview.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.42 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies

and other documentation were reviewed for standard 115.43:

1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

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

Specialized Staff (2)

1. Superintendent
2. PREA Compliance Manager
3. Staff who supervise Confined persons in Segregated Housing (0)
4. Confined Persons in Segregated Housing (0)

In order to decide compliance determination, the following observations were made during on-site tour of the facility:

Observation of Segregated Housing

Observation of safe beds, dorms A & B.

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

115.43 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) requires confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the confined person may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the confined person will have access to programs as described in GDOC SOP 209.06, Administrative Segregation, which also provides for reassessments. Confined persons will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.

In response to the PAQ, the facility reported in the past 12 months there were zero (0) confined persons at risk of sexual victimization held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment assigned to segregated housing.

115.43 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) addresses provision (b) in its entirety. In instances where confined persons are placed in segregated housing to protect him or her from victimization the facility is required to allow access to programming, privileges, education and work opportunities. If access is limited, the facility will document the following:

	<ul style="list-style-type: none"> • The opportunities that have been limited. • The duration of the limitation; and. • The reasons for such limitations. <p>During the facility tour the auditor observed the safe beds location in the living units A & B. Informal interviews with staff confirmed confined persons are not restricted from out of cell activities. No confined persons were in segregated housing during the on-site visit to interview.</p> <p>115.43 (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) in part states, “The facility shall assign such confined persons to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.”</p> <p>In response to the PAQ, the facility reported in the past 12 months there was no confined persons at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>115.43 (d): In response to the PAQ, the facility indicated there have been no confined person involuntary segregation placements during the last 12 months.</p> <p>115.43 (e): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) in part states, “Every 30 days, the facility shall afford each such confined person a review to determine whether there is a continuing need for separation from the general population.”</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.43 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.51:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Records of Investigative Staff

4. PREA Brochures English and Spanish
5. Dialing Instructions English and Spanish
6. Posted PREA Signage English and Spanish
7. Information for Live Safe MOU and Posters
8. Confined Persons Handbook, English and Spanish

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

Specialized Staff (1)

1. PREA Compliance Manager
2. Random Staff (15)
3. Random Confined Persons (18)
4. Targeted Confined Persons (6)

In order to decide compliance determination, the following observations were made during the on-site tour of the facility:

Observations of Reporting Mechanisms - (PREA Posters, Confined person Handbooks, PREA Brochures, Mail Process, Hotline dialing instructions, Live Safe Posters (outside advocate). Posters were printed in large font in English and Spanish, the information was accessible to all confined persons, staff, and visitors. The posters had accurate and consistent information throughout the facility and in confined persons housing units. Hotline dialing instructions were posted next to confined persons phones. Confined persons have access to phones daily.

Informal interviews with confined persons during the site review verified PREA reporting information was posted at the facility when they were transferred to the facility. They confirmed they also have access to mail, postage, and writing instruments, they send and receive mail.

Reports of sexual abuse or sexual harassment may also be reported to Live Safe, toll free at 888-843-4564, an outside advocate that provides emotional support services to confined persons that suffer sexual assault. Posters were observed throughout the facility advising confined persons of the outside reporting services. Interviewed confined persons were aware of the agency and the services provided by the agency.

Confined persons can report sexual abuse and sexual harassment to the Ombudsman in writing, P.O. Box 1529, Forsyth, GA 31029, an outside agency, or call the Ombudsman at (478-992-5358).

Interviewed confined persons could name multiple ways to report sexual assault, most stated they would tell a staff member.

Mail process: Outgoing mail slot is found outside of control room II. Confined persons can purchase writing materials in the commissary; indigent confined persons can request materials via form from the commissary. All mail is sealed by the confined person, and placed in a locked drop mailbox, mail room staff look for alerts for senders and receivers for each confined persons' mail. Mail is picked up Monday thru

Friday, with the exceptions of holidays.

All incoming mail, with the exception of legal mail, is opened by mail room staff and visually scanned, and delivered to the confined person. Legal mail is opened in front of the confined person; legal mail must be signed for by the confined person. Legal mail is not read by staff.

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

115.51 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (pp. 26-27) allows for confined persons to make a report of sexual abuse and sexual harassment, and retaliation through the following means: in writing, verbally, or through available internal or external methods. External methods include Third Party reporting to the Ombudsman's Office, email to the agency PREA Coordinator and written correspondence to the Georgia State Board of Pardons and Paroles Office. Policy addresses the use of the PREA Hotline as a mechanism for reporting sexual abuse or harassment. The auditor tested the PREA Hotline from various phones and found it easy to connect. The auditor received confirmation of receipt via email from the PREA Unit as receiving the call.

Reporting method can be found in the Detainee Handbook, the information provided as follows:

"The Prison Rape Elimination Act of 2003 was enacted by Congress to address the problem of sexual abuse of person in the custody of U.S. correctional agencies. PREA addressed both inmate on inmate sexual assault and staff sexual misconduct.

Inmate-on-Inmate Sexual Assault

Staff-on-Inmate Sexual Assault

Includes seeking or attempting to engage in a sexual act with any inmate or probationer or the intentional touching of the inmate/ probationer's genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of another person. In this definition, staff includes contractors, representatives or volunteers of the Department of Corrections. It also includes staff from other federal, state or local jurisdiction.

Sexual misconduct also includes any solicitation of sexual activity through promises of favors. It also includes threatening an inmate for refusing sexual advances.

Sexual misconduct also includes invasion of privacy beyond the necessary for safety and security. It includes disrespectful, unduly familiar or threatening sexual comments made to inmates/probationers.

Any indication or notification of sexual activity between, a GDC staff member and an offender will be completely and swiftly investigated.

During any time of the day or night there may be male and/or female staff present in your living unit.

To report a sexual assault:

1. Pick up the handset.
2. Select a language (Press 1 for English or 2 for Spanish).
3. Press 8 for Prison Rape Elimination Act Mailbox.
4. When prompted for the telephone number you are calling, dial # 7732.
5. After hearing the Prison Rape Elimination Act mailbox prompt, you will have 1 minuet to record your message.

Calls to the Prison Rape Elimination Act reporting line are anonymous.

Give the alleged victim and alleged perpetrator's full name and GDC number. Tell us what facility you are calling from and give as much detail as possible including time, location and date of incident. When you pick up the phone you will hear "Your call is being connected. Thank you for calling MCI; please leave a message after the tone". You can also report allegations to a staff member or write the statement PREA coordinator or the Ombudsman. This information is in the Sexual Assault Phone.

Remember if you are a victim of sexual assault- do not remove your clothes, do not wash, do not use the bathroom, shower or brush your teeth before a staff member has collected your evidence. Directions of what you should do if you are a victim are noted".

The interviews with random staff confirmed one hundred percent knew of the multiple ways for confined persons to privately report sexual abuse and sexual harassment, retaliation by other confined persons or staff for reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such incidents. In addition, they indicated confined persons could report via a third-party, written or verbal. The interviews with a random sample of confined persons confirmed one hundred percent knew of various ways to report sexual abuse or sexual harassment (verbal or written reports to staff, PREA Hotline calls, friends or family). The auditor observed PREA reporting materials prominently posted throughout the facility.

