

PREA Facility Audit Report: Final

Name of Facility: Smith State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/02/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 04/02/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 02/03/2025

End Date of On-Site Audit: 02/06/2025

FACILITY INFORMATION

Facility name: Smith State Prison

Facility physical address: 9676 U.S. 301, Glennville, Georgia - 30427

Facility mailing address:

Primary Contact

Name:	Willesha Warren
Email Address:	willesha.warren@gdc.ga.gov
Telephone Number:	9126545095

Warden/Jail Administrator/Sheriff/Director	
Name:	Jacob Beasley
Email Address:	jacob.beasley@gdc.ga.gov
Telephone Number:	912-654-5020

Facility PREA Compliance Manager	
Name:	Willesha Warren
Email Address:	willesha.warren@gdc.ga.gov
Telephone Number:	(478) 283-6764

Facility Health Service Administrator On-site	
Name:	Charlotte Jones
Email Address:	cjones10@teamcenturion.com
Telephone Number:	912-654-5113

Facility Characteristics	
Designed facility capacity:	1652
Current population of facility:	1208
Average daily population for the past 12 months:	1350
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18+
Facility security levels/inmate custody levels:	Minimum/Medium/Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	129
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	61
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	40

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

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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-02-03
2. End date of the onsite portion of the audit:	2025-02-06

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?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Just Detention International was contacted and responded their data base did not reflect any contact from the facility or the residents. S.A.R.T. was contacted and confirmed they conduct forensic examinations, when requested by the facility. They report to the facility and conduct the examinations on-site. They have three SANE nurses. One SANE nurse is always available to conduct forensic exams when needed.</p> <p>Mary's Place was contacted. They previously had a MOU with the facility, but it has expired. They are currently working on a new MOU. They will continue to provide services, free of charge to the inmates during the interim. They provide a victim advocate when requested to accompany residents to forensic examinations. They provide a 24/7 crisis line for residents to call for emotional support regarding sexual abuse, past or present. They provide a 24/7 crisis line for residents to call to report sexual abuse while at the facility. They provide a mailing address for the inmates to write regarding sexual abuse past or present.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1562
15. Average daily population for the past 12 months:	1350
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1190
19. 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:	17
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

21. 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:	5
22. 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:	16
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
24. 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:	6
25. 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:	2
26. 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:	8
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

29. 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):

The facility population day one of the on-site audit was 1,190. According to the PREA Auditor Handbook this requires a minimum of twenty targeted inmate interviews.

The Auditor interviewed forty-four targeted inmates.

Physically Disabled (15)

The physically disabled inmate was mobility impaired. The inmate reported feeling safe and did not feel at a disadvantage due to the physical disability.

Vision Impaired (5)

The visually impaired inmates agreed they did not believe their impairment placed them at risk.

Hearing Impaired (12)

The hearing-impaired inmates agreed they were able to function without assistance from staff.

Limited English Proficient (1)

The LEP inmate confirmed receiving PREA information and facility rules in English and Spanish. Further indicated he did not feel language was not a barrier in programming or work assignment, as he can understand English.

Gay or Bisexual (6)

The inmates reported being treated fairly. They reported they had not been housed in a dedicated gay or bisexual unit.

Transgender or Intersex (2)

The inmates reported being treated fairly. They reported they had not been housed in a dedicated transgender unit. They reported medical was taking care of them and adequately monitoring their hormone treatments. They indicated they were allowed to shower in private.

Reported Abuse (5)

The inmates felt the allegations were taken seriously. The investigations were prompt and timely. The cases were closed and the inmate's received notification of the result of the investigation.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. 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:	129
31. 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:	40
32. 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:	61
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility reports 101 volunteers and contractors approved to enter the facility and have contact with inmates. The volunteers and contractors are provided specific PREA training as it relates to volunteers, in addition to the GDC specific PREA training.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
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<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The institutional count the first day of the on-site audit was 1,190. According to the PREA Auditor Handbook this requires a minimum of 40 inmates (20 random and 20 targeted) to be interviewed. Twenty-one random inmates were interviewed.</p> <p>The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from varying housing units to interview, ensuring diversity in age and race.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The institutional count the first day of the on-site audit was 1,190. According to the Auditor Handbook with a population of 1,190, the auditor shall interview a minimum of 20 random inmates and 20 targeted inmates. Twenty-one random inmates were interviewed. These were inmates that were not part of the targeted inmate interviews. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates to interview, ensuring diversity in age, race, and length of sentence. During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

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

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

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

Targeted Inmate/Resident/Detainee Interviews

39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	44
<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>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	15
41. 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:	0
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>

41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The facility reported there were no inmates who were in this category assigned to the facility. During the on-site tour nothing was learned or observed that would contradict this assertion.</p>
42. 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>5</p>
43. 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>12</p>
44. 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>1</p>
45. 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>6</p>
46. 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>2</p>
47. 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>5</p>

48. 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:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no inmates who were in this category assigned to the facility. During the on-site tour nothing was learned or observed that would contradict this assertion.
49. 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:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The facility reported there were no inmates who were in this category assigned to the facility. During the on-site tour nothing was learned or observed that would contradict this assertion.</p>
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>The Auditor requested and received a roster of inmates who fell into the targeted categories. The Auditor randomly chose inmates from each category to interview, ensuring diversity in age and race. Once selected each inmate was put on "call-out" with a time to report to the private space designated for interviews.</p> <p>The Auditor interviewed forty-four targeted inmates. The breakdown of the categories are itemized in box 48.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	15
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div data-bbox="818 1223 1361 1720"> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div data-bbox="818 1812 911 1939"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>

<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>During the on-site tour, the Auditor had informal, conversational encounters with staff regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of fifteen formal random staff interviews were conducted.</p> <p>As a result of the audit notice posting the Auditor did not receive any correspondence from staff.</p> <p>At the beginning of each interview the Auditor made clear to the staff why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the staff's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the staff member if he/she wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions. All random staff willingly participated in the interview process. All responses were typed directly onto the protocol form. During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random staff responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could accept verbal reports, they knew they had a right to be free from retaliation, and they felt the leadership took PREA issues very seriously.</p> <p>Regarding personal safety, the staff member interviewed stated they felt safe from sexual harassment and sexual abuse.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>

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

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

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

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

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

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

65. 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

66. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

Smith State Prison is a male facility located at 9676 US-301, Glennville, GA 30427. As a male facility it can house cisgendered male inmates and male-to-female transgender inmates. The facility opened in 1993. The facility has a capacity of 1,526.

HOUSING UNITS

Smith State Prison has eight (18) housing units. D, E, F, G, H, J, & K all have 2 sides with 48 double bunked cells housing 96 offenders per dorm. Dorms are separated by a control booth. L building has four (4) open dormitories with each dormitory having 16 double bunks on both bottom and top range housing 64 offenders per dorm. The control booth is centrally located.

D Building is constructed with 2 housing units that are separated by control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). D building also has 17 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 192 Evidence Based Programing offenders (96 on each side). Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

E Building is constructed with 2 housing units that are separated by a control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). E building also has 17 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 96 Evidence Based Programing offenders in E-1 and 96 general population offenders in E-2. Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

F Building is constructed with 2 housing units that are separated by a control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). F building also has 17 cameras placed strategically to cover the

interior and exterior of the building. This dormitory houses a maximum of 192 Evidence Based Programing offenders (96 on each side). Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

G Building is constructed with 2 housing units that are separated by a control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). G building also has 17 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 192 Evidence Based Programing offenders (96 on each side). Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

H Building is constructed with 2 housing units that are separated by control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). H building also has 17 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 192 Tier 1 offenders (96 on each side). This dormitory is a segregation unit and is also equipped with a medical station, property room, and cell doors with restraint/ tray flaps. Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

J Building is constructed with 2 housing units that are separated by a control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). J building also has 17 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 192 Tier 2 offenders (96 on each side). This dormitory is a segregation unit and is also equipped with a medical station, property room, and cell doors with restraint/ tray flaps. Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

K Building is constructed with 2 housing

units that are separated by a control booth. Each housing unit is equipped with 48 double bunked cells, 6 total showers (3 on top and 3 on the bottom). K building also has 17 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 192 Evidence Based Programing offenders (96 on each side). Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

L Building is constructed with 4 open dormitories with a centrally located control booth. Each housing unit is equipped with 36 double bunks (16 on the top range and 16 on the bottom), 6 total showers (3 on top and 3 on the bottom). L building also has 15 cameras placed strategically to cover the interior and exterior of the building. This dormitory houses a maximum of 256 Evidence Based Programing offenders (64 in each dormitory). Supervisors make unannounced rounds in this area routinely and document the rounds in the unit logbook.

Administration Area (Lower): Consist of 5 Office, with 5 staff that work in this area. One Deputy Warden Care & Treatment, Counselor Supervisor, Administrative Support, and two Counselors. All non-relievers work Monday through Friday 8:00am to 4:30pm. One offender was assigned to this area to clean and assist staff. Offender is under Constant supervision of staff. Off all holidays.

Administrative Area (Upper) consists of 12 staff offices. Twelve staff. All Twelve offices are non-relieved Monday through Friday 8:00am to 4:30pm (Excluding holidays). Two offenders are assigned to this area, needed for janitorial duties and are under constant supervision.

Back-gate: This area consists of 1 Correction Officer non-relieve Monday through Friday 8:00am to 4:30pm. No offenders are assigned to this area. This area is utilized to process vehicles in and out of the facility by conducting vehicle shakedown. Also, this area is used to transfer offender to other facilities,

out to court, and medical.

Chemical area: This area consists of Correctional Officer. Monday through Friday 7:00am to 4:30pm (Off all holidays) non-relief. There are three offenders assigned to this area. Monday through Friday 7:00am to 4:30pm. Offenders are under constant supervision. This area is utilized to sanitize and clean the buildings. Monday through Friday from 7:00am to 4:30pm.

Dining Hall: This area conducts Breakfast, lunch, and dinner Monday Thursdays. 6:00am Breakfast, 10:30 Lunch, and 3:30pm Dinner Friday, Sunday, and Saturday Breakfast and Dinner served. 6:00am and 3:30pm. This area has one Correctional Officer 24/7. This dining hall seats a total of 96 Offenders and is under the constant supervision of security.

Education Building: This building consists of 10 Office, with 13 staff that work in this area. Five Counselors Monday through Friday 8:00am to 4:30pm. Six part-time staff 8:00am to 3:30pm Monday through Thursday. (1 Librarian, 1 instructor 2, 4 Practical instructor2). One Teacher Monday through Friday 8:00am to 4:30pm. Two MFO Monday through Friday 8:00am to 4:30pm. All non-relieve. Education building consists of Counseling, General Library, Law Library, Education, Risk Reduction Program, and Vocation programs. Off all holidays.

Food Service: Two relieved Food service worker. Operational hours are Monday through Thursdays from 4:00am to 6pm (excluding state holidays). Friday through Sunday and all state holidays is a split day being operation from 5:00am to 9:00am and reopening from 2:00pm to 6:00pm. The offenders working consist of 15 offenders working and are under constant supervision. 24/7.

Front Control/Front Lobby/Armor is staffed with one Correctional Officer 24/7 require relief.

GCI Sign Plant: consist of 1 office and 2 staff members. 1 Plant Supervisor and 1 Data clerk work from 5:00am to 3:30pm Monday through

Thursday. Non-relieve. There is one Correctional Officer assigned in this area from 5:00am to 4:30PM Monday through Thursday non-relief. There are a total of 30 offenders assigned to this area. Offenders are under constant supervision. Offenders work Monday through Thursday 5:00am to 1:45PM.

Gym: This area consists of One staff member. There are a total of 5 offenders assigned to this area to assist staff with cleaning and helping with gym events. Offenders are under constant supervision by staff. This is one Correctional Officer assigned to this area non- relieved, Monday-Friday 8:00am to 4:30pm.

Intake/ID Building: this area consists of 1 office and one Correctional Officer assigned 8:00am through 4:30pm with non-relief. (Off all holidays) There is one offender assigned to this area

Laundry Building: This area consists of 1 Correctional Officer that works Monday through Friday from 8:00am to 4:30pm. non-relief. There are 5 offenders assigned to this area. Monday through Friday, 8:00am to 4:30pm. Offenders are under constant supervision.

Mailroom: consist of One Correctional Officer that works Monday through Thursday 6:00am to 4:30pm. one relieved (non-gender specific) Area is high restricted.

Medical Area: consist of 12 staff offices.

Four Nurse are non-relieved Monday through Thursday 6:00am to 8:00pm. Four Medical Administrator non-relieved Monday through Friday 8:00am to 4:30pm. Two Nurse Saturday, Sunday, and all holidays. There is One Officer assigned to medical during business hours and Two Officers that assist with pill-call and insulin. One offender is assigned to this area to clean. Offender is under Constant supervision of a staff. There is an on-call doctor list to be contacted as situations arise that may need medical attention and Security Supervisor are granted the authority to call 911 in case of emergency.