All confined persons have access to mail that allows them to report sexual abuse and sexual harassment. Confined persons hand delivers letters to the mail room when the windows are open. Mail is sealed by the confined person himself in view of staff, with the exception of suspicious mail. Staff does not open outgoing mail, however, all incoming mail, is opened by mail room staff, with the exception of legal mail; that must be opened in front of the confined person by mail room staff to ensure there is no inappropriate information or contraband. Confined persons also have the opportunity to drop written notes in boxes which are forwarded to staff.

115.51 (b): In response to the PAQ, the facility provided documentation, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (pp. 26 - 27) which discusses multiple avenues for confined person reporting. Included is the 24/7 availability of the toll-free and anonymous if desired, PREA Hotline to report allegations of sexual abuse and sexual harassment to an entity outside of the GDOC. Confined persons may also make written reports to the Georgia Office of Pardons and Paroles. Paulding Residential Substance Abuse Treatment Facility does not detain confined persons solely for civil immigration purposes.

Confined persons can report sexual abuse and sexual harassment to the outside advocacy agency Live Safe. The outside service is not part of the agency. Auditor tested/verified this service while on-site.

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

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

115.51 (c): Per Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 27) staff members are to accept verbal and written reports and those from a third parties and promptly document any verbal reports. Staff are to forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly.

The interviews with random staff confirmed they accept third party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. The interviews with random confined persons confirmed all eighteen (18) and six (6) targeted were aware they could make a report of sexual abuse or sexual harassment via a third party, verbally or in writing. In response to the PAQ, the facility reported staff document verbal reports "immediately."

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

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.51 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.52:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Statewide Grievance Procedure, PN 227.02, (eff. 5/10/19) 4. Paulding Residential Substance Abuse Treatment Facility Confined person Handbook <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Targeted Confined persons who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.52 (a-g): GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 27) states allegations of sexual abuse and sexual harassment are non-grievance issues and they should be reported in accordance with methods outlined in the policy (208.06). GDOC's Statewide Grievance Procedure (p. 5) stipulates sexual abuse and sexual harassment shall be forwarded to the Institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06. Information received by the PREA Coordinator verified this policy and procedures by indicating if facilities receive an allegation of sexual abuse or harassment on a grievance form it is to be treated as a written allegation only and forwarded to SART for investigation.</p> <p>GDOC and Paulding Residential Substance Abuse Treatment Facility are exempt from Standard 115.52 and thus provisions (a- g) are not applicable in determining</p>

	<p>compliance as GDOC does not have administrative procedures to address confined persons' grievances of sexual abuse and sexual harassment.</p> <p>Sexual Abuse and Sexual Harassment are not grievable issues. Grievances alleging sexual abuse or harassment are treated as written reports and forwarded to SART immediately for investigation. However, confined persons interviewed stated they could make a report via grievance.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.53:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Handbook, English and Spanish 4. PREA Brochures, English and Spanish 5. Dialing Instructions PREA Line 6. Confined Person Training Power Point <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Random Confined Persons (18) 2. Targeted Confined Persons (6) 3. Confined persons who Reported a Sexual Abuse (0) <p>In order to decide compliance determination, the following observations were made during the on-site tour of the facility:</p> <p>Observations of Reporting Mechanisms - (PREA Posters, Confined person Handbooks, PREA Brochures, Mail Process, Hotline dialing instructions, Live Safe Posters (outside advocate). Posters were printed in large font in English and Spanish, the information was accessible to all confined persons, staff, and visitors. The posters had accurate and consistent information throughout the facility and in confined persons housing units. Hotline dialing instructions were posted next to confined persons phones. Confined persons have access to phones daily.</p> <p>Informal interviews with confined persons during the site review verified PREA reporting information was posted at the facility when they were transferred to the facility. They confirmed they also have access to mail, postage, and writing instruments, they send and receive mail.</p>

Reports of sexual abuse or sexual harassment may also be reported to Live Safe, toll free at 888-843-4564, an outside advocate that provides emotional support services to confined persons that suffer sexual assault. Posters were observed throughout the facility advising confined persons of the outside reporting services. Interviewed confined persons were aware of the agency and the services provided by the agency.

Confined persons can report sexual abuse and sexual harassment to the Ombudsman in writing, P.O. Box 1529, Forsyth, GA 31029, an outside agency, or call the Ombudsman at (478-992-5358).

Interviewed confined persons could name multiple ways to report sexual assault, most stated they would tell a staff member.

Mail process: Outgoing mail slot is found outside of control room II. Confined persons can purchase writing materials in the commissary; indigent confined persons can request materials via form from the commissary. All mail is sealed by the confined person, and placed in a locked drop mailbox, mail room staff look for alerts for senders and receivers for each confined persons' mail. Mail is picked up Monday thru Friday, with the exceptions of holidays.

All incoming mail, with the exception of legal mail, is opened by mail room staff and visually scanned, and delivered to the confined person. Legal mail is opened in front of the confined person; legal mail must be signed for by the confined person. Legal mail is not read by staff.

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

115.53 (a): Policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 17) discusses the requirements for allowing confined person access to emotional support services, including those within the community. The facility utilizes various means to communicate the availability of emotional support services with the confined persons. The facility provides confined persons with access to outside victim advocates for emotional support services related to sexual abuse by providing all confined persons with an informational guide (as part of the confined person handbook) and brochures describing available emotional support organizations for victims of sexual abuse. The confined person handbook contains information titled, "Break the Silence of Abuse". Additionally, a dual-language confined person education and awareness brochure is given to confined persons upon arrival to the facility.

During the facility tour, the auditor observed prominently displayed posters containing the number and dialing instructions to call the PREA Unit Hotline.

Formal and informal interviews with confined persons confirmed were aware of the posters and they knew how to contact the PREA Unit.

There was no confined person who reported a sexual abuse to interview.

Confined persons telephones are monitored, but confined persons do not have to give

	<p>their name or provide any PIN number when calling the hotline. Telephones were in use during the site review indicating they were operational.</p> <p>The auditor placed three (3) calls to the PREA unit hotline.</p> <p>Dialing instructions can also be found in the Detainee Handbook on page 35: To report a sexual assault:</p> <ol style="list-style-type: none"> 1. Pick up the handset. 2. Select a language (Press 1 for English or 2 for Spanish). 2. Press 8 for Prison Rape Elimination Act Mailbox. 3. When prompted for the telephone number you are calling, dial 7732. 4. After hearing the Prison Rape Elimination Act mailbox prompt, you will have 1 minute to record your message. <p>Calls to the Prison Rape Elimination Act reporting line are anonymous.</p> <p>In response to the PAQ, the facility has a MOU with Live Safe to provide an outside advocate; to provide services for male confined persons that are victims of sexual assault.</p> <p>Facility provided documentation of a staff member completing PREA Victim Advocate Training.</p> <p>Paulding Residential Substance Abuse Treatment Facility has an outside advocate service to respond to requests to provide services for incarcerated victims during the forensic medical examination process and investigatory interviews; maintain confidentiality as required by state and federal laws pursuant to Georgia Code Title 24 Evidence 24-5-509 and the requirements.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.53 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.54:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

3. GDOC official website: <http://www.GDOC.ga.gov/>

4. Detainee Handbook

5. Dialing Instructions

6. PREA Posters

7. PREA Pamphlets

In order to decide compliance determination, the following observations were made during the on-site tour of the facility:

Observations of Reporting Mechanisms - (PREA Posters, Confined person Handbooks, PREA Brochures, Mail Process, Hotline dialing instructions, Live Safe Posters (outside advocate). Posters were printed in large font in English and Spanish, the information was accessible to all confined persons, staff, and visitors. The posters had accurate and consistent throughout the facility and in confined persons housing units. Hotline dialing instructions were posted next to confined persons phones. Confined persons have access to phones daily.