Mental Health Area: consist of 12 staff

office. 4 MH counselors are in this area they all are non-relieve Five Counselors Monday through Friday 8:00am to 4:30pm and 5 Counselors Monday and Thursday 7:00am to 5:30pm. One Mental Health Unit Manager, One Psychologist, One Administrative Support 2, and One File room clerk. All work Monday-Friday 8:00am to 4:30pm. 1 offender is utilized to clean and sanitize this area. Offender is under Constant supervision of staff (Staff is off on all holidays excluding MH staff.)

Offender store: consist of two staff members, Store Clerk. Work Monday through Friday. 8:00am to 4:30pm. non-relieve. This area has two offenders assigned that are under constant supervision.

Outside Maintenance Shop: This area consists of 4 staff offices and Staff members assigned. L Practical Instructor 2, 1 Administrative Supportive 2, 1 Correctional Office, Facility Engineer. Non-relief 8:00am to 4:30pm Monday through Friday.

Recreation Yard: There are two Recreation Yards for this facility. Recreation yards consist of one Correctional Yard non-relief. Additional staff are required when the numbers increase. K-Building yard is used Monday through Friday from 9:45am to 11:45pm and again from 1:45pm and 3:45pm. Weekend 1:30pm to 3:30pm. J-Building yard is used Monday through Friday 9:45am to 11:45am. Weekends 1:45pm to 3:45pm. Offender are under constant supervision.

Security: consist of 2 offices with 3 staff inside. 1 Chief of Security, Monday through Friday 8:00am to 4:30pm non-relief. one Lieutenant and one Sergeant one relieves factor 5:45am to 6:45pm rotating shift. One offender is working in this area. Offender is under constant supervision.

Visitation area: This area has 1 Office with one staff member. The Chaplain works from 8:00am to 8:00pm Monday through Friday non-relief. Off all holidays. Three offenders are assigned to this area to clean and assist chaplain. This area conducts offenders'

visitation Saturday, Sunday, and all holidays from 8:00am to 3:00pm and it has Two Correctional Officers presenting during that time. Non-relieve.

Warehouse/Supplies: This area consists of 1 Staff member. One Warehouse/Supply Clerk 2 works Monday through Friday 8:00am to 4:30pm non-relieve. There are a total of 3 offenders that are assigned to this area. Monday through Thursday 8:00am to 3:00pm. Offenders are under constant supervision. This area is used to supply staff with office supplies, offender clothing, and bedding material.

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.

70. 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

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

Personnel and Training Files:

The PAQ represents 126 facility staff. There was a total of fifty record reviews conducted on staff from various categories. The records were selected by randomly choosing names from the master staff roster. There were fifty training attendance and signatures reviewed. All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

Inmate Records:

The first day of the audit there were 1,190 inmates in the facility. The Auditor reviewed fifty inmate records regarding PREA education, chosen randomly from the master roster. All fifty (100%) inmates received PREA information during intake, and had comprehensive PREA education within 30-days of intake.

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

Sexual Abuse and Sexual Harassment Allegations:

According to the PAQ, the facility reported four allegations of sexual abuse and four sexual harassment allegations in the past twelve months.

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

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified?

- Investigating Officers
- Notice Given to Inmate

Investigation Files:

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

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

Three of the sexual abuse allegations were inmate-on-inmate. All three allegations were investigated administratively. After administrative investigation, two were deemed unsubstantiated and; one was deemed substantiated.

All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. With the exception of the unfounded allegations, sexual abuse incident reviews were conducted on all cases within 30 days of the closing of the investigation. The substantiated allegation was referred for criminal investigation and prosecutorial consideration. It remained open at the time of the on-site audit.

The remaining one sexual abuse allegations was staff-on-inmate. This allegation was investigated administratively. After administrative investigation, it was deemed to be substantiated. The victim were notified of the investigation outcome in writing and the cases was closed on an administrative level. The allegation was referred for criminal investigation and prosecutorial consideration. It remained open at the time of the on-site audit. A sexual abuse incident review was conducted on the case within 30 days of the closing of the investigation.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months

revealed a total of four harassment allegations reported. All four sexual harassment allegations were inmate-on-inmate. They were investigated administratively. After investigation all three were deemed unfounded and one was deemed unsubstantiated. The cases were closed on an administrative level and the victims were notified of the investigative results.

The Auditor reviewed the sexual abuse allegations and the sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services.

All sexual abuse cases, except those deemed to be “unfounded” had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All inmates were notified in writing of the results of the investigation in a timely manner.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

72. 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	3	0	2	1
Staff-on-inmate sexual abuse	1	0	0	1
Total	4	0	2	2

73. 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.

74. 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	1	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	2	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	1
Staff-on-inmate sexual abuse	0	0	0	1
Total	0	0	2	2

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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	3	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The Auditor reviewed all PREA allegation files for the past 12 months.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

96. 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

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) and supporting documentation. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 GDC Agency Organizational Chart <p><u>INTERVIEWS</u></p> <p>PREA Compliance Manager (PCM)</p> <p>During the interview process, the PCM confirmed that there was ample time available to fulfill the required PREA responsibilities.</p>

PREA Coordinator (PC)

During the interview process, the agency's PREA Coordinator (PC) confirmed having adequate time and authority to develop, implement, and oversee the agency's efforts to ensure compliance with PREA standards across all facilities.

During the interview process, the agency's PC confirmed that the PCM has no responsibilities beyond ensuring the institution's compliance with PREA standards and holds the authority to implement any necessary changes to address PREA-related issues

PROVISIONS**Provision (a)**

The facility, as indicated on the Pre-Audit Questionnaire (PAQ), has a comprehensive written policy in place that enforces a zero-tolerance stance toward all forms of sexual abuse and sexual harassment within the facilities it operates, both directly and under contract. The policy clearly outlines the procedures for implementing the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment.

In its response on the PAQ, the facility reported that the policy includes clear definitions of prohibited behaviors related to sexual abuse and sexual harassment. Furthermore, the policy stipulates specific sanctions for individuals found to have engaged in these prohibited behaviors. The facility has also reported that their policy outlines agency strategies and responses designed to reduce and prevent occurrences of sexual abuse and sexual harassment among inmates.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p.1, I, A, states the Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of Sexual Abuse, Sexual Harassment, and sexual activity among offenders. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 1-39, outlines the Georgia Department of Corrections (GDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 1-39, outlines the Georgia Department of Corrections (GDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The policy that addresses the prevention and intervention of sexually abusive behavior within the Georgia Department of Corrections (GDC) is outlined in the GDC Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which

became effective on June 23, 2022. This policy provides comprehensive guidelines for the prevention, detection, and response to incidents of sexual abuse and sexual harassment within GDC facilities.

The specific provisions regarding the definitions of prohibited behaviors related to sexual abuse and sexual harassment are outlined in pages 4, L through 6, N of the SOP. These sections detail the behaviors that are considered violations under the policy, and outline the measures to ensure that all instances of abuse and harassment are appropriately addressed.

The policies which address this provision are:

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 1-39, outlines the Georgia Department of Corrections (GDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 4, L through p. 6, N, address the definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

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

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

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

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

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

The Warden/Superintendent shall maintain a current written Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan to provide instruction for

responses to sexual allegations. This Local Procedure Directive shall reflect that institution's unique characteristics and specify how that institution will respond to sexual allegations and the notification procedures to be followed for reports of sexual allegations. At a minimum it will include:

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

b. Responding to the victim and ensuring evidence retention.

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

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

Provision (b)

The facility reported on the PAQ that the agency has an agency-wide PREA Coordinator. The PREA Coordinator is positioned within the agency's hierarchy under the Office of Professional Standards (OPS), Compliance Unit, as confirmed by the PREA Coordinator (PC).

The Georgia Department of Corrections (GDC) has a dedicated, agency-wide PREA Coordinator. According to the agency's organizational chart, the PREA Coordinator occupies an upper-level position within the agency. During interviews, the PREA Coordinator confirmed having sufficient time and authority to effectively develop, implement, and oversee the agency's efforts to ensure compliance with the PREA standards across all its facilities. The PREA Coordinator reports directly to the Commissioner of Corrections.

The organizational structure of the GDC, including its hierarchy for PREA personnel, was validated through a review of the agency's organizational chart. The PREA Coordinator's position is located in the Office of Professional Standards (OPS), within the Compliance Unit. This structure was further confirmed by a review of the facility's PREA organizational chart.

The PREA Coordinator (PC) is classified at the Executive Level, as confirmed by the GDC organizational chart. As per the chart, the PC reports directly to the Commissioner of Corrections.

The PREA Coordinator is a full-time position dedicated exclusively to PREA compliance. The PREA Coordinator has adequate time and resources to manage all PREA-related responsibilities. Additionally, each institution within the agency has a designated PREA Compliance Manager (PCM), who reports directly to the PREA Coordinator on all PREA matters. At the facility level, the PCM reports to the Warden/ Superintendent.

Provision (c)

	<p>The facility has reported on the PAQ that it has a designated PREA Compliance Manager (PCM). In all matters related to the Prison Rape Elimination Act (PREA), the PCM reports directly to the PREA Coordinator. Additionally, within the facility's organizational structure, the PCM reports to the Warden/Superintendent.</p> <p>The policy governing this provision is outlined in the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. According to this policy, specifically on pages 7-8, Section A, Subsection 1, each institution is required to appoint its own PREA Compliance Manager under the direction of the Warden. This is further supported by the interview with the PCM.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of the available evidence, the Auditor has determined that the agency/facility fully complies with each provision of the standard addressing the zero tolerance of sexual abuse and sexual harassment, specifically in relation to the role and responsibilities of the PREA Coordinator</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS:</u></p> <p>Agency Contract Administrator</p> <p>During the interview process, the Agency Contract Administrator clarified that the contracts are with both private and county facilities. These contracts include specific language outlining the vendor's obligation to comply with PREA (Prison Rape Elimination Act) standards prior to entering into an agreement with the agency. If the entity is not PREA-compliant, the contract will not be executed</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p>

	<p>The facility reported that the Georgia Department of Corrections (GDC) mandates that all entities contracting for the confinement of inmates adhere to the Prison Rape Elimination Act (PREA) standards. As part of this requirement, all contracts for inmate confinement include PREA-specific language, expectations, and compliance requirements.</p> <p>The facility does not independently contract for the confinement of inmates. Rather, the relevant guidelines are contained in the GDC Standard Operating Procedures (SOP), specifically Policy Number 208.06, titled "Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program," which was last updated on 6/23/2022. This policy addresses Standard 115.12 and stipulates that any new or renewed contract for inmate confinement must adopt and comply with GDC policies and procedures, including those related to PREA.</p> <p>PREA compliance for all contracts related to inmate confinement is managed by the Agency Contract Manager in accordance with the terms outlined in each contract.</p> <p>According to the PAQ, the facility has entered into or renewed twenty-six contracts for inmate confinement in the past twelve months. The facility confirmed that all twenty-six of these contracts include provisions requiring the contractors to adopt and comply with PREA standards. This confirmation was verified by the Agency Contract Administrator.</p> <p>Provision (b)</p> <p>The facility reported on the PAQ that all contracts related to the confinement of inmates include a requirement for the agency to monitor the contractor's compliance with PREA standards. Additionally, the facility reported that there are zero contracts, as referenced in 115.12(a)-3, that do not require the agency to monitor the contractor's compliance with PREA standards.</p> <p>According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed to ensure appropriate adherence to national standards. Each contractor is contractually obligated to notify the Georgia Department of Corrections (GDC) of any PREA-related allegation and to forward a copy of the allegation, investigation, and findings to the agency's PREA Coordinator for review.</p> <p><u>CONCLUSION:</u></p> <p>Based on a comprehensive review and analysis of the available evidence, the Auditor has concluded that the agency/facility fully complies with all provisions of the standard concerning contracts with external entities for the confinement of inmates.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

1. Pre-Audit Questionnaire (PAQ) and supporting documentation.
2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
3. Warden Memorandum, Unannounced PREA Rounds, dated December 11, 2024.
4. Facility Staffing Plan, approved January 1, 2025

OBSERVATIONS

The Auditor conducted a random review of unit logbooks and observed instances where intermediate- or higher-level staff made entries to document unannounced rounds.

INTERVIEWS

Facility Head or Designee

During the interview process the Facility Head spoke about:

1. Examining how staffing levels affect inmate programming.
2. How changes or modifications in the video monitoring system can make the facility safer for staff and inmates.
3. The physical plant configuration,
4. Internal and external oversight bodies
5. Inmate composition
6. Placement of Supervisor staff
7. Needs of line staff
8. Staffing Plan Compliance and Staffing Plan Deviation
9. The facility has a total of 87 positions filled with 117 vacancies; 44 non-security positions filled with 185 vacancies.

PREA Compliance Manager (PCM)

During both the formal interview process and informal conversations, the PCM highlighted the ongoing reviews of staffing levels and their impact on inmate programming and assignments. Additionally, the video monitoring system is regularly inspected and reviewed to ensure its proper functioning and coverage, with any necessary changes or modifications being promptly addressed.

Intermediate-or-Higher Level Facility Staff

During the interview process, intermediate- and higher-level staff acknowledged routinely making unannounced rounds and documenting them in the unit logbook. In random informal conversations with staff, it was confirmed that supervisors also

conduct unannounced rounds without prior notice to the staff, and these rounds are consistently documented in the logbook. The Auditor was able to verify this practice through a random review of several logbooks during the facility tour

Random Staff

During the interview process, random staff members indicated that supervisors regularly tour their units throughout each shift. They engage with staff at all levels, as well as inmates, and consistently audit, review, and sign logbooks. During the Auditor's on-site visit, supervisors were observed actively walking through and performing various tasks throughout the facility.

Additionally, during the interview process, several staff members confirmed the policy prohibiting staff from alerting each other when supervisors are making their rounds

Random Inmates

During the interview process, inmates confirmed that the PCM and other supervisory staff regularly walk around the institution, maintaining visibility and ensuring availability to all inmates.

PROVISIONS

Provision (a)

The facility has submitted a staffing plan as part of the PAQ, which confirms that the plan addresses all thirteen elements outlined in Provision (a). Additionally, the staffing plan outlines the facility's policy to ensure that all relieved posts are appropriately staffed at the times specified. The PAQ also verifies that the average daily inmate population over the past 12 months has been 1,273, a figure that has been confirmed by the Facility Head.

The supporting policy for this provision is the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP), Policy Number 208.06, titled "Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program." The SOP, effective from June 23, 2022, outlines the requirement for each facility's Warden or Superintendent to develop a written staffing plan in accordance with the SOP, utilizing the Staffing Plan Template (Attachment 11). The policy mandates that facilities make their best efforts to comply with the staffing plan on a regular basis, including the use of video monitoring where applicable, to ensure adequate protection against sexual abuse. Any non-compliance with the staffing plan must be documented and justified in the daily Post Roster, and facility management must review these deviations at least annually to adjust the staffing plan as needed. Completed staffing plans are to be submitted to the PREA Coordinator for review and approval.

Upon reviewing the facility's staffing plan, the Auditor found it to be thorough and in full compliance with the mandated elements. It includes details on building/ department usage, camera coverage, housing population capacity, operating hours of buildings/departments, and conditions under which inmates are allowed access to

certain areas.

The Auditor also reviewed the most recent annual PREA staffing report, which was comprehensive and addressed each required item. Quality assurance audits are conducted annually to ensure compliance with the staffing model. The staffing plan is based on a daily inmate population of 1,273.

Provision (b)

The facility has reported staffing deviations in the past twelve months, as noted on the Post Assignment Questionnaire (PAQ). In cases where a mandatory post is vacant, the facility fills the position either through overtime or by redirecting staff, depending on the level of the post. The four most common reasons for staffing deviations identified by the facility are staff shortages, staff call-ins, hospital posts, and transport needs.

This practice aligns with the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, specifically under the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of 6/23/2022. As outlined on page 9, section 2 of the policy, any deviation from the staffing plan must be documented and justified on the daily Post Roster. Additionally, facility management is required to review these deviations regularly, at least annually, in order to identify the most frequent causes. This data is used to assess and make necessary adjustments to the facility's staffing plan. Completed staffing plans, including any revisions, are to be forwarded to the PREA Coordinator for further review and approval.

Provision (c)

The facility reported on the PAQ that, at least annually, in collaboration with the PREA Coordinator, the staffing plan is reviewed to determine if adjustments are necessary in the following areas: (a) the staffing plan itself, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to support the staffing plan and ensure compliance. Any revised plans are forwarded to the PREA Coordinator for review and approval.

The policy requires that this staffing plan review be conducted in consultation with the PREA Coordinator and other executive staff members at least once a year. The Auditor was provided with a copy of the most recent Annual Staffing Plan Review, dated January 2, 2025. This review specifically addresses the staffing plan, the use of video monitoring, and the resources required to adhere to the staffing pattern.

In accordance with the policy, an internal audit of the staffing plan is conducted annually. This audit serves as a comprehensive evaluation of all facility areas to ensure that adequate staffing levels are maintained wherever inmates may be present. The review also includes justifications for any necessary additional staffing or modifications to the facility, including the deployment of video monitoring equipment, which are addressed as part of the annual review.

The relevant policy is outlined in the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, titled "Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program," with an effective date of June 23, 2022. According to this policy, at least annually, each facility must assess, determine, and document whether adjustments are needed to the established staffing plan. Any revised plans are then forwarded to the PREA Coordinator for review and approval.

The annual review of the staffing plan involves management-level staff from the facility and department, including the PREA Coordinator and other institutional executive staff.

The Auditor reviewed shift rosters and was able to verify that all mandatory posts were covered by assigned staff members.

Provision (d)

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

The Warden Memorandum titled Unannounced PREA Rounds, dated January 1, 2025, specifies that Intermediate Level Supervisors and Management Staff are responsible for conducting and documenting unannounced PREA (Prison Rape Elimination Act) rounds. The purpose of these rounds is to identify and deter staff sexual abuse and sexual harassment. Staff members are prohibited from alerting one another that these rounds are being conducted. These unannounced rounds must be conducted weekly across all shifts and are to be documented in the area logbook. Additionally, the institutional Duty Officer is required to conduct and document unannounced PREA rounds at least once a week in all areas, documenting findings in red and noting any inadequacies regarding the sexual safety of all offenders.

The policy governing this practice is the Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. According to this policy, intermediate-level or higher-level supervisors are tasked with conducting and documenting unannounced rounds to prevent staff sexual abuse and harassment. Supervisors are prohibited from notifying staff about the occurrence of these rounds, unless the notification is related to legitimate operational functions. These rounds are required to be conducted weekly, covering all shifts and areas, and must be documented in the area logbooks. The Duty Officer is also required to conduct and document unannounced rounds at least once per week in all areas, with documentation provided in the local Duty Officer Logbook. All rounds must include any findings related to the adequacy of the sexual safety of offenders.

Policy mandates that all unannounced rounds be documented in the unit logbook, and a review of the logs confirmed that unannounced rounds were being conducted as per

	<p>the established standards. This practice was further verified through staff interviews and the review of several unit logbooks.</p> <p>During the Auditor's on-site visit, numerous supervisors were observed performing their duties in various capacities across the facility, which aligns with the policy requirements.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review and analysis of the available evidence, the Auditor has concluded that the agency/facility complies with all provisions outlined in the standard concerning Supervision and Monitoring.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>OBSERVATIONS</u></p> <p>During the on-site tour, the Auditor did not visually observe any youthful inmates present</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>Through the interview process and informal conversations, the Facility Head confirmed that the facility does not house youthful inmates</p> <p>PREA Compliance Manager (PCM)</p> <p>Through the interview process and informal conversations, the PREA Compliance Manager confirmed that the facility does not house youthful inmates.</p> <p>Youthful Inmates</p> <p>The facility does not accommodate youthful offenders; therefore, there were no inmates available for interviews related to this Standard</p>

	<p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>On the PAQ, the facility reported that they do not house youthful inmates. To verify this, the Auditor reviewed the inmate roster and confirmed that no inmates had birthdates after 2006, indicating that the facility does not currently house youthful offenders.</p> <p>According to the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, page 10, sections 7, a-c, the guidelines outlined apply specifically to facilities that do house youthful offenders. Since this facility does not house youthful inmates, the provisions of this policy do not apply in this case.</p> <p>Provision (b)</p> <p>N/A</p> <p>Provision (c)</p> <p>N/A</p> <p><u>CONCLUSION:</u></p> <p>Based on the comprehensive review and analysis of all available evidence, the Auditor has determined that the agency/facility fully complies with the established standard concerning the management and treatment of youthful inmates.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. 3. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective date 05/27/2020 4. GDC, Contraband Interdiction and Searches Curriculum, SOP 226.01, 206.02

5. Facilitator Notes for Cross Gender Searches
6. Director of Facilities Admin Support, PIB-Standard Operating Procedures Regarding changes to SOP 226.01; SOP 220.09; SOP 220.09 Att. 1, dated September 12, 2024
7. Staff Training Records
8. Random Staff Interviews
9. Random Inmate Interviews

OBSERVATIONS

During the facility tour, it was observed that when opposite-sex staff members entered a housing unit, they made an announcement to inform the inmates that someone of the opposite sex was on the unit. Similarly, when the Auditor, who is of the opposite sex, entered inmate housing and restroom areas, she was also announced by facility staff.

Additionally, during the tour, both cisgender male and female transgender inmates were observed present on the facility property and within the facility itself.

INTERVIEWS

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

Through the interview process, non-medical staff confirmed that they do not conduct cross-gender strip searches or cross-gender visual body cavity searches. However, in the event that exigent circumstances arise unexpectedly, any cross-gender strip searches or cross-gender visual body cavity searches would require approval from the Facility Head. These searches would be carried out by medical staff and thoroughly documented to ensure compliance and accountability

Random Staff

During the interview process, there were both informal conversations with staff and seventeen formal random staff interviews. The random staff interviews revealed the following information:

- Staff members completed training on cross-gender searches for exigent circumstances as part of Day 1 of In-Service Training.
- Cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.
- The staff members interviewed indicated that they personally have not been involved in any cross-gender searches.
- There are sufficient male staff members available to conduct any necessary searches, and male staff would be redirected to handle such situations if needed.
- Female officers do not conduct strip searches or visual body cavity searches.
- The facility's practices for searching transgender and intersex inmates specify

that no searches would ever be conducted solely to identify an inmate's genital status.

- When specifically asked about the ability of transgender or intersex inmates to shower privately, staff members affirmed that this would be allowed.
- Regarding the logistics of private showering, staff indicated that most showers at the facility are individual stalls, providing privacy for each inmate. For areas that do not offer individual stalls, arrangements for alternative showering times would be made.
- Additionally, each staff member emphasized that transgender or intersex inmates would have the opportunity to provide input into the decision-making process for alternative shower times, and their input would be given considerable weight in the final decision.

Random Inmates

Through the interview process, 100% of the inmates acknowledged the following:

They have never been part of a cross-gender search.

They are able to dress without being viewed by a member of the opposite sex.

They are able to shower without being viewed by a member of the opposite sex.

Staff of the opposite sex announce their presence before entering housing units and bathrooms.

Transgender Inmates

When asked, 100% of the transgender inmates interviewed expressed satisfaction with the search practices at the facility. Additionally, 100% of transgender inmates reported being satisfied with the showering accommodations provided. Furthermore, all (100%) transgender inmates indicated that they had never been searched solely to determine their genital status

PROVISIONS

Provision (a)

The facility reported on the PAQ that it does not conduct cross-gender strip searches or cross-gender visual body cavity searches of inmates. Additionally, in the past 12 months, there have been zero cross-gender strip searches or cross-gender visual body cavity searches conducted. This was confirmed by random staff interviews during the audit process.

During the onsite audit, transgender inmates were interviewed, and each reported being satisfied with the search practices at the facility. They indicated that they were searched by female staff and strip-searched by medical personnel.

The policies addressing this provision are as follows:

- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective 6/23/2022, p. 10, 8, a, specifies that the facility shall not conduct cross-gender strip searches or cross-gender visual cavity searches (which refers to searches of the anal or genital opening), except in exigent circumstances or when performed by a medical practitioner.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number: 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective 05/27/2020, p. 6, d, states that transgender and intersex offenders' gender designation will align with the prison assignment made during classification at the Georgia Diagnostic and Classification Unit.

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

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

226.01 Searches, Security Inspections, and Use of Permanent Logs

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

220.09 Classification and Management of Transgender and Intersex Offenders

The current language in policy 220.09 IV.I.

1. "The Department shall train security staff members on how to conduct searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible. Searches shall be consistent with security needs and with the population gender of their assigned institution;"
5. "A transgender or Intersex offender will be strip searched in the same manner as all other offenders at their assigned facility;"
6. "Pat or frisk searches in male facilities may be conducted by either male or female staff;"
7. Pat or frisk searches in female facilities may only be conducted by female staff

absent exigent circumstances.”

will be replaced with: “

1. The Department shall train security staff members on how to conduct searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible. SOP 220.09, Att. 1 considers (but does not guarantee) the offender’s search preferences and their reported gender identity.

Searches are conducted on an individual basis, and the security needs of the facility will supersede any conflict with the offender’s preference.

SOP 220.09, Attachment 1 Transgender/Intersex Referral Form

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

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

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

SOP 220.09, Attachment 1, will be completed during the inmate management and classification process as outlined in SOP 220.09. Upon completion, Attachment 1 shall become a permanent part of the inmate’s institutional file.

Provision (b)

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

The facility is an adult male institution that receives inmates from the Georgia Department of Corrections. As such, it accommodates cisgender males as well as male-to-female transgender inmates. At the time of the on-site audit, the facility housed a total of 1,190 inmates, including two male-to-female transgender individuals.

Provision (c)

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

Additionally, the facility indicated on the PAQ that, while it does not conduct cross-gender strip searches or cross-gender visual body cavity searches under normal circumstances, any such searches that might occur due to exigent circumstances would require approval from the Facility Head. These searches would be conducted by medical staff and thoroughly documented. This protocol was confirmed by non-medical staff involved in cross-gender strip or visual searches.