Informal interviews with confined persons during the site review verified PREA reporting information was posted at the facility when they were transferred to the facility. They confirmed they also have access to mail, postage, and writing instruments, they send and receive mail.

Reports of sexual abuse or sexual harassment may also be reported to Live Safe, toll free at 888-843-4564, an outside advocate that provides emotional support services to confined persons that suffer sexual assault. Posters were observed throughout the facility advising confined persons of the outside reporting services. Interviewed confined persons were aware of the agency and the services provided by the agency.

Confined persons can report sexual abuse and sexual harassment to the Ombudsman in writing, P.O. Box 1529, Forsyth, GA 31029, an outside agency, or call the Ombudsman at (478-992-5358).

Interviewed confined persons could name multiple ways to report sexual assault, most stated they would tell a staff member.

Mail process: Outgoing mail slot is found outside of control room II. Confined persons can purchase writing materials in the commissary; indigent confined persons can request materials via form from the commissary. All mail is sealed by the confined person, and drop in locked drop mailbox, mail room staff look for alerts for senders and receivers for each confined persons' mail. Mail is picked up Monday thru Friday, with the exceptions of holidays.

All incoming mail, with the exception of legal mail, is opened by mail room staff and visually scanned, and delivered to the confined person. Legal mail is opened in front of confined person; legal mail must be signed for by the confined person. Legal mail is not read by staff.

The following describes how the evidence above was used to draw the conclusion

	<p>regarding compliance (By Provision):</p> <p>115.54 (a). GDOC’s policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 26-27) references Third Party Reporting. Third party reporting may be made to Ombudsman’s Office, by email to the agency PREA Coordinator, and via written correspondence to the State Board of Pardons and Paroles, Office of Victim Services and the GDOC Office of Professional Standards, PREA Unit. Information on how to report sexual abuse and sexual harassment on behalf of a confined person can be found at http://www.GDOC.ga.gov/.</p> <p>The auditor reviewed the website and found third party reporting information is made publicly available on the agency website. Reports may be made via the “Report Sexual Abuse and Sexual Harassment link. The website advises the viewer that GDOC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. In response to the PAQ, the facility indicated it accepts all reports regardless of how they are received, i.e., written, verbal or third party. All third-party reports are processed as any other allegation. Third party reports may be made to:</p> <p>The Ombudsman’s Office at P.O. Box 1529, Forsyth, GA 31029, or call (478) 992-5358.</p> <p>By email to the PREA Coordinator at PREA.report@gdc.ga.gov.</p> <p>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> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.54 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.61:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Investigative Report of Sexual Abuse Allegation Form 4. GDOC Employee Standards of Conduct 5. Staff PREA Education Acknowledgment Statement

6. GDOC Commissioner's Statement Prohibiting Unlawful Harassment (Including Sexual Harassment)

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

Specialized Staff (3)

1. Superintendent
2. PREA Coordinator
3. Medical Staff
4. Random Staff (15)

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

115.61 (a): In response to the PAQ, staff reported the agency requires all staff to immediately report any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency; retaliation against confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

One hundred percent of the random and informal staff interviews confirmed all staff knew of their requirements for reporting instances or allegations of sexual abuse, retaliation, or staff neglect. All staff was adamant they would not hesitate to report to their supervisor. The auditor's review of two investigations, one administrative and one possibly criminal in nature and found both were reported timely. Policy, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program (p. 27) directs staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, to report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct.

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

115.61 (c): All GDOC employees, contractors and volunteers are to sign a PREA Acknowledgement Statement indicating they have a duty to report to a nearby supervisor if they witness a PREA incident or someone reports to them any PREA

	<p>related incident or information. This includes medical and health practitioners.</p> <p>The interviews with medical staff confirmed they were aware of their duty to report, confidentiality limitations at the beginning of services.</p> <p>115.61 (d): In response to the PAQ, the facility reported its use if for adult confined persons between the ages of 18 and up years old, as such the Paulding Residential Substance Abuse Treatment Facility does not house youthful confined persons; however, the agency does and policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Additionally, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee will make notification to the appropriate outside law enforcement agency.</p> <p>Interviews with the PREA Coordinator and Superintendent indicated all GDOC staff are mandated reporters. If a youthful confined person or a vulnerable adult reports an allegation of sexual abuse or sexual harassment, we are mandated to report his allegation to the Georgia Department of Family and Children Services, and so they can have the opportunity to conduct an independent investigation. GDOC investigators will continue the administrative and, if applicable, a criminal investigation regarding the allegation.</p> <p>115.61 (e): During interview with the Superintendent confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported and investigated.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.61 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.62:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Paulding Residential Substance Abuse Treatment Facility Coordinated Response Plan, attachment 7

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

Specialized Staff (2)

1. Agency Head
2. Superintendent
3. Random Staff (15)

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

115.62 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 7) addresses the facility's Coordinated Response Plan and steps to follow upon learning of a sexual misconduct allegation. The Coordinated Response Plan identifies the first requirement is to separate the alleged abuser from the alleged victim in tandem with reporting the incident. The Coordinated Response Plan identifies the first and foremost step following reporting the incident is to separate the alleged abuser from the alleged victim. At Paulding Residential Substance Abuse Treatment Facility, the cell in visual view of the control center is considered a 'safe cell' where potential victims would be placed in the threat of imminent risk.

In response to the PAQ the past 12 months, the number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse: 0

The interviews with a random sampling of staff confirmed all staff knew to act and respond immediately to the situation taking protective measures separate the confined persons and move the victim to a safe place in view of staff.

The interviews with the agency head and Superintendent indicated GDOC has a zero-tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation. All allegations, except for those deemed unfounded, are monitored for retaliation. Individuals that retaliate on staff or confined persons for cooperation will be disciplined per GDOC discipline policies.

Upon learning of substantial risk of imminent sexual abuse, protective actions taken to protect the confined person include immediately shielding the confined person from any further or pending abuse by separating the confined person from the aggressor and relocating to a safe place in the facility, near staff or in another building; identify locations within the area for temporary placement of the victim; transfer the aggressor to a secure facility pending investigation.