The policy addressing this provision is outlined in the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, c. According to this policy, the facility must document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female inmates through an incident report that explains the nature of the exigent circumstance.

Provision (d)

The facility's compliance with policies outlined in the PAQ regarding inmate privacy and opposite-gender staff interactions has been verified. Inmates are provided the opportunity to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender, except under exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the facility ensures that opposite-gender staff announce their presence before entering any inmate housing unit. This procedure was confirmed by random inmates during interviews.

Inmate Privacy Verification:

Shower, Changing, and Bodily Function Privacy: All 100% of random inmates interviewed confirmed they are able to shower and dress without being seen by staff of the opposite gender.

Opposite-Gender Staff Announcements: 100% of the random inmates interviewed also confirmed that female staff members announce their presence when entering inmate housing units.

Transgender Inmate Accommodation:

Showering Accommodations: All transgender inmates (100%) interviewed reported being satisfied with the showering accommodations at the facility.

Policies Addressing Gender-Specific Provisions: The policies addressing inmate privacy and opposite-gender staff interactions are clearly defined in the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. Specific provisions include:

Inmate Privacy (Section 208.06, p. 11, 8, d): Inmates must shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breasts, buttocks, or genitalia, except under exigent circumstances or incidental to routine duties. Inmates must use designated areas (e.g., cells, shower rooms, bathrooms) for these activities.

Staff members of the opposite gender must announce their presence when entering an inmate housing unit, including officers assigned to the unit. Announcements may not be required during emergency situations or when responding to immediate threats to security.

Notification of Staff Presence (Section 208.06, pp. 11-12, 8, f, 1-4):

Inmates are informed about the requirement to remain clothed and the presence of

opposite-gender staff during intake screening and orientation.

A posted notice in the housing units reads: “NOTICE TO INMATES: Male and female staff members routinely work in and visit housing areas.”

The most recent staff schedule for those with offices in housing units is posted to inform inmates of when opposite-gender staff may be present.

An announcement is made each time an opposite-gender staff member enters the housing unit.

The facility has effectively implemented and adheres to the policies designed to maintain inmate privacy and ensure proper notifications regarding opposite-gender staff presence. Inmate interviews confirm compliance, and transgender inmates express satisfaction with the accommodations provided.

Provision (e)

The facility has reported in the PAQ that inmates are able to shower, perform bodily functions, and change clothes without being viewed by opposite-gender staff members, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, opposite-gender staff are required to announce their presence when entering an inmate housing unit, as confirmed by interviews with random inmates.

Inmate Interviews:

Showering and Dressing: All (100%) random inmates interviewed confirmed that they can shower and dress without being seen by opposite-gender staff.

Announcements by Opposite-Gender Staff: 100% of the random inmates interviewed reported that female staff announce their presence before entering the housing unit.

Transgender Inmate Satisfaction: All (100%) transgender inmates interviewed expressed satisfaction with the showering accommodations at the facility.

Relevant Policies:

Georgia Department of Correction (GDC) SOP, Policy #208.06, PREA: The policy ensures that inmates are not viewed by opposite-gender staff while showering, performing bodily functions, or changing clothes, except in exigent circumstances or when incidental to official duties. It also mandates that staff members announce their presence when entering a housing unit.

Exigent Circumstances & Routine Checks: The policy allows for opposite-gender staff to be present during exigent circumstances or routine cell checks without violating these provisions.

Staff Interviews on Transgender/Inmate Searches:

The facility's policy prohibits staff from searching or physically examining transgender

or intersex inmates for the sole purpose of determining their genital status. Staff interviews confirmed that this practice is strictly avoided.

Training: Staff are trained on how to conduct searches of transgender or intersex inmates in a professional and non-intrusive manner. Medical personnel typically perform strip searches, with female officers conducting pat searches, unless exigent circumstances dictate otherwise.

Inmate Feedback: All (100%) transgender inmates interviewed confirmed that they had never been searched solely to determine their genital status, and all were satisfied with the search procedures at the institution.

Search Procedure Policies:

GDC SOP, Policy #208.06, PREA: This policy mandates that staff must not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. Any such information must be obtained through private conversations, medical records, or broader medical exams, not through routine searches.

Training on Professionalism: The SOP outlines that security staff must conduct all searches, including those of transgender and intersex inmates, in a respectful, non-intrusive, and professional manner. The training curriculum stresses minimizing embarrassment and indignity during searches.

Search Demonstration in Training:

As part of their training, staff conduct a demonstration on proper pat-search techniques, which includes the use of gloves, safety checks, and step-by-step instructions for conducting searches while maintaining dignity and respect for the inmate.

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

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

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

shoulders down the back and sides to the beltline. The belt line, all pockets and chest area should then be searched.

These next 2 sensitive areas can be simulated for this demonstration.

6. When checking the breasts on a female or transgender offender, the back of the hands should be used to check the entire breast area, always on the outside of the clothing.

7. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's dignity.

8. The inspector then searches from the back at the waistline by proceeding down the back and sides to the shoe tops. The shoe tops, trousers, cuffs, socks, and then inside the legs up to the groin should be checked.

Provision (f)

The Auditor reviewed the most recent PREA training documentation for facility staff. The training covered various topics, with a particular focus on appropriate search techniques, including cross-gender pat searches and searches of transgender and intersex inmates. The Auditor verified that the list of staff members who participated in the training aligned with the existing staff roster. Additionally, all participants signed an acknowledgment confirming their receipt of the training materials.

Further training documentation was provided to staff, offering guidance on proper documentation practices in the event that a cross-gender search was conducted.

During informal conversations with female staff, the Auditor inquired about their procedures if a male staff member was unavailable. The staff confirmed they are authorized to conduct pat searches on all inmates in the facility. However, they also noted that male staff are always on duty and available to conduct searches if needed. There is never a situation in which male staff are unavailable and unable to be directed to the area to complete the search.

100% of the staff interviewed recalled receiving training on opposite-gender searches. They all stated that female staff do not conduct cross-gender strip or body cavity searches and would always defer to a male staff member to carry out those searches.

CONCLUSION

Based on a comprehensive review and analysis of all available evidence, along with the September 12, 2024, Policy Implementation Bulletin (PIB) issued by the agency, the Auditor has determined that the agency/facility is in full compliance with every provision of the standard concerning the limitations on cross-gender viewing and searches

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="256 235 959 264">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 311 542 340">Auditor Discussion</p> <p data-bbox="256 387 574 416"><u>DOCUMENT REVIEW</u></p> <ol data-bbox="319 490 1437 936" style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 3. PREA Offender Brochure 4. LanguageLine Insight Video Interpreting User Guide 5. Lionbridge User's Guide Telephonic Interpreter 6. Video Remote Interpreting Usage Log 7. Dialing Instructions for the GDC PREA Hotline (English/Spanish) 8. PREA Poster <p data-bbox="256 983 504 1012"><u>OBSERVATIONS</u></p> <p data-bbox="256 1055 1481 1294">During the facility tour, the Auditor observed PREA (Prison Rape Elimination Act) postings prominently displayed in both English and Spanish across various areas of the facility, including housing units, work areas, hallways, the visitation area, and other common spaces. Additionally, the Auditor was provided with written documents, training materials, and PREA brochures, all of which are available in both English and Spanish for the inmate population</p> <p data-bbox="256 1337 456 1366"><u>INTERVIEWS</u></p> <p data-bbox="256 1408 464 1438">Facility Head</p> <p data-bbox="256 1480 1457 1680">During the interview process, the Facility Head outlined that the facility has established procedures to ensure inmates with disabilities, as well as those who are Limited English Proficient (LEP), have the opportunity to participate in the PREA reporting process. These procedures include various avenues such as access to staff interpreters, written correspondence, and other necessary accommodations.</p> <p data-bbox="256 1722 475 1751">Random Staff</p> <p data-bbox="256 1794 1469 2074">Through the interview process, 100% of randomly selected staff indicated that the facility does not permit the use of inmate interpreters, inmate readers, or other types of inmate assistants to aid inmates with disabilities or those who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Additionally, 100% of staff reported being unaware of any instances in which inmate interpreters, inmate readers, or other types of inmate assistants have been utilized in relation to allegations of sexual abuse or sexual harassment</p>

Inmates with Disabilities

During the interview process, no inmates with disabilities reported feeling vulnerable due to their disability. All inmates in this category confirmed that the facility provides information on sexual abuse and sexual harassment in a format they can easily comprehend. When asked, "Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment?" every single inmate (100%) responded affirmatively.

PROVISIONS

Provision (a)

The facility has reported on the PAQ that procedures have been established to ensure disabled inmates and those with limited English proficiency (LEP) have equal opportunities to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This was verified by the Facility Head. Additionally, during the interview process, inmates in these categories confirmed that they are able to fully engage in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Auditor also reviewed the Instructions for Accessing the Language Line, which were user-friendly and included a clear, step-by-step guide on how to use the service:

1. A toll-free number is provided to access the Language Line.
2. The facility enters a unique PIN number specific to the location.
3. A language is selected by pressing the corresponding number (e.g., pressing 1 for Spanish).
4. After selecting the language, the call is transferred to a live interpreter.

The policy governing these provisions is outlined in the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of 6/23/2022, page 12, section 9a. The SOP indicates that the local PREA Compliance Manager should refer to SOP 103.63, ADA Title II Provisions, for guidance on the resources available to inmates with disabilities and those who are LEP, ensuring they understand the facility's policies regarding reporting, preventing, detecting, and responding to sexual abuse and sexual harassment.

Provision (b)

The facility has reported on the PAQ that the agency has implemented procedures to ensure inmates with limited English proficiency (LEP) have equal access to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These procedures include, but are not limited to, the following resources:

LanguageLine: Provides access to interpretive services via video for foreign

languages and American Sign Language.

Lionbridge: Offers telephonic language interpretation services.

PREA Written Materials: Available in both English and Spanish.

PREA Video: Available in both English and Spanish with closed captions.

For residents with limited English proficiency, the facility ensures that all relevant PREA information is provided in Spanish. The Auditor reviewed the PREA information, confirming that every piece of material available in English is also available in Spanish. Furthermore, the facility has access to LanguageLine for additional languages, including American Sign Language.

Hearing-Impaired Residents: Information for hearing-impaired residents is provided visually, through videos and written materials. Additionally, Video Remote Interpreting (VRI) is available in American Sign Language.

Visually Impaired Residents: Information for visually impaired residents is provided audibly, either by a staff member or through recorded messages and videos. Braille is also available for these residents.

Cognitively Impaired Residents: Information for cognitively impaired residents is provided audibly, either by a staff member or through recorded messages and videos.

Residents with Limited Reading Skills: Information for residents with limited reading skills is provided audibly, either by a staff member or through recorded messages and videos.

The policy addressing these provisions is Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of 6/23/2022. This policy outlines numerous measures to ensure that each inmate receives both verbal and written information, and that all PREA-related materials are fully understood by the inmate. The policy also specifies that inmate PREA education will include information on the prevention of sexual abuse and harassment, self-protection strategies, methods of reporting, and the availability of treatment and counseling.

Provision (c)

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

This provision is addressed in the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of 6/23/2022, pages 12-13, section 9, subsection (b). The policy specifies that the facility shall not rely on offender interpreters, offender readers, or other types of offender assistants, except in Exigent Circumstances where a delay in obtaining an effective interpreter could jeopardize the offender's safety, the performance of first

	<p>response duties under 28 CFR § 115.64, or the investigation of the offender's allegations.</p> <p>As outlined in provision (b), the facility has several systems in place to assist individuals who require interpretive services. Consequently, there has been no need to utilize inmate interpreters.</p> <p><u>CONCLUSION:</u></p> <p>Based on a comprehensive review and thorough analysis of all available evidence, the Auditor has concluded that the agency/facility fully complies with every provision of the standard related to inmates with disabilities and inmates with limited English proficiency.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 3. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022 4. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, Attachment 4, Applicant Verification, revised 05/25/2022 5. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020 6. Employee Records Review 7. Hiring and Promotion Decisions <p><u>INTERVIEWS</u></p> <p>Administrative Staff (HR)</p> <p>Through the interview process, the Administrative Staff (HR) confirms that potential new hires complete the necessary personnel documents, which include the disclosure of standard required items. The Georgia Department of Corrections (GDC) mandates</p>

background checks for all new hires, individuals promoted at the time of promotion, and for existing employees every five years.

GDC maintains a proactive approach to meeting the requirements of the Prison Rape Elimination Act (PREA) standards and has established a comprehensive tracking system to ensure that all necessary background checks are completed for pre-hires, promotions, and five-year reviews.

A condition of staff employment is that any arrest activity must be reported through the respective employee's reporting structure. Additionally, any information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

The GDC uses a centralized database to track the completion of all background checks and monitor the due dates for the five-year criminal history background checks.

The Auditor conducted a review of 48 personnel records and verified that all records contained the items required by the standard, including PREA documentation and verification of completed criminal history checks. The three questions listed under Provision (a) were asked and answered on all documents as required by the standard.

The facility reported 433 total positions, 87 security positions (117 vacancies), and 44 non-security positions, with 185 vacancies. The facility also reported 61 contractors and 40 volunteers.

PROVISIONS

Provision (a)

The facility has reported its adherence to the PAQ hiring and promotion prohibition for individuals who may have contact with inmates, as well as the restriction against enlisting contractors who may have such contact. Specifically, the policy prohibits the hiring or promotion of any individual 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;
 - **Has been convicted** of engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force (either overt or implied), or coercion, or where the victim did not consent or was unable to consent or refuse;
 - **Has been civilly or administratively adjudicated** to have engaged in the activity described in paragraph (a)(2) of this section.
- This prohibition was verified through the interview process conducted with Human Resources (HR).

Relevant Policy: Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pages 13-14, section 10, paragraphs (a) i-v, specifies the following provisions:

Prohibition on Hiring and Promotion:

- The Department shall not hire or promote individuals who may have contact with offenders if they: a) **Have 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); or have been convicted of engaging in or attempting to engage in sexual activity facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; b) **Have been civilly or administratively adjudicated** to have engaged in the activity described in section (a) i.1.

Consideration of Sexual Harassment:

- The Department shall also consider any incidents of sexual harassment when determining whether to hire or promote individuals who may have contact with offenders.

Pre-Employment Screening:

- Before hiring new employees who may have contact with offenders, the Department shall: a) Ask all applicants and current employees directly about any previous misconduct as defined in SOP 104.09, Filling a Vacancy, during the hiring or promotion process. This includes written applications, interviews, and self-evaluations conducted as part of employee reviews. Every employee has a continuing affirmative duty to disclose any such misconduct. b) Perform criminal history record checks on all employees and volunteers prior to their start date and annually thereafter. A tracking system will be implemented at each local facility to ensure compliance with this policy.

Provision of Information on Former Employees:

- Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees to any institutional employer upon request. The Department will comply with the Federal Privacy Act, Freedom of Information Act, and all other applicable laws.

Grounds for Termination:

- Material omissions or the provision of false information regarding misconduct will be grounds for termination.

This information is verified during the interview process with HR.

Supporting Policy: Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling a Vacancy

SOP Policy Number: 104.09, effective date 5/27/2022, page 7, section F, paragraph 1(a-d), outlines the process for reviewing applicants for vacancies:

Applicants may be considered for a vacancy through:

- a) A review of their application and background data;
- b) Interviews conducted by a designated individual or individuals;
- c) Structured interviews and written ratings of qualified selection boards; and/or
- d) Reference checks conducted by the hiring manager or designated individual via completion of Attachment 5, Professional Reference Check.

Note: Reference checks must include:

- Any disciplinary actions issued during employment;
- Any substantiated sexual abuse allegations and actions taken.

The auditor conducted a review of a random sample of 48 staff records. All records contained the required documentation, including criminal history check information, in accordance with the standard.

Provision (b)

On the PAQ, the facility reported that consideration is given to any incidents of sexual harassment when determining whether to hire or promote an individual, or to engage the services of a contractor who may have contact with inmates. This process was verified during the interview with HR personnel.

The policy that governs this provision is outlined in the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of 6/23/2022. Specifically, sections on page 13, 10, a, ii of the SOP state that the Department shall consider any incidents of sexual harassment when deciding whether to hire or promote any individual who may have contact with offenders.

Provision (c)

In the PAQ, the facility reported that, prior to hiring any new employees who may have contact with inmates, it follows a two-step process:

- (a) conducting criminal background record checks, and
- (b) consistent with federal, state, and local laws, making its best efforts to

contact all previous institutional employers to obtain information on any substantiated allegations of sexual abuse or any resignation during a pending investigation of such allegations.

In the past twelve months, 38 individuals were hired who may have had contact with inmates. This process was verified by the Human Resources (HR) personnel during the interview process.

The policy that addresses these procedures is the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of 6/23/2022 (p. 13-14, 10, a, ii-iii, 1-2). The SOP mandates that the Department must consider any incidents of sexual harassment when determining whether to hire or promote individuals who will have contact with offenders.

Specifically, the policy outlines the following requirements before hiring new employees:

1. **Direct inquiry about prior misconduct:** All applicants and employees who may have contact with offenders are asked directly, both during the hiring process and in periodic self-evaluations, about any prior misconduct related to sexual harassment, as outlined in SOP 104.09, "Filling a Vacancy." Employees also have an ongoing affirmative duty to disclose any such misconduct.
2. **Criminal background checks:** All employees and volunteers undergo a criminal history record check prior to their start date, with checks conducted again on an annual basis. Each facility has implemented a tracking system to ensure criminal history checks are completed within the appropriate timeframes for those with access to the facility.

Over the past 12 months, 38 individuals were hired who may have had contact with inmates. For each of these hires, a criminal background check was completed. The auditor reviewed 48 personnel records in total, including those of the new hires, and confirmed that all personnel files contained completed criminal background checks, responses to the required questions, and documentation of PREA education.

The policy requiring these procedures is further reinforced in **GDC SOP 208.06 (p. 14, iii, 1)**, which states that, before hiring any new employees who may have contact with offenders, the Department must:

Ask applicants and employees about prior misconduct: Applicants and employees are required to disclose any misconduct related to sexual abuse or harassment, as described in SOP 104.09, both during the hiring process and through periodic reviews of current employees. The affirmative duty to disclose any such misconduct continues throughout employment.

According to the PAQ, 38 individuals were hired in the past 12 months, and criminal background checks were completed for each new hire. The GDC also conducts

background checks for each new hire, prior to promotions, and at five-year intervals.

Provision (d)

The facility reported on the PAQ that, before engaging the services of any contractor who may have contact with inmates, a criminal background check is completed for each contractor. According to the PAQ, criminal background checks were conducted on all staff covered under eight service contracts that involve potential contact with inmates. The Georgia Department of Corrections (GDC) requires criminal background checks to be performed on each new contractor and every five years thereafter.

The policy addressing this requirement is outlined in the Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022. Specifically, section 10, b, ii, on page 15 of the SOP states that the Department must consider any incidents of Sexual Harassment when determining whether to engage a contractor who may have contact with offenders. Furthermore, prior to hiring new employees or enlisting the services of any contractor or volunteer who may have contact with offenders, the Department shall adhere to the following procedures:

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

Provision (e)

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

The policy that addresses this provision is outlined in the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number 104.18, "Obtaining and Using Records for Criminal Justice Employment," effective 10/13/2020. The relevant sections of this policy include:

- A. Prior to requesting criminal history records for an applicant, the GDC Criminal/Driver History Consent Form (Attachment 1) must be signed by the applicant to initiate processing. This form remains valid throughout the applicant's employment with GDC.
- B. The signed consent form must be submitted along with the request to the Georgia Crime Information Center (GCIC), the Georgia Bureau of Investigation

(GBI), the Georgia State Patrol (GSP), or another relevant agency.

- C. If the applicant refuses to sign the consent form, they will not be considered for employment.
- D. For applicants seeking P.O.S.T. certification, a criminal background check must be conducted in each state where the applicant has resided.
- E. If an adverse employment decision is made based on the criminal history records, the facility/office must notify the applicant in writing. This disclosure must include the name of the criminal justice center where the record was obtained, the specific contents of the record, and how the record influenced the decision. Failure to provide this information constitutes a misdemeanor. (See Attachments 2 & 3, Sample Letters).
- F. Each facility/office must retain a file of all signed Consent Forms. If the applicant is hired, the signed consent form must be included in the employment package sent to the Corrections Human Resource Management Office (CHRM). It is a violation of Georgia law to inquire about an applicant's driver's license history for employment purposes, unless specifically outlined within this SOP.

The GDC conducts criminal background checks at the time of application, when considering an individual for a promotion, and at least every five years for all current employees and contractors. This was verified by HR personnel during the interview process.

Provision (f)

The facility reported on the PAQ that all applicants and employees who may have direct contact with inmates are required to answer questions regarding any previous sexual misconduct in their applications, interviews, and written self-evaluations. Additionally, there is an ongoing affirmative duty to disclose any future instances of misconduct. This process was verified by HR personnel during the interview process.

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

Provision (g)

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

The policy addressing this provision is outlined in the Georgia Department of Correction (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of 6/23/2022. Specifically, page 14, section 10, paragraph a, subparagraph v, states that material omissions concerning misconduct or the

	<p>provision of materially false information will result in termination</p> <p>Provision (h)</p> <p>On the PAQ, the facility reported that, unless prohibited by law, the agency will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee when a request is made by an institutional employer to whom the employee has applied for work. This policy was verified by HR personnel during the interview process.</p> <p>The Administrative Staff (HR) confirmed that, unless prohibited by law, all information on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be disclosed upon request from an institutional employer to whom the employee has applied for employment.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review and analysis of all available evidence, the Auditor has concluded that the facility complies fully with every provision of the standard concerning hiring and promotion decisions.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire and supporting documentation. 2. Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>OBSERVATIONS</u></p> <p>During the facility tour, the auditor observed the cameras and security mirrors in place. Additionally, the auditor noted the installation and upgrade of the camera and video surveillance system throughout the facility</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>During the interview process, the Facility Head noted that there is comprehensive camera coverage throughout the facility, supplemented by security mirrors to ensure enhanced visibility.</p>

	<p>The Facility Head emphasized that any construction, renovation, or modification projects would be carried out with full adherence to all PREA (Prison Rape Elimination Act) standards, with a primary focus on ensuring the protection of inmates from sexual abuse. He further explained that regular meetings would be held to discuss any building or construction considerations, during which safety measures, including the use of cameras and other technologies, would be thoroughly evaluated.</p> <p>These meetings would involve executive staff collaborating with key supervisors and managers to address important issues. Topics of discussion would include data and reporting concerns, grievances, disciplinary reviews, video summary evaluations, use-of-force incidents, incidents of sexual abuse, and the analysis of critical data such as overtime, leave time, staff morale, and other relevant factors.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>The facility reported on the PAQ that no new facilities have been acquired, nor have there been substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later</p> <p>Provision (b)</p> <p>On the PAQ, the facility reported that the agency/facility has not updated the video monitoring system, electronic surveillance system, and other monitoring technologies.</p> <p>The Facility Head and Deputy Facility Head confirmed their active involvement in the planning and decision-making processes related to any expansions or modifications to the facility, as well as any enhancements to the surveillance technology.</p> <p>CONCLUSION:</p> <p>Based on a comprehensive review and analysis of all available evidence, the Auditor has determined that the agency/facility fully complies with each provision of the standard pertaining to upgrades in both facility infrastructure and technology.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures

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

3. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual harassment of Offenders, effective date 8/11/2022
4. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.10, Evidence Handling and Crime Scene Processing, effective date 8/30/2022
5. Services Agreement between the Georgia Department of Corrections (GDC) and Sexual Assault Response Team (SART), dated August 31, 2021
6. SANE Contact and Call List
7. Certification of Staff Victim Advocate

INTERVIEWS

PREA Coordinator (PC)

During the interview process, the PC confirmed that the agency adheres to a uniform evidence protocol designed to optimize the collection of usable physical evidence for administrative proceedings. Additionally, the agency follows established protocols and requirements for forensic medical exams. This uniform evidence protocol is developmentally appropriate for youth. The facility is responsible for conducting both administrative and criminal investigations.

PREA Compliance Manager (PCM)

During the interview process, the PCM stated the following: In the past twelve months, six forensic examinations were conducted at the facility's medical unit. Victim advocacy services are provided by specially trained staff at the facility. Additionally, the GDC has a service agreement with the Sexual Assault Response Team (SART) to conduct forensic examinations

SAFE/SANE Staff

During the interview process, the SANE personnel stated that the facility utilizes the Sexual Assault Response Team (SART) for forensic examinations. SART operates under an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to residents, inmates, and detainees. When a forensic examination is needed, SANE personnel are contacted through the SANE Contact and Call List and report to the facility to conduct the examination in the medical unit. Inmates are not financially responsible for the examination

Random Staff

During the interview process, facility staff demonstrated a clear understanding of the procedures to follow if an inmate report alleged sexual abuse. All staff interviewed (100%) were able to accurately describe the fundamental steps for preserving evidence related to both the victim and the alleged abuser. Additionally, they

articulated their specific responsibilities in the process, including the actions they must take before transferring the case to investigative or medical personnel.

Inmates Who Reported Sexual Abuse

During the interview process, inmates who reported sexual abuse stated the following: Facility staff responded promptly when they reported the incident. They were immediately referred to for a forensic examination, during which they were offered the support of a victim advocate. Those who accepted advocacy services reported that the victim advocate was present during the examination and helped them understand the process. Inmates also confirmed they were not required to pay for any medical treatment. Additionally, 100% of the inmates interviewed stated they were never asked to take a polygraph test. Finally, they reported receiving written notification of the investigation's outcome

Rape Crisis Center

During the interview process, personnel from the rape crisis center confirmed that they are collaborating with the facility to develop a Memorandum of Understanding (MOU) outlining the services and support they will provide to individuals at Smith State Prison. The anticipated MOU will cover the provision of victim advocates and emotional support for survivors of sexual abuse, regardless of when or where the abuse occurred. Additionally, it will include the establishment of a hotline for inmates to access support. Until the MOU is finalized, the rape crisis center has assured that individuals at Smith State Prison will receive services on an as-needed basis.