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

Corrective Action: None

115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 116.63:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.63 (a): GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires in cases where there is an allegation that sexually abusive behavior occurred at another GDOC facility, the Superintendent/designee of the victim’s current facility is required to provide notification to the Superintendent of the identified institution and GDOC’s PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Superintendent of the confined person’s current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Superintendent/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non- Department facilities, the Superintendent/designee(s) contacts the appropriate office of that correctional Department.</p> <p>In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0</p> <p>115.63 (b): GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 27-28) and Local Policy Procedure requires the notification be provided as soon as possible but not later than 72 hours after receiving the allegation. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p>115.63 (c): GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure require notifications to be documented.</p>

	<p>115.63 (d): GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires the facility head or GDOC office that receives such notification to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p>In response to the PAQ, the facility documented number of allegations during the past 12 months in which a confined person at this facility alleged sexual abuse at another facility: 1</p> <p>The interviews with the agency head and Superintendent indicated if the facility receives notification from another agency that an allegation of sexual abuse or sexual harassment occurred at another GDOC facility; the receiving facility would take steps needed to investigate the allegation. All allegations received are forwarded for an administrative investigation and those containing criminal allegations are forwarded immediately for criminal investigation. Each facility has a PREA Compliance Manager that serves as the point-of-contact for such allegations. GDOC's Statewide PREA Coordinator also serves as a point of contact. External reports of sexual abuse or sexual harassment is reported to the facility PREA Compliance Manager or the Statewide PREA Coordinator.</p> <p>Based on the interviews, the auditor is confident the facility leadership would take appropriate action if a notification is received.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.63 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.64:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Paulding Residential Substance Abuse Treatment Facility, Coordinated Response Plan (Att.7) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Random Staff (15)

2. Targeted Confined persons who Reported a Sexual Abuse (0)

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

115.64 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 27-28) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Local Procedure Directive and Coordinated Response Plan reviewed by the auditor include the names and telephone numbers of the coordinating parties. Local Procedure Directive and Coordinated Response Plan, First Steps details actions to be taken in the event of an incident of sexual abuse which include the following elements required in this standard provision:

- Ensure the victim is separated from the abuser.
- Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an internal investigator arrives.
- Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- Instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.

In response to the PAQ, the facility reported the number of allegation of sexual abuse in the past 12 months.

In the past 12 months, the number of allegations that an inmate was sexually abused: 1

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 1

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0

A review of the documentation indicated protocols pursuant to this provision were followed as necessary relating to the nature of the abuse allegation.

The interview with security staff first responders and informal staff interviews confirmed a great deal of knowledge of first responder duties and exactly what to do in response situations.

115.64 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy and Local Procedure Directive and Coordinated Response Plan does not require that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

	<p>The interviews with security staff first responder and non-security staff first responder and random staff (15) confirmed detailed knowledge of first responder protocols.</p> <p>Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.64 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.65:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Coordinated Response Plan 4. Sexual Abuse Response Checklist, attachment 6 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1)</p> <p>Superintendent</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.265 (a): GDOC’s Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 28-29) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Local Operating Procedure Directive and the Paulding Residential Substance Abuse Treatment Facility Sexual Assault Response Plan serve as the facility’s</p>

	<p>Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDOC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment. The facility also uses the GDOC Sexual Abuse Response Checklist to coordinate the actions and responses of first responders. This document becomes a part of the investigation packet.</p> <p>The Coordinated Response Plan reviewed is current and includes the names and telephone numbers of the coordinating parties.</p> <p>The interview with the Superintendent indicated the Coordinated Response Plan serves as a guide for each first responder, medical staff as well as all participants in the event of a sexual assault.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.65 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.66:</p> <p>1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire</p> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1)</p> <p>Agency Head</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.66 (a): In response to the PAQ, the facility reported the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p>

	<p>The Interview with the agency head verified GDOC has not engaged with collective bargaining with employees.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.66 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.67	Agency protection against retaliation
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.67:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Paulding Residential Substance Abuse Treatment Facility, Local Policy Directive and Coordinated Response Plan (Att.7) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent 3. Staff Member Charged with Retaliation Monitoring 4. Targeted Confined Person Who Reported a Sexual Abuse (0) 5. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.67 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (PP. 28-29) addresses GDOC's commitment to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff. Policy in part stated. "The Department will protect confined persons and staff members who report sexual abuse or Sexual Harassment from retaliation anyone who retaliates against a staff member or a confined person who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be</p>

subject to disciplinary action.” Policy further requires institution Superintendents to designate a staff member to serve as the facility Retaliation Monitor. Retaliation Monitors are to be identified in the Local Procedure Directive and Coordinated Response Plan. The Retaliation Monitor is identified by name, title and department, with current contact information in the Local Procedure Directive.

115.67 (b): The Coordinated Response Plan addresses confined person protection measures. GDOC’s multiple protection measures include housing changes or transfers, removal of alleged staff members or confined person abusers from contact with victims, and emotional support services for confined persons and/or staff members who fear retaliation for reporting or for cooperating with investigations.

The interview with the agency head designee reiterated the agency has a zero-tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation and that all allegations, except for those deemed unfounded, are monitored for retaliation. GDOC’s zero-tolerance for retaliation is a deterrent for anyone Individual that retaliates on staff or confined person for cooperation will be disciplined. The stance of zero-tolerance for retaliation is a deterrent for anyone to retaliate. If retaliation occurs, the person retaliating will be disciplined.

The Superintendent has designed the Behavior Health Professional as the retaliation monitor for the facility.

The Retaliation monitor described his role in preventing retaliation and monitoring retaliation and said he looks housing assignments, detail reassignments and any changes in programming activities.

Retaliation monitoring is documented on the GDOC Retaliation Monitoring Form. For staff she would review post assignments, changes in shifts, performance reports and any disciplinary reports.

115.67 (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Local Policy Directive and Coordinated

Response Plan, attachment 7, addresses confined person retaliation monitoring. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring includes the conduct and treatment of confined persons and staff to see any changes to indicate possible retaliation and to remedy any retaliation.

Monitoring includes the following: review of confined person disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of confined persons will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day Confined person Sexual Abuse Review Checklist. The checklist is completed for each confined person being monitored. The Georgia Department of Corrections 90 Day Confined person Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60

and 90 days:

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

Interview conducted with the retaliation monitor confirmed monitoring takes place for an initial 90 days but is extended depending on if the situation warrants additional monitoring.

The Superintendent indicated they try to identify the alleged retaliation and hold them accountable, be it a confined person or staff.

In response to the PAQ, the facility reported the number of instances of retaliation monitoring in the last 12 months: 0

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

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

115.67 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The auditor is not required to audit this provision.

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

Corrective Action: (None)

115.68	Post-allegation protective custody
	<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 1445 412">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.68:</p> <ol data-bbox="256 456 1445 613" style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Administrative Segregation, SOP 209.06 <p data-bbox="256 658 1445 725">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 770 544 804">Specialized Staff (2)</p> <ol data-bbox="256 848 1214 960" style="list-style-type: none"> 1. Superintendent 2. Staff Who Supervise Confined persons in Segregated Housing (0) 3. Targeted Confined persons housed in Segregated Housing (0) <p data-bbox="256 1005 1414 1072">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1117 1469 1565">115.68 (a) Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 25) address involuntary segregation. prohibits placing confined persons at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is not available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the confined person may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the confined person’s safety, must be documented in the confined person/ confined person database, SCRIBE, documenting concern for the confined person’s safety and the reason why no alternative means of separation can be arranged.</p> <p data-bbox="256 1610 1461 1800">Confined persons who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="256 1845 1477 2080">Confined persons in involuntary segregation will receive services in accordance with GDOC’s Administrative Segregation policy requires that confined persons at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the confined person may be held</p>

in involuntary segregation no more than 24 hours while completing the assessment.