PROVISIONS

Provision (a)

The facility reported in the PAQ that it is responsible for conducting both administrative and criminal investigations within the facility. During these investigations, the assigned investigator adheres to a standardized evidence protocol. This procedure was verified by the PC.

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

Provision (b)

According to the PAQ, the facility does not house youthful offenders. A review of the inmate roster confirmed that no inmates had a birth date later than 2006. However, the facility stated that its investigative protocol is developmentally appropriate for

young individuals, a claim that was verified by the PC

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

Provision (c)

The facility reported on the PAQ that all inmates who experience sexual abuse have access to forensic medical examinations, with all treatment services provided to the victim at no financial cost. Furthermore, all forensic examinations are conducted by SANE personnel who come to the facility. If SAFE or SANE personnel are unavailable, an ER physician is utilized instead. According to the PAQ, the facility reported conducting two forensic examinations over the past twelve months, both of which were carried out by SANE personnel. The PCM verified this information.

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

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

SAFE/SANE personnel reported that the forensic program is responsible for conducting all forensic medical examinations at the facility. SAFE/SANE personnel report to the facility to carry out these examinations. The facility utilizes the Sexual Abuse Response Team (S.A.R.T.) for forensic examinations, and S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to residents, inmates, and detainees. The SANE personnel are contacted from the SANE Contact and Call list, and they report to the facility to conduct the forensic examination in the medical unit.

The examination process begins with an explanation of the procedure and obtaining written consent from the patient. The SANE then gathers demographic information and details about the patient's medical and surgical history. Information about the assault is documented in the patient's own words in the forensic medical record. Following this, the SAFE/SANE performs a head-to-toe assessment, collects evidence, documents any trauma, and takes photographs with the patient's consent. A detailed genital exam is conducted, utilizing high-resolution digital imaging, again with the patient's consent.

Forensic evidence is collected during both the head-to-toe and genital assessments, and all evidence is securely packaged and maintained with a chain of custody until it can be handed over to law enforcement. After the examination, the SANE discusses prophylactic medication options to prevent sexually transmitted infections, including HIV. If prescriptions are needed for post-examination, they are filled by the facility.

Provision (d)

The facility reported on the PAQ that they are working with Mary's Place to establish a Memorandum of Understanding (MOU) for providing rape crisis services, as well as victim advocates for sexual abuse victims. Until the MOU is finalized, Mary's Place is available to inmates on an individual, as-needed basis. Mary's Place confirmed this arrangement.

Additionally, the facility reported on the PAQ that it provides a qualified staff member, specifically trained to function as a victim advocate when needed. The facility provided certification for one staff member who has successfully completed victim advocate training. The certificate of successful completion was verified by the PCM

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

Provision (e)

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

	<p>As outlined in Provision (d), during the examination, the inmate is introduced to the advocate. The advocate then accompanies the victim throughout the forensic examination and investigation. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.</p> <p>Provision (f)</p> <p>As reported in Provision (a) all PREA allegations, administrative and criminal, are investigated by the agency/facility.</p> <p>Provision (g)</p> <p>Auditors are not required to audit this provision.</p> <p>Provision (h)</p> <p>As reported in Provision (d), the facility has a trained staff member who serves as a victim advocate, available to provide services to sexual abuse victims. Additionally, the facility is in the process of establishing an MOU with Mary's Place, which also has victim advocates available to assist sexual abuse victims within the facility.</p> <p>CONCLUSION</p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets all provisions of the standard regarding evidence protocol and forensic medical examinations</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022 • PREA Allegations <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p>

During the interview process, the Agency Head Designee emphasized that all allegations of sexual abuse and sexual harassment are taken very seriously. Each allegation, whether administrative or criminal, is promptly and thoroughly investigated. The GDC conducts its own investigations without relying on external sources. The agency's policy on referring allegations for investigation is available on its website. Additionally, all referrals for criminal investigations related to sexual abuse or sexual harassment are properly documented.

Investigative Staff

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

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency ensures all allegations of sexual abuse and sexual harassment undergo a thorough administrative or criminal investigation. This was confirmed during the interview with the Agency Head Designee.

This practice aligns with the Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. According to page 30, section G (1), all reports of sexual abuse or sexual harassment are considered allegations and must be investigated.

During the audit, data from the previous twelve months indicated a total of 8 reported allegations:

3 allegations of inmate-on-inmate sexual abuse
4 allegations of inmate-on-inmate sexual harassment
1 allegations of staff-on-inmate sexual abuse
0 allegation of staff-on-inmate sexual harassment

All 8 allegations underwent administrative investigation, and 2 cases were subsequently referred for criminal investigation.

Provision (b)

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

The agency/facility documents all referrals for criminal investigations, which was confirmed through an interview with the Agency Head Designee.

The relevant policies addressing this provision include:

1. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number: 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Effective: 6/23/2022, p. 31, G, 8, a-c)

Appointing authorities or their designees must immediately report all allegations of sexual abuse involving penetration or clear physical contact to the Regional Director, Regional SAC, and the Department's PREA Coordinator.

If an allegation cannot be resolved at the local level, the Regional SAC determines the appropriate response. If a criminal investigation is warranted, a trained agent or investigator is assigned.

Investigators gather and preserve evidence, interview victims, suspects, and witnesses, and review prior related complaints.

The credibility of individuals involved is assessed independently of their status as an offender or staff member. Alleged victims are not required to undergo polygraph examinations or truth-telling devices as a condition for proceeding with an investigation.

2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number: 103.06 Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders (Effective: 8/11/2022, p. 1, I)

GDC policy mandates that all allegations of sexual misconduct—whether involving offenders, employees, contractors, vendors, or volunteers—be reported, fully investigated, and handled confidentially and professionally.

Staff must maintain a professional and unbiased attitude toward such allegations and cooperate with investigations.

Investigations must be conducted in a manner that avoids threats, intimidation, or future misconduct.

Provision (c)

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

Provision (d)

Auditors are not required to audit this provision.

Provision (e)

Auditors are not required to audit this provision.

CONCLUSION

Based on the review and analysis of the available evidence, the Auditor has concluded that the agency/facility fully complies with the standard requiring policies

	to ensure the referral of allegations for investigation.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • This document review examines the Georgia Department of Correction (GDC) Standard Operating Procedures (SOPs) relevant to the Prison Rape Elimination Act (PREA) and the management of transgender and intersex offenders. The policies under review include: • SOP 208.06: PREA Sexually Abusive Behavior Prevention and Intervention Program, effective 6/23/2022. • SOP 220.09: Classification and Management of Transgender and Intersex Offenders, effective 7/26/2019. • SOP PREA Standard 115.13: Facility PREA Staffing Plan, effective 7/01/2023. <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>The PC confirmed that an inmate’s gender identification is initially determined by their legal sex assignment but is reassessed individually for safety and classification purposes.</p> <p>The views of transgender or intersex inmates regarding their safety are given substantial weight in housing and programming decisions, with reassessments occurring at least every six months or upon involvement in a sexual incident. Additional interviews assess potential threats and enemies before making placement decisions.</p> <p>Staff Responsible for Risk Screening</p> <p>Staff indicated that each inmate is individually assessed, and screening procedures include direct discussions with inmates to inform classification and housing decisions.</p> <p>PREA Compliance Manager (PCM)</p> <p>The agency is not under any consent decree, legal settlement, or legal judgment requiring dedicated housing for LGBTI inmates.</p> <p>LGBTI inmates are housed in the general population unless safety concerns necessitate special housing considerations.</p> <p>Staff emphasized individualized assessment practices to ensure safety and compliance with classification policies.</p> <p>Every assessment is factored into housing and programming assignments to mitigate risks of victimization and predation.</p>

Transgender Inmate

Interviewed transgender inmates confirmed satisfaction with showering accommodations, including privacy provisions.

All transgender inmates reviewed in the roster were housed in the general population, consistent with facility policies.

PROVISIONS

Provision (a)

The facility uses risk screening results to guide housing, bed, work, education, and program assignments, separating inmates at high risk of victimization from those likely to be sexually abusive.

Policy Reference: SOP 208.06 (PREA), p. 24, Section 4.

Provision (b)

Individualized determinations ensure inmate safety in housing and programming assignments.

Policy Reference: SOP 208.06 (PREA), pp. 24-25, Section 5; SOP 220.09 (Transgender Classification).

Provision (c)

Case-by-case considerations determine whether housing assignments pose management or security risks.

Policy References: SOP 220.09, Sections IV.8-10.

Provision (d)

Transgender and intersex inmates undergo reassessment at least twice annually to review threats to their safety.

Policy Reference: SOP 208.06 (PREA).

Provision (e)

Inmate views on personal safety are given serious consideration in housing and program decisions.

Policy Reference: SOP 220.09.

Provision (f)

Transgender and intersex inmates are allowed to shower separately from other inmates.

Policy Reference: SOP 220.09.

Provision (g)

The agency does not place LGBTI inmates in dedicated housing solely based on identity unless required by legal agreement.

Policy Reference: SOP 220.09.

CONCLUSIONS

Based on the review of the PAQ, interviews, and policy documents, the Auditor finds

	that the facility meets all provisions of the standard requiring the use of screening information. The facility adheres to best practices in classification, risk assessment, and safety accommodations, ensuring compliance with PREA standards and GDC policies.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Volunteer/Contractor PREA Training Curriculum • Signed Acknowledgement of Receipt of PREA Training <p><u>INTERVIEWS</u></p> <p>Volunteer</p> <p>Through the interview process a volunteer recalled having PREA training, prior to being allowed to work with inmates. The volunteer stated the training was specific to the volunteer's role and responsibilities in the facility. When the Auditor questioned the volunteer about their knowledge of PREA, they were able to identify what PREA was and more importantly, what the volunteer's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.</p> <p>Contractor</p> <p>Through the interview process a contractor recalled having PREA training, prior to being allowed to work with inmates. The contractor stated the training was specific to the contractor's role and responsibilities in the facility. When the Auditor questioned the contractor about knowledge of PREA, the contractor was able to identify what PREA was and more importantly, what the contractor's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p>

The facility reported on the PAQ all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported 61 contractors and 40 volunteers who have been approved to enter the facility. However, much smaller numbers are actually currently active and have contact with inmates. This was confirmed through the interview process with the contractors and volunteers.

The Auditor reviewed training documentation for 31 volunteers and contractors. Each of the 31 records had documented evidence of the individuals annual PREA training, as well as specialized training, when appropriate..

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

Provision (b)

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

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

Provision (c)

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

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

	<p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 2, c, indicates participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members if necessary to ensure understanding of the training.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding volunteer and contractor training.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. • Georgia Department of Corrections, Discussing Prison Rape Elimination Act Video, dated February 23, 2023. • Inmate PREA Intake Information Documentation • LanguageLine Insight Video Interpreting User Guide • Georgia Department of Corrections, PREA Inmate Information Guide Brochure, undated • GDC, Inmate Handbook, undated • Video Remote Interpreting Usage Log • NO MEANS NO Posting • Proposed MOU between Smith State Prison and Mary's Place • Inmate PREA Education signed acknowledgments • Inmate PREA Education Spreadsheet with Dates <p><u>ON-SITE OBSERVATIONS</u></p> <p>During the on-site review, the Auditor observed PREA related information posted on</p>

the walls, explaining sexual abuse and sexual harassment and how to report both throughout the facility. The facility has PREA information posted on the walls, i.e., hotline numbers to report sexual abuse to the GDC PREA Unit (internal reporting), as well as Mary's Place (external reporting), Zero Tolerance, etc. PREA related information, including telephone numbers was posted in each living unit near telephones for easy accessibility.

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

INTERVIEWS

Intake Staff

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

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

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

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

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

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

Random Inmate

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

During the random inmate interviews, 100% of the inmates remembered receiving written PREA materials and an Inmate Handbook upon arrival. All the interviewees reported the material they received including information about the facility's zero tolerance policy and ways to report.

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

PROVISIONS

Provision (a)

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

According to the PAQ the facility reported 1,595 inmates were admitted during the past twelve months and 100% of them received PREA information at intake. The intake staff verified this.

1. During the interview process intake staff confirmed inmates are given PREA information upon arrival.
2. During interviews random inmates reported receiving PREA information upon arrival. Sixty-six inmates were interviewed and 100% reported receiving PREA information within 24 hours, or less, of their arrival.
3. The Auditor reviewed PREA education records for 51 inmates. The 51 inmate records reviewed revealed that 100% of inmates had received PREA intake material within 24 hours, or less, of arriving at the facility.

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

Provision (b)

According to the PAQ, the facility reported in the past twelve months there were 1,505 inmates who were admitted and whose length of stay at the facility was more than thirty days. The PAQ reflects 100% of inmates were provided the PREA 30-day Comprehensive Education which includes their right to be free from sexual abuse, right to be free from retaliation of any kind, sexual abuse zero tolerance policy, PREA Video "Discussing Prison Rape Elimination Act", Discussing PREA, as well as the policies and procedures for reporting. The PAQ reflected that 100% of the inmates admitted to their facility in the past twelve months received the mandated information. The intake staff verified this.

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

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

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

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

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

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

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

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

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

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

1. The Department's zero tolerance of sexual abuse and sexual harassment
2. Definition of sexual abuse and sexual harassment
3. Prevention strategies I can take to minimize my risk of sexual victimization

while in Department custody

4. Methods of reporting an incident of sexually abusive behavior against me, and for reporting allegations of sexually abusive behavior involving other inmates
5. Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment
6. Monitoring, discipline, and prosecution of sexual perpetrators

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

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

It goes on to say that reporting is the first step. Inmates call *7732 from any inmate phone. Your message will be recorded for up to one minute. You may also report allegations to any staff member or write to the Statewide PREA Coordinator, P.O. Box 1529, Forsyth, GA 31029, or the Director of Victim Services, 2MLK Jr. Dr., Suite 456, East Tower, Atlanta, GA 30334.

GDC, Prisoner Handbook, undated, pp. 45-47 briefly states briefly states, in part, Sexual Abuse is NOT part of your sentence! Call the Georgia Department of Corrections Sexual Abuse Hotline *7732 (*PREA) or email PREA.report@gdc.ga.gov. to report sexual assault, sexual harassment, or sexual misconduct.

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

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

The Georgia Department of Corrections, PREA Inmate Information Guide Brochure outlines the zero-tolerance policy; the right to be free from sexual abuse and sexual harassment as well as retaliation for reporting such incidents. As a GDC brochure it is

a statewide brochure and lists addresses and telephone numbers to contact to report an allegation. All the information in the brochure is agency information. It lists methods of reporting as well as victim resources.

The Auditor reviewed PREA education records for 51 inmates. The 51 inmate records reviewed revealed that the inmate had received 30-day Comprehensive PREA education within 30 days of arriving at the facility. All the mandated parts of PREA comprehensive education are covered through the ZERO Tolerance postings, the Reporting is the First Step posting, the "Discussing Prison Rape Elimination Act" video, the GDC Prisoner Handbook, and the Inmate Information Guide Brochure.

Provision (c)

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

Provision (d)

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

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

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

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

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

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

Provision (e)

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

The Auditor reviewed signed PREA Education Acknowledgement Forms for 51 inmates

	<p>over the past 12 months, confirming inmates are participating in Comprehensive PREA Education within 30 days of arrival. As stated in Provision (b) the Auditor reviewed PREA education records for 51 inmates. The 51 inmate records reviewed revealed that each inmate had received a 30-day Comprehensive PREA education within 30 days of arriving at the facility.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 22, 3, b, indicates the facility shall maintain documentation of inmate participation in these education sessions in the inmate's institutional file.</p> <p>As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-months received the required PREA training at intake and during orientation.</p> <p>Provision (f)</p> <p>According to the PAQ the facility reported it ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The Auditor observed this during the facility tour.</p> <p>See previous provisions for specific publications, formats, and information.</p> <p>CONCLUSION</p> <p>After a review and analysis of the available evidence, the Auditor has determined the agency/facility meets every provision of the standard for inmate education</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Investigator Training curriculum • Documentation of Investigator Training Participation <p><u>INTERVIEWS</u></p>

Investigative Staff

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

PROVISIONS**Provision (a)**

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

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

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

Provision (b)

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

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

Provision (c)

The facility reported on the PAQ that the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The two investigators attended specialized training August 2, 2023. This was confirmed through the training attendance sheet and interviews with investigative staff.

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

practitioners employed by the agency/facility also receive training mandated for employees by §115.31.

PROVISIONS

Provision (a)

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

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

Provision (b)

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

Provision (c)

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

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

Provision (d)

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

The Auditor reviewed documentation that reflects the general PREA training that is mandated for agency/facility employees, contractors, and volunteers outlined in policy and PREA standards. Confirming, in addition to specialized training, the medical and mental health staff received the general PREA training mandated for all agency/facility employees.

	<p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meet every provision of the standard which addresses policies regarding specialized training: medical and mental health care.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. • GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. • Inmate Initial Risk Assessment Records. • Inmate Risk 30-Day Reassessment Records <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>Through the interview process the PC indicated medical staff, mental health staff, classification staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The PC also verified the GDC does not detain inmates solely for civil immigration purposes.</p> <p>PREA Compliance Manager (PCM)</p> <p>Through the interview process the PCM stated the purpose of the risk screening assessment is to make the inmate safer inside the facility. Information is collected through the risk screening that when taken as a whole, can be analyzed by staff to determine if an inmate is at higher-than-average risk for sexual victimization or abusiveness. It assists the staff of the institution in keeping inmates safer by housing potentially abusive inmates in a different area than those who are potential victims.</p> <p>Risk Screening Staff</p> <p>Through the interview process risk screening staff indicated the initial risk screening is completed within the first 24 hours after the inmate arrives. This initial screening</p>

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

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

Random Inmate

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

PROVISIONS

Provision (a)

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

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

The Auditor reviewed 44 inmate records. Those records showed that all 44 inmates had their initial 72-hour risk assessment completed within 24 hours of arrival.

Provision (b)

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

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

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

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 1505 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility. While the PAQ states 72 hours, the policy and practice of the facility is for inmates to be screened for risk of sexual victimization or sexual abusiveness within 24 hours of their entry into the facility. In a review of 44 initial risk assessments all were completed within 24 hours of arrival.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. From the roster of inmates, the Auditor chose 44 inmates records to review. The records were for inmates from varying housing units, ethnic and racial backgrounds. The names were chosen from a complete alpha roster of inmates. The Auditor went down the list and randomly chose names, in no order or sequence, from the roster.

Provision (c)

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

Of the 44 records reviewed, 44 were reassessed within 30 days of arrival.

A review of the GDC, SOP 208.06. Attachment 2, Revised 06-23-2022, indicates the instrument is weighted and scored based upon responses to specific questions

required in the Standard. Attachment 2 asks the questions required by the Standard and is a satisfactory assessment tool. Questions one through eight address the vulnerability of the inmate, and questions nine through fourteen address the possible sexual aggressiveness of the inmate. It adheres to the minimum criteria in the standard, as outlined in Provision (d).

Provision (d)

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

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

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

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

5. Is this the inmate's first incarceration ever (prison or jail)
6. Is or is perceived to be gay/lesbian/bisexual/transgender/intersex or gender non-conforming?
7. Does the inmate have a history of prior sexual victimization (sex abuse)?
8. The inmate's own perception of being vulnerable?
9. Does the inmate have a criminal history (convictions) that is exclusively non-violent?
10. Does the inmate have a conviction(s) for sex offenses against adult and/or child?

11. Does the inmate have a history of institutional (prison or jail) sexually aggressive behavior?
12. Does the inmate have a history of sexual abuse/sexual assault toward others (adult and/or children)?
13. Is the inmate's current offense sexual abuse/sexual assault toward others (adult and/or children)?
14. Does the inmate have a prior conviction(s) for violent offenses?

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

Provision (e)

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

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

Provision (f)

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

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

The Auditor reviewed the PAQ which indicated that within the past 12 months, 1,505 inmates remained in the facility longer than 30-days from arrival. The facility reported 100% of the 1,505 inmates were reassessed for the risk of sexual victimization or risk

of sexually abusiveness of other inmates within 30-days of their entry into the facility.

Of the 44 inmate records which were reviewed by the Auditor, the initial risk assessment was completed within 72 hours of arrival 100% of the time. Of the 44 records reviewed, all were reassessed within 30 days of arrival.

Provision (g)

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

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

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

Provision (h)

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

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

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

Provision (i)

The facility reported on the PAQ that they control the dissemination within the facility

	<p>of responses to questions asked during risk screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Through a formal interview and informal conversations, the PREA Coordinator (PC) indicated medical staff, mental health staff, classification staff, intake staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, and is only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The risk screening staff echoed this information.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any inmate by staff or other inmate.</p> <p><u>CONCLUSION</u></p> <p>The facility consistently conducts the initial 72-hour risk assessments on new arrivals within 24 hours of arrival, which is something to be commended and acknowledged.</p> <p>After the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness.</p> <p><u>RECOMMENDATION</u> The assessment tool uses the phrase mental illness. A more accurate and inclusive term would be mental disability. As there are mental disabilities that are not considered mental illness. I realize this tool is an attachment to the PREA policy and as such cannot be changed as if it were a random independent form. Having said that I am recommending the process begin that would allow this wording to be changed on Attachment 7, number 4. In the meantime, I am recommending at the facility level that it be changed by hand on the original attachment before new copies are made.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures

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

- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Subject: PREA Standard 115.13, Facility PREA Staffing Plan, effective date 7/01/2023

INTERVIEWS

PREA Coordinator (PC)

The PC indicated that gender identification is initially determined by legal sex assignment at birth; however, every inmate undergoes individual assessment and classification to ensure safety. The transgender or intersex inmate's views on their safety are heavily weighted in housing and programming decisions. Classification reassessments occur at least every six months or after incidents of a sexual nature, with further interviews to identify enemies or threats.

Staff Responsible for Risk Screening

Staff responsible for risk screening indicated that inmates are individually evaluated using assessment procedures and personal discussions, ensuring appropriate classification and housing decisions.

PREA Compliance Manager (PCM)

The PCM stated that the agency or facility is not under any legal agreement requiring a dedicated facility for LGBTI inmates. All LGBTI inmates are housed in the general population unless specific issues arise. Risk screening staff confirmed that transgender and intersex inmates' safety concerns are considered seriously. Placement and program assignments are based on assessments to separate inmates at risk of victimization from potential abusers.

Transgender Inmate

Transgender inmates reported satisfaction with their showering accommodations and confirmed they are housed in the general population rather than in a unit solely for transgender inmates. The inmate roster confirmed this information.

PROVISIONS

Provision (a)

The agency uses risk screening data to inform housing, bed, work, education, and program assignments. Policy 208.06 requires the designation of safe housing for vulnerable inmates. The Auditor confirmed the use of assessment data in classification decisions.

Provision (b)

Individualized safety determinations are made for each inmate. Policy 208.06

	<p>mandates case-by-case placement considerations for transgender and intersex inmates, with an emphasis on safety and management concerns.</p> <p>Provision (c)</p> <p>Case-by-case assessments determine the housing and programming placements of transgender and intersex inmates. Policies 220.09 outline classification procedures, including interviews covering medical, mental health, risk factors, and program assignments. Classification Committees manage placements with input from the PREA Unit.</p> <p>Provision (d)</p> <p>Transgender and intersex inmates undergo reassessments at least every six months. Policy 208.06 ensures threats to safety are continuously reviewed.</p> <p>Provision (e)</p> <p>The safety concerns of transgender and intersex inmates are given significant consideration in housing and program assignments. Policy 220.09 mandates thoughtful consideration of inmate safety perspectives.</p> <p>Provision (f)</p> <p>Transgender and intersex inmates are provided opportunities to shower separately. Policy 220.09 requires separate shower accommodations, and staff facilitate alternate shower times when requested. Inmates reported satisfaction with showering arrangements.</p> <p>Provision (g)</p> <p>LGBTI inmates are not placed in dedicated housing solely based on their identity, unless mandated by a legal order. Policy 220.09 prohibits such segregation unless legally required.</p> <p><u>CONCLUSIONS</u></p> <p>Based on the review of documentation, interviews, and facility policies, the Auditor has determined that the agency/facility meets all provisions of the standard requiring the use of screening information.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

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

INTERVIEWS

Facility Head or Designee

Through the interview process, the Facility Head reported that every placement in segregated housing, regardless of reason, is documented and reviewed a minimum of every thirty days.

Staff Who Supervise Inmates in Segregated Housing

Through formal interviews and informal conversations, Segregated Housing Staff reported that they had not observed any victim of sexual abuse or retaliation being involuntarily placed in the Segregation Unit.

Inmates in Segregated Housing

At the time of the on-site audit, no inmates were in segregated housing due to allegations of sexual abuse. All inmates in the segregated unit were there either for administrative reasons or due to disciplinary reports.

PREA Compliance Manager (PCM)

Through the interview process, the PCM indicated that no inmates had been placed in protective custody or involuntary administrative/punitive segregation in the past twelve months due to the risk of sexual victimization or because they were victims of sexual abuse.

PROVISIONS

Provision (a):

The facility reported on the PAQ that it has a policy prohibiting the placement of inmates at elevated risk for sexual victimization in involuntary segregated housing unless all available alternatives have been assessed, and no other separation option is viable.

In the past twelve months, no inmates were placed into involuntary administrative or punitive segregation in accordance with this standard. The PCM confirmed this, and consequently, no inmates were interviewed regarding this standard. The Facility Head verified this information.

Relevant Policies:

GDC SOP 208.06 (PREA Sexually Abusive Behavior Prevention and Intervention Program), effective 6/23/2022, states that offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless all alternative separation options have been assessed and determined unavailable. If the assessment is not completed immediately, the offender may be held in involuntary segregated housing for no more than 24 hours.