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

In response to the PAQ, the facility documented the number of confined persons who alleged to have suffered sexual abuse that were held in involuntary segregated.

The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0

From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

There was no confined person who suffered sexual abuse that was house in involuntary segregation awaiting transfer to another facility.

The interview with Superintendent confirmed, if a confined persons in this situation are identified they would be placed in segregation temporarily and transferred to another facility if the situation warranted.

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

Corrective Action: (None)

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.71:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Sexual Abuse Incident Review Form 4. Investigative Staff Training Records <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Facility Investigator 2. Superintendent 3. PREA Coordinator 4. PREA Compliance Manager 5. OPS Investigator 6. Targeted Confined persons Who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.71 (a): The facility provided a copy of the GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses the investigative process. An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards (OPS). Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources. The interview with investigative staff confirmed anonymous or third-party reports of sexual abuse and sexual harassment are taken seriously and handled the same way as a self-report and that investigations are initiated within a day of receiving a report.</p> <p>115.71 (b): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 20) requires specialized training for members of the Sexual Abuse Response Team and any other staff members who are likely to be involved in the management and treatment of sexually abuse victims and perpetrators. The investigator for the Sexual Assault Response Team Members has completed the National Institute of Corrections Specialized</p>

Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".

During the interview with the facility investigator indicated he has completed the required training OPS "Investigating Sexual Abuse in Confinement Setting". The auditor was provided a copy of her training certificate as confirmation. Training documentation is also discussed in Standard 115.34 (c).

115.71 (c): GDOC's PREA policy (p. 31) requires investigative agents and investigators to gather and preserve direct and circumstantial evidence including any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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

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

115.71 (e): GDOC's PREA policy (p. 31) in part states, "The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as confined person or staff member. A confined person who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

When interviewed about the credibility of an alleged victim, suspect, or witness, the facility investigator indicated it did not matter if it was a staff member or confined person, and just because the individual is a confined person does not mean he or she is being untruthful and that under no circumstances would a polygraph be utilized prior to proceeding with any investigation.

There was no confined person who reported a sexual abuse at this facility during this audit cycle for the auditor to interview during the on-site portion of the audit.

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

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

The interview with the facility investigator of administrative allegations confirmed staff actions or failures to act are taken into consideration as to whether it contributed to the abuse. Written reports include a description of any evidence (electronic video monitoring, physical or verbal statements). The facility utilizes the PREA Investigative Summary form to describe physical and testimonial evidence and how they arrived at their disposition regarding an alleged instance of sexual abuse or harassment.

Hard copies of investigation files are securely filed in locked filing cabinets located in the PREA Compliance Manager's office. The files are also electronically uploaded into SCRIBE.

Confined persons files are securely filed in the records room, a limited number of staff have access to these confidential files, only records room staff are allowed to pull files for assigned staff members that have access to the information.

115.71 (g): PREA policy (p. 31) stipulates in part, "criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility". The facility provided the initial facility investigation to the auditor.

The interview with the facility investigator confirmed the facility does not conduct criminal investigations. However, staff provides documentation to the investigative division (OPS) on what occurred and documentation of any potential evidence, to include, physical, verbal, or electronic evidence. Copies of all evidence are turned over to OPS.

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

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

In response to the PAQ, the facility documented the number of confined persons who reported sexual abuse allegations that appeared to be criminal and referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that

	<p>were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1</p> <p>115.71 (i): The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, per PREA policy (p. 32). Paulding Residential Substance Abuse Treatment Facility' PREA Implementation Manual (p. 32) in part states, "Paulding Residential Substance Abuse Treatment Facility 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."</p> <p>115.71 (j): GDOC's PREA policy dictates an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Policy further stipulates in part, "The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation". The interview with the facility investigator confirmed investigations are completed and are updated as to the findings.</p> <p>115.71 (k): For purposes of this audit, this auditor is not required to make a compliance determination for provision (k) of this standard.</p> <p>115.71 (l): GDOC conducts investigations of all allegations of sexual abuse that have occurred in their facilities. As such, this provision is not applicable in determining compliance for PREA Standard 115.71.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.71 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.72:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

	<p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Facility Investigator 2. Special Agent Investigator (OPS) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.72 (a): GDOC’s PREA policy (p. 28), stipulates in part, “There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interviews with the facility investigator and OPS investigator confirmed investigators utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. The auditor reviewed one administrative investigative report and a preponderance of evidence was utilized in determining the unsubstantiated disposition.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.72 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.73:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Confined persons, SOP IK01-0006 (eff. 12/5/05) 4. PREA Disposition Confined person Notification Form 5. Procedure for Confined person Notifications – PREA Investigations, SOP 208.06, Attachment 3 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p>

Specialized Staff (3)

1. Superintendent
2. Investigator
3. Special Agent (OPS) Investigator
4. Targeted Confined persons Who Reported a Sexual Abuse

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

115.73 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 33) requires confined persons who are in GDOC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

In response to the PAQ, the facility documented the number of confined persons who reported sexual abuse allegations are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 1

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 1

The interviews with the facility investigator and Superintendent confirmed this to be the standard practice.

115.73 (b): GDOC Policy (p. 33) stipulates if investigations are forwarded to OPS for investigation, the facility will notify the confined person of the outcome upon completion.

115.73 (c): GDOC Policy (p. 33), requires confined persons who are in GDOC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDOC utilizes the PREA Disposition Confined person Notification Form to inform confined persons of the outcomes of investigations.

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

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

In response to the PAQ, the facility reported substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a confined person in the past 12 months: 0

Policy is in place and staff are aware of the investigation protocols the practice of notifying confined persons of the staff member's status.

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

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

115.73 (e): GDOC policy requires all notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDOC utilizes the PREA Disposition Confined person Notification Form to inform confined persons of the outcomes of investigations.

In response to the PAQ confined persons notified following the conclusion of an investigation alleging abused. Investigations file reviewed contained evidence of the notification to the confined person.

In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that was documented: 0

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

Upon the completion of an OPS PREA investigation:

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

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.73 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.76:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) 4. GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement 5. GDOC Employee Standards of Conduct Acknowledgement Statement 6. GDOC PREA Acknowledgement Statement <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.76 (a): The auditor reviewed Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses discipline for staff. Policy (p. 33) requires that staff that engages in sexual abuse with a confined person are banned from GDOC correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate.</p> <p>115.76 (b): The presumptive disciplinary sanction for staff who engages in sexual abuse as noted on page 33 of GDOC’s Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy is termination.</p> <p>In response to the PAQ, the facility reported staff from the facility violated sexual abuse or sexual harassment policies who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of those staff from the facility who have been</p>

	<p>terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>115.76 (c): Violations of GDOC policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories (p. 33).</p> <p>In response to the PAQ, the facility reported zero staff from the facility were disciplined, short of termination for violations GDOC sexual abuse or sexual harassment policies: 0</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0</p> <p>115.76 (d): Referencing GDOC’s PREA policy (p. 34) staff found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. All staff terminations for violations of GDOC sexual abuse or sexual harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal in nature. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified. Staff are aware of the disciplinary sanctions by acknowledging and signing the following forms: GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment), GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement, GDOC Employee Standards of Conduct Acknowledgement Statement, and GDOC PREA Education Acknowledgement Statement that detail potential sanctions, including arrest and referral for prosecution and the punishment if found guilty.</p> <p>In response to the PAQ, the facility reported staff from the facility has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.76 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.77:

1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers

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

Specialized Staff: (1)

1. Superintendent

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

115.77 (a): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with confined persons and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. As part of their PREA training, contractors and volunteers sign a GDOC PREA Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers that contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution.

In response to the PAQ, the facility indicated contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of confined persons.

In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0

115.77 (b): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires the facility to take appropriate remedial measures, and consider whether to prohibit further contact with confined persons, in the case of any other violation of GDOC sexual abuse or sexual harassment policies by a contractor or volunteer.

The interview with the Superintendent confirmed any contractor or volunteer who violates GDOC sexual abuse and sexual harassment policies are prohibited from working with confined persons and removed from the facility.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.77 based upon documentation provided and interviews

	<p>conducted.</p> <p>Corrective Action: (None)</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.78:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Discipline, SOP 209.01 4. SOP 209.01, Confined person Discipline, Authorized Discipline Sanctions List, Attachment 5 5. SOP 209.01, Confined person Discipline, MH/MR Evaluation for Disciplinary Action, Attachment 9 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Medical Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.78 (a): GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires confined persons be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined person engaged in confined person-on- confined person sexual abuse or a criminal finding of guilt for confined person-on- confined person sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Confined person Discipline and Attachment 5 of said policy, Authorized Discipline Sanctions List. Further, GDOC prohibits all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity.</p> <p>In response to the PAQ, the facility reported there administrative and criminal findings of confined person- on-confined person sexual abuse have occurred at the facility</p>

during the past 12 months.

In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0

In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0

115.78 (b): Paulding Residential Substance Abuse Treatment Facility' PREA Implementation Manual (p. 34) stipulates in part, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the confined person's confined person's disciplinary history, and the sanctions imposed for comparable offenses by other confined persons with similar histories."

The interview with the Superintendent confirmed sanctions are commensurate with the nature and circumstances of the abuse committed. Facility transfers, additional time added to a confined person's sentence and loss of privileges are examples of possible sanctions.

115.78 (c): GDOC's PREA policy (p. 34) requires the agency's discipline process to consider whether the confined person's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. The facility uses GDOC's MH/MR Evaluation for Disciplinary Action form to evaluate a confined person's mental health status.

The interview with the Superintendent confirmed the facility would take a confined person's mental disability or mental illness into consideration when determining sanctions after generating a discipline report.

115.78 (d): GDOC PREA policy (p. 34) addresses if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits.

115.78 (e): GDOC Policy (p. 35) indicates a confined person may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

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

115.78 (g): GDOC's PREA policy (p. 34) stipulates in part, "The Department prohibits

	<p>all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity". Consensual (non-coerced) sexual activity between confined persons does not constitute sexual abuse but, is considered a disciplinary issue. All instances of sexual contact between confined persons will be treated as non-consensual unless proven otherwise during the course of an investigation.</p> <p>There were no confined person disciplinary reports for sexual activity between confined persons to review during this audit cycle.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.78 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.81:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Referrals to Mental Health (0) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Staff Responsible for Risk Screening 3. Confined Persons Who Disclosed Prior Sexual Victimization During Risk Screening (0) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observation of the initial intake PREA process and risk screening.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.81 (a) (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive</p>

Behavior Prevention and Intervention Program policy (p. 25) requires GDOC to require that the GDOC to provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDOC Standard Operating Procedures and stipulates in part (p. 25) that “Confined persons whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.”

Upon arrival to the facility confined persons undergo an intake risk screening. If the risk screening results indicate that an confined person experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the confined person is offered a follow up meeting with medical and mental health, referrals are generated. Confined persons are able to either accept or refuse a follow-up meeting with medical or mental health staff if they choose.

In response to the PAQ, the facility reported confined persons disclosed prior victimization during screening during the past 12 months preceding the audit: 0

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

In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

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

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 100%

115.81 (c): Upon arrival to the facility, confined persons undergo an intake screening process. If risk screening results indicate that an confined person has a history of sexually assaultive behavior whether it occurred in an institutional setting or in the community, the confined person is offered a follow up meeting with medical or mental health care staff and referrals are generated. Confined persons can either accept or refuse a follow-up meeting with medical or mental health staff if they choose.

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

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

	<p>The interview with medical staff indicated they must obtain consent from confined persons to report sexual victimization that did not occur in a prison or jail.</p> <p>There were no confined person interviewed who disclosed prior victimization.</p> <p>The agency's PREA Coordinator ensured all applicable staff was retrained on GDOC's requirements for informed consent.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.81 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.82:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Confined person Handbook, English and Spanish <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. PREA Compliance Manager 3. Targeted Confined persons Who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.82 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) in part states, "The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department Standard Operating Procedures regarding medical and mental health care." In review of applicable GDOC policies and procedures Paulding Residential Substance Abuse</p>

Treatment Facility ensures that confined person victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The SART is required to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours.

Medical services are offered on-site at Paulding Residential Substance Abuse Treatment Facility.

Confined persons get immediate care when and as needed. The interview with medical staff confirmed immediate care and crisis intervention for confined persons following an allegation of sexual abuse or prior victimization of sexual abuse.

There was no confined person who reported sexual abuse at the facility to interview.

115.82 (b): Qualified medical professionals are on site at Paulding Residential Substance Abuse Treatment Facility that responds to emergencies. First responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health practitioners.

The interviews with fifteen (15) staff members confirmed they were all knowledgeable of first responder protocols and would be able to act accordingly in the event of an incident of sexual abuse. Specifically, they indicated the first action would protect the victim by separating the victim from the abuser. Other duties include preserving the scene so proper evidence could be collected for law evidence, i.e., changing clothes, brushing teeth, using the restroom. First responder security staff would also ensure the alleged abuser does not take any actions that could destroy evidence.

115.82 (c): Confined person victims of sexual abuse are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis in accordance with GDOC's Medical Management of Suspected Sexual Assault, Abuse or Harassment policy (p. 5). GDOC Policy requires that when a confined person makes an allegation of sexual abuse, the confined person will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries.

First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the confined person will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the confined person needs emergency care beyond the capability of the facility, he or she will be transported to the local hospital. The SANE and health care staff is utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections.

The interview with medical staff verified these procedures.

The facility reported during the 12-months preceding the audit there was no SANE

	<p>exam conducted at the facility or local hospital.</p> <p>115.82 (d): In response to the PAQ, the facility reported treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In review of one investigative file for a confined person who alleged sexual abuse by a staff member, there was no indication that the confined person was expected to make payment for any services.</p> <p>The interview with the PREA Compliance Manager verified this information and indicated there have not been instances involving the need for these services during or before this audit cycle.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.82 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.83:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002 5. Confined Person Handbook 6. Paulding Residential Substance Abuse Treatment Facility's PREA Local Procedure Directive and Coordinated Response Plan, Attachment 7 7. GDOC Procedure for Sane Nurse Evaluation/Forensic Collection 8. Medical Management of Suspected Sexual Assault Scope of Treatment Services, PN507.04.07

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

Specialized Staff (3)

1. SAFE/SANE
2. Medical Staff
3. PREA Compliance Manager
4. Targeted Confined persons Who Reported a Sexual Abuse (0)

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

115.83 (a): GDOC Policies, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (pp. 1-8) and Medical Management of Suspected Sexual Assault, Abuse or Harassment (pp. 1-6) address the requirements of offering medical and mental health evaluations and treatment as clinically indicated to all confined persons who have been victimized by sexual abuse. Paulding Residential Substance Abuse Treatment Facility's PREA Local Procedure Directive and Coordinated Response Plan require victims of sexual abuse to receive a mental health evaluation promptly within 24 hours and medical assessments.

115.83 (b): GDOC policies and procedures Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (pp. 1-8) and Medical Management of Suspected Sexual Assault, Abuse or Harassment (pp. 1-6) addresses the requirements of medical and mental health evaluations and treatment. Interviews with medical and mental health personnel indicated individualized treatment plans are prepared for each victim, including future follow up care if indicated. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

There was no confined person who reported a sexual abuse at the facility to interview.

115.83 (c): The interviews with both medical and mental staff confirmed the level of care for confined persons receive at Paulding Residential Substance Abuse Treatment Facility is consistent with that of the community level of care. Per policy, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (P. 2) requires mental health counselors to be a mental health counselor or Master's level behavior specialist who has successfully completed the Georgia Department of Corrections course of "Evaluation and Treatment of Sexual Assault and Victims of Abuse. A Specially Trained Counselor shall also be a licensed psychiatrist, psychologist, or advanced practice registered nurse.

Interviews with a random sample of confined persons confirmed no issues or concerns with the medical department.

115.83 (d): GDOC's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when a confined person alleges sexual abuse/

	<p>assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for sexually transmitted infections as well as pregnancy prophylactics if applicable. A pregnancy test is offered and should be given prior to administering any medication.</p> <p>115.83 (e): GDOC’s “Procedure for Sane Nurse Evaluation/Forensic Collection” provides specific actions required when a confined person alleges sexual abuse/ assault and all female confined persons will have access to reproductive and gynecological services per GDOC policy, Scope of Treatment (p. 3).</p> <p>115.83 (f): The agency’s “Procedure for Sane Nurse Evaluation/Forensic Collection” provides specific actions required when a confined person alleges sexual abuse/ assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for sexually transmitted infections as well as pregnancy prophylactics if applicable. A follow up visit by a clinician is required three working days following the exam.</p> <p>115.83 (g): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program address providing treatment for services victims of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p>115.83 (h): GDOC Policy requires that the facility attempt to conduct a mental health evaluation of all known confined person on confined person abusers within 60 days of becoming aware of such history and offer treatment as appropriate.</p> <p>The interview with medical staff confirmed the facility ensures mental health evaluations are conducted no later than 60 days after being notified of a confined person abuser.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.83 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.86:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

3. GDOC's Sexual Abuse Incident Review Checklist, PN 208.06, (Att. 9)

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

Specialized Staff (3)

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

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

115.86 (a): GDOC's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires facilities to conduct a Monthly Sexual Abuse Program Review. In instances of sexual abuse, the facility is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. The purpose to review and assess the facility's PREA prevention, detection, and response efforts pursuant to the Sexual Abuse Incident Review Checklist. This review is conducted by the facility's Sexual Abuse Incident Response Team.

In response to the PAQ: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 1

115.86 (b): GDOC's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires a sexual abuse incident review be completed at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. Policy does not stipulate it be conducted within 30 days however; it does require the facility to submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. The report is to be submitted via email and include all allegations investigated during the month.

In response to the PAQ: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1

115.86 (c): GDOC's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 3), defines a facility's Sexual Abuse Incident Review Team is a team that consists of upper-level management representatives. The Sexual Abuse Incident Review Team allows for input from line supervisors, investigator, medical, mental health, facility victim advocate, and retaliation monitor, members of the Sexual Abuse and Sexual Harassment Response Team. The interview with Superintendent indicated Incident

Review procedure is in place and upper-level management participates in all reviews.

115.86 (d): GDOC's, policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, attachment 9, Sexual Abuse Incident Review Checklist requires the incident review team to review the following:

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

All findings and recommendations for improvement will be documented on the Sexual Assault Incident Review.

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

115.86 (e): GDOC's SAIR Checklist includes a section for improvements whereby the facility will implement recommendations for improvement or will document the reason for not doing so.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.86 based upon documentation provided and interviews conducted.

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

In addition, a portion of the funding was utilized to reach-out to the PREA Auditors of America (PAOA) to review the agency's investigations processes; the PAOA developed a training program to assist the agency in addressing identified areas of concerns.

PAOA provided train-the-trainer training to the GDOC PREA Unit. This unit is responsible for providing training for Agency PREA Compliance Managers and SART investigators.

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115.87	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.87:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Bureau of Justice Statistics Survey of Sexual Victimization 4. GDOC PREA Annual Reports (2018, 2019, 2020, 2021 and 2022) 5. Incident Demographic Report <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.87 (a) (c): GDOC collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required in their policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 36-37).</p> <p>Data collection begins with each facility submitting a report to GDOC’s PREA Analyst each month using the electronic spreadsheet provided by the PREA Coordinator.</p> <p>Facilities are required to submit the form via email no later than the fifth calendar day of the month following the reporting month. All allegations, including dispositions are to be included in the report. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence (SSV) conducted by the US Department of Justice.</p> <p>The auditor reviewed GDOC’s 2018, 2019, 2020, 2021, and 2022 PREA Annual Reports, available on the agency’s website. The data collected includes, minimally, the data necessary to answer the questions on the most recent Survey of Sexual Violence.</p> <p>115.87 (b): GDOC publishes incident-based data in an annual report, comparing each years' data, and provide an assessment of progress in addressing confined person sexual abuse as required in their policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36).</p>

	<p>115.87 (c): The incident-based data collected includes, 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.</p> <p>115.87 (d): GDOC maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files and sexual abuse incident reviews as evidenced by its detailed and comprehensive PREA Annual Reports.</p> <p>115.87 (e): GDOC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its confined persons. In review of the 2022 PREA Annual Report, GDOC has 36 state prison facilities, 15 transitional centers, 7 probation detention centers, 12 confined substance abuse treatment centers (RSAT), 2 integrated treatment facilities, 21 county correctional institutions and 4 private prisons. Information is collected and aggregated from all the GDOC operational facilities.</p> <p>115.87 (f): The GDOC’s PREA Unit provides, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.87 based upon documentation provided and interviews conducted.</p> <p>This standard is rated “exceeds” because of the sophisticated reports the GDOC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled inmates/ inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor.</p> <p>Corrective Action: (None)</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.88:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire

2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program
3. GDOC Annual PREA Reports (2012 - 2022)
4. Department of Justice (DOJ) Survey of Sexual Victimization (SSV-2) State Prisons Systems Summary Form
5. Agency Website: www.dcor.ga.state.us

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

Specialized Staff: (4)

1. Agency Head
2. Superintendent
3. PREA Coordinator
4. PREA Compliance Manager

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

115.88 (a): In response to the PAQ, the facility reported its agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36-37) stipulates the agency will review aggregated data collected of all sexual abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and confined person sexual safety. The incident-based data includes data to answer all the questions from the most recent version of the Department of Justice Survey of Sexual Violence (SSV-2). The review consists of identifying problem areas, on-going corrective action and the preparation of the annual report. The annual report will include findings and any necessary corrective action.

Interviews with the agency head and PREA coordinator confirmed the use of incident-based sexual abuse data is a process of annual review and taking on-going corrective action to determine how data can improve the quality of service and improve confined person and staff sexual safety. The agency head (designee) added at minimum, a monthly data report (Commissioner's monthly roll-up) is submitted by the PREA Coordinator's office and reviewed by Executive Leadership. The report contains trending charts to gauge allegation types and dispositions with an emphasis on substantiated allegations. Additionally, the agency has a dedicated, full-time PREA Analyst that compiles data and reviews it for trends relating to sexual abuse and sexual harassment.

115.88 (b): Reports 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.

During calendar year 2021, there were 1,421 PREA allegations reported at our GDC

	<p>operated and contracted facilities. Of those 1,421 allegations, 312 (22%) were Staff-to-Inmate Harassment; 230 (16%) were Staff-to-Inmate Abuse; 407 (29%) were Inmate-to-Inmate Harassment; and 472 (33%) were Inmate-to-Inmate Abuse.</p> <p>During calendar year 2022, there were 1,131 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,131 allegations, 558 (49%) were unsubstantiated; 401 (36%) were unfounded; 133 (12%) were deemed not PREA; 39 (3%) were substantiated; and none are pending investigation.</p> <p>The analysis is attributed to the following factors; Increased education in the definitions of what does, and does not meet the definition of PREA; A significant decrease in the use of the PREA Hotline to report false allegations; Process improvements and prevention training; and Improvements in investigative procedures. The auditor determined the reports contained all required information pursuant to this provision.</p> <p>115.88 (c): The interview with the agency head (designee) indicated the agency head approves all PREA Annual Reports prior to posting on the agency’s website. The auditor reviewed the agency website, www.dcor.state.ga.us/ and located Annual PREA Reports from 2012 to 2022.</p> <p>115.88 (d): The interview with the agency’s PREA Coordinator confirmed any information that would compromise the confidentiality of reported information and any information that would breach the safety and security of GDOC, staff, and/or confined persons would be redacted. Redacted information can include, but is not limited to personal identifiers for confined persons and staff, specific incident locations, facility schematics etc.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.88 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.89:</p> <ol style="list-style-type: none"> 1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

- 3. GDOC Agency Website (<http://www.dcor.state.ga.us/>)
- 4. PREA Coordinator Data Storage Secure Files

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

Specialized Staff: (1)

PREA Coordinator

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

115.89 (a): In response to the PAQ, the facility indicated GDOC is required to securely maintain all collected and aggregated data. The interview with the PREA Coordinator confirmed the PREA Unit gathers intelligence from facility reports that are sent directly to the PREA unit staff. The PREA Unit maintains the records, electronically, on a secure network drive.

115.89 (b): In response to the PAQ, the facility indicated GDOC Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. The auditor reviewed the 2019, 2020, and 2021 Annual PREA Reports on the agency's website.

115.89 (c): In response to the PAQ, the facility indicated the agency is required to remove all personal identifiers prior to publishing the aggregated data on its public website. The auditor reviewed the agency's website and reviewed the 2018, 2019, 2020, 2021, and 2022 Annual PREA Reports and found no personal identifiers.

115.89 (d): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 37) require retention of PREA related documents and investigations to be securely retained for at least 10 years from the date of the initial report. The agency's website contains historical PREA reports since 2012 through 2022.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.89 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.401:

1. Paulding Residential Substance Abuse Treatment Facility Pre-Audit Questionnaire
2. Paulding Residential Substance Abuse Treatment Facility May 2021 PREA Report
3. Georgia Department of Corrections Agency Website

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

115.401 (a): GDOC ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited. The Paulding Residential Substance Abuse Treatment Facility was previously audited for compliance with the PREA Standards March 2021. The auditor reviewed the agency's website, <http://www.dcor.state.ga.us/>, and verified Paulding Residential Substance Abuse Treatment Facility had a PREA audit in May 2021. The PREA Coordinator also relayed to the auditor that all GDOC facilities are undergoing 1st Cycle PREA audits.

GDOC Policy, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, (pp. 31-32) addresses the requirement that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator. The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state confined persons) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

The auditor reviewed the agency's website and verified Paulding Residential Substance Abuse Treatment Facility had a PREA audit in May 2021 during the 3rd audit cycle. The auditor noted both reports on the agency website. The current PREA audit is the Paulding Residential Substance Abuse Treatment Facility's is in the 1st audit cycle.

115.401 (b): The auditor reviewed the agency's website; and verified Paulding Residential Substance Abuse Treatment Facility had PREA audits in 2018, and 2021.

The auditor reviewed the Georgia Department of Corrections website; all GDOC facility's PREA audits reports are posted on the site to include Annual PREA Reports.

115.401 (h): The auditor was provided unfettered access to all areas of the facility during this PREA audit.

During the site review the auditor had access to the entire facility. The auditor was

	<p>accompanied by facility staff and one staff members from the GDOC PREA Unit. The auditor tested phones in the day-rooms to confirm they were operational. The PREA Unit confirmed receipt of the call via email. The auditor informally interviewed staff, contractors, and confined persons during the site review.</p> <p>115.401 (i): The auditor received documents as requested, including those stored electronically.</p> <p>The auditor requested additional documentation for clarification during the report writing phase. The auditor requested additional documentation for standard 115.17 to confirm compliance with the standard. The information was provided as requested.</p> <p>115.401 (m): The auditor was provided a space for private, uninterrupted interviews with confined persons during this PREA audit.</p> <p>All interviews with confined persons, staff, contractors, and specialized staff were conducted in privacy, all persons interviewed were forthcoming. Staff assisted the auditor by ensuring confined persons were readily available for interview.</p> <p>115.401 (n): Confined persons were not prohibited from sending confidential information or correspondence to the auditor, unopened and sealed.</p> <p>The auditor sent Audit Notices to the facility 45 days prior to the on-site audit. The auditor received confirmation via email with photos of the posting of the Audit Notices. During the site review, the auditor observed Audit Notices posted throughout the facility in areas accessible to confined persons, visitors, contractors, volunteers, and staff. The auditor received no corresponds from any confined person, staff, contractor, volunteers, or outside interested parties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.403:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. GDOC website; http://www.dcor.state.ga.us/

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

The agency PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website, <http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA> and are easily accessible to the public. The auditor reviewed the Agency's website and reviewed the previous PREA reports, as well as, annual reports that were posted on the website.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.

Corrective Action: (None)

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	na
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	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.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	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	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	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

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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)		
	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