GDC SOP 208.06, p. 25, D, 8, a-d, specifies that offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless no alternative means of separation exist. If placed in segregation, documentation in SCRIBE case notes must outline the reasons for the placement.

Provision (b):

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

Relevant Policy:

GDC SOP 208.06 states that if an offender is placed in protective safekeeping, they shall have access to programs, privileges, education, and work opportunities to the extent possible. Any restrictions must be documented, including the opportunities limited, duration of the limitations, and the reasons.

Over the past twelve months, no inmates were placed into involuntary administrative or punitive segregation under this standard. The Facility Head confirmed this information. Consequently, no inmates were interviewed for this provision.

Provision (c):

The facility reported on the PAQ that, in the past 12 months, no inmates at risk of sexual victimization were assigned to involuntary segregated housing for more than 30 days while awaiting alternative placement. The PCM verified this.

Relevant Policies:

GDC SOP 208.06, p. 25, D, 8, specifies that high-risk offenders shall not be placed in involuntary segregation solely based on their risk determination unless no alternative separation options exist. Documentation in SCRIBE case notes must outline the reasons for the placement.

GDC SOP 208.06, p. 25, D, 8, b, states that offenders shall only remain in protective safekeeping until an alternative means of separation is arranged, with placements not exceeding 30 days.

Provision (d):

The facility reported on the PAQ that, during the past twelve months, no inmates were placed in involuntary administrative or punitive segregation for longer than 30 days

	<p>while awaiting alternative placement. The staff supervising inmates in segregated housing verified this information.</p> <p>Relevant Policy:</p> <p>GDC SOP 208.06 states that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless all alternative separation options have been assessed and found unavailable. Reassessments occur every seven days after placement in the RHU.</p> <p>Provision (e):</p> <p>The facility reported on the PAQ that, during the past twelve months, no inmates were placed into protective custody under this standard. This was confirmed by the PCM. Consequently, no inmates were interviewed regarding this provision.</p> <p>Relevant Policy:</p> <p>GDC SOP 208.06, p. 25, D, 8, d, states that every 30 days, the facility shall conduct a review to determine if continued separation of the offender from the general population is necessary.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard relative to protective custody.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation: • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Offender PREA Brochure (English and Spanish) • Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders <p><u>OBSERVATIONS</u></p> <p>During the on-site audit, the Auditor observed PREA posters in both English and Spanish throughout the facility, including housing units, communal areas, hallways,</p>

intake holding areas, and the dining room. Additionally, PREA-related typographical art was visible on various walls. The Auditor also checked several inmate telephones across the facility, confirming that all were functional and easily accessible in each housing unit, allowing inmates to make calls.

INTERVIEWS

PREA Compliance Manager (PCM)

Throughout the interview process, the PCM emphasized that inmates can report any instances of abuse or harassment to both public and private entities. Specifically, inmates can submit reports to external agencies, such as the State Board of Pardons and Paroles and the Office of Victim Services, which serve as independent reporting bodies outside of the facility or agency.

Random Staff

During the interview process, staff confirmed they would accept and forward reports or allegations from inmates to their supervisor for further action. They also highlighted that inmates could report incidents through various methods, such as speaking to a staff member, calling the PREA hotline, or informing a family member. Inmates can report allegations of sexual abuse and harassment verbally, in writing, anonymously, or through a third party. Staff also acknowledged multiple options for privately reporting sexual abuse, including reporting to their supervisor, the shift supervisor, PCM, or PC. Staff can privately report in writing or verbally. They can write a statement, call the agency hotline, send an email, or report to a higher-ranking official.

Random Inmates

Throughout the interview process, inmates reported being aware of several methods to report incidents of sexual abuse or sexual harassment. These included utilizing the hotline number, reaching out to the PREA Compliance Manager (PCM), having family members contact the institution on their behalf, or directly contacting a staff member.

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PROVISIONS

Provision (a):

The facility reported on the PAQ that it offers multiple internal methods for inmates to privately report issues, including sexual abuse and harassment, retaliation by inmates or staff for reporting these incidents, and staff neglect or violations that may have contributed to such occurrences. This information was confirmed by the PCM during the interview process.

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

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

Provision (b):

The facility indicated on the PAQ that the agency provides at least one method for inmates to report abuse or harassment to an external public or private entity or office, which is not affiliated with the agency. This information was confirmed by the PCM during the interview process.

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

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

The Ombudsman Office and the PREA Coordinator Office are part of the agency, while the State Board of Pardons and Paroles, Office of Victim Services, is not. The facility does not detain inmates solely for civil immigration purposes.

Provision (c):

The facility reported on the PAQ that staff are trained to accept reports of sexual abuse and sexual harassment through various channels, including verbal, written, anonymous reports, and third-party submissions. Staff are committed to promptly documenting any verbal reports of sexual abuse or harassment. This practice was verified through random staff interviews, confirming that the staff were familiar with this protocol.

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

	<p><u>Provision (d):</u></p> <p>The PAQ indicates that the agency offers a confidential method for staff to report incidents of sexual abuse and sexual harassment involving inmates. Staff can privately report in writing or verbally. They can write a statement, call the agency hotline, send an email, or report to a higher-ranking official. This was confirmed by the PCM during the interview process.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, c, staff members shall forward all reports or suspicions of Sexual Abuse or Sexual Harassment to their immediate supervisor or the designated SART member promptly.</p> <p>The Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders serves as an essential resource for staff members, providing clear instructions on how to prevent and report incidents of sexual misconduct within the correctional system. The guide outlines best practices for recognizing signs of misconduct, maintaining professional boundaries, and fostering a safe environment for offenders. It emphasizes the importance of staff awareness, vigilance, and adherence to protocols to prevent any incidents. Additionally, it provides a structured process for reporting such misconduct, ensuring accountability and the protection of both staff and offenders. This resource ensures that staff are equipped with the knowledge and tools necessary to address and prevent sexual misconduct effectively.</p> <p><u>CONCLUSIONS</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding inmate reporting</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation: • Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p>

Random Staff

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

Random Inmates

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

PROVISIONS**Provision (a):**

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

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

Provision (b):

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

Provision (c):

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

Provision (d):

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

Provision (e):

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

Provision (f):

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

	<p>Provision (g)</p> <p>N/A - As stated in Provision (a), allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding exhaustion of administrative remedies.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Pending renewal of the MOU between Smith State Prison and Mary's Place Sexual Assault Center • PREA Inmate Information Guide Brochure, undated. • Reporting is the First Step posting • Outside Confidential Support Services Agency Information postings • GDC, Male Inmate Handbook, Revised September 25, 2017 <p>OBSERVATIONS</p> <p>During the facility tour, the Auditor noted that PREA information was prominently displayed throughout. The PREA Hotline numbers were posted near telephones for easy access. The list included two internal GDC hotline numbers, and one for an Outside Confidential Support Services Agency.</p> <p>During the facility tour, the Auditor evaluated several inmate telephones, all of which worked properly. A call was successfully made to an outside support agency, and the Auditor was able to speak with an advocate. No identifying information was needed for the call, and the advocate did not require any personal details to engage in the conversation.</p> <p><u>INTERVIEWS</u></p> <p>Random Inmate</p>

During the interview process, 100% of inmates confirmed they were provided with a telephone number and address to contact the outside confidential services agency, Mary's Place, for matters related to sexual abuse or sexual harassment. Every inmate reported being familiar with Mary's Place, and all confirmed that calls to the center are free and confidential. Additionally, 100% of the inmates indicated they understood the limits of confidentiality. These limits were explained as situations where there was a risk of harm, such as if the inmate were at risk of hurting themselves, others, or a vulnerable person, or if a crime had occurred or was about to occur as part of the report.

PREA Compliance Manager (PCM)

The facility is in the process of finalizing a Memorandum of Understanding (MOU) with Mary's Place. In the meantime, the center will assist Smith State Prison inmates on an as-needed basis. During intake, inmates receive information about the center, including its mailing address, a 24-hour crisis hotline, and emotional support for both past and present sexual victimization.

Intermediate-or-Higher-Staff

Staff members, through casual chats and a formal interview process, mentioned that they check the inmate phones every day to make sure they work properly, so inmates can easily contact their family and outside support organizations.

PROVISIONS

Provision (a)

The facility reported on the PAQ that it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The outside agency offering these services is Mary's Place, as confirmed by a pending MOU and an Advocacy information posting. Inmates also verified this during interviews.

This previous Memorandum of Understanding (MOU) has expired and is in the process of being renewed. Services to be provided under the MOU, include but are not limited to the following:

1. Emotional Support Services for Incarcerated Victims
2. Hospital Accompaniment and Forensic Medical Examinations.
3. Confidential Emotional Support Services
 - a confidential hotline 912-233-RAPE (7273), available at no cost to the inmate.
 - b. Confidential mail correspondence to PO Box 13954, Savannah, GA 31416.
 - c. The provision of a confidential meeting area for in-person crisis counseling sessions, where adequate confidentiality can be maintained for the privacy of the victim.

This previous MOU has expired, and the new MOU had not been completed and signed at the time of the on-site audit. Mary's Place expressed that their agency,

based on their previous business relationship with Smith State Prison, will provide services to Smith State Prison inmates on a case-by-case basis, at no cost to the inmate. Once the new MOU is completed and signed by both parties, it will be subject to periodic reviews. Both parties agree to work in good faith to fulfill the responsibilities of the MOU.

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

1. Giving inmates mailing addresses and telephone numbers (including toll-free numbers) for local, state, victim advocate or rape crisis organizations
2. Enable reasonable communication between inmates and organizations in as confidential a manner as possible.
3. Specifically, the inmate can call Mary's Place, 24-hour Crisis Hotline 912-233-RAPE (7273), for emotional support services, for sexual victimization past and present. When calling the 24-hour, Crisis Hotline the caller will speak with a trained advocate any time of day or night.
4. The inmate can also write Mary's Place at P.O. Box 13954, Savannah, GA 31416 for emotional support services, for sexual victimization past and present.

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

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

Provision (b)

The facility reported on the PAQ that it informs inmates, prior to giving them access,

of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility reported there are limits to confidentiality for suspected abuse or neglect of a child or vulnerable adult or in case of concern about the inmate's intent to harm themselves or someone else. This limit to confidentiality is part of Mary's Place information.

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

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

Provision (c)

On the PAQ the facility reported it has a pending MOU with Mary's Place to provide inmates with emotional support services related to sexual abuse, past and present. The facility maintains a copy of the MOU, as well as efforts to renew the MOU. As stated in Provision (a), the Auditor reviewed correspondence addressing the renewal of the MOU with Mary's Place.

Mary's Place provides a Sexual Assault Victim Advocate at the time of the forensic examination. The advocate may accompany and provide support services to the victim throughout the investigative process, including interviews, forensic exam, court appearances, and/or crisis intervention for informational and emotional support only. As stated in Provision (b), inmates acknowledged the limits of confidentiality during interviews.

CONCLUSION:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and Supporting Documentation:
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- GDC PREA Offender Brochure, undated
- GDC Website: PREA Information

INTERVIEWS

Random Inmates

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

PROVISIONS

Provision (a):

On the PAQ, the facility reported that it provides a method for receiving third-party reports of resident sexual abuse or sexual harassment. These methods are outlined in the GDC Resident Brochure (undated) and on the GDC website at PREA Information. <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

The policy addressing this provision is:

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 26-27, E.2.a, i-iii.

This policy states that third-party reports may be submitted through the following:

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

The GDC website, offender brochure, and posted notices assist third-party reporters

	<p>in submitting allegations of sexual abuse or sexual harassment. Additionally, 100% of the randomly interviewed inmates confirmed their awareness of these third-party reporting methods.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding third-party reporting.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program Effective Date: 6/23/2022 <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>During the interview process, the PC confirmed that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.</p> <p>Medical and Mental Health Practitioner</p> <p>Medical and mental health staff were aware of reporting requirements and could clearly articulate how they would immediately report an allegation of sexual abuse. Additionally, they demonstrated an understanding of the policy and their rights and responsibilities. They acknowledged their obligation to inform the victim (inmate) about the limitations of confidentiality due to mandatory reporting laws before initiating services.</p> <p>Facility Head or Designee</p> <p>The Facility Head confirmed awareness of the requirement to report abuse allegations to the appropriate agency, as mandated by law, as well as to the PREA Compliance</p>

Manager (PCM) and agency investigators. Staff are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment occurring within a facility. This directive also applies to retaliation or staff neglect related to such incidents.

Random Staff

Staff acknowledged the reporting requirements and demonstrated knowledge of the appropriate reporting procedures in compliance with policy. They confirmed that information from a victim must remain confidential, shared only with necessary personnel such as supervisors or medical staff. Unauthorized disclosure of sexual abuse reports is prohibited unless necessary for treatment, investigation, security, or management purposes. All staff (100%) affirmed that PREA-related allegations are reported to the PCM, who then informs investigative staff.

PROVISIONS

Provision (a)

The facility reported in the PAQ that all staff must immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or harassment occurring in a facility. This also includes reporting retaliation or staff neglect related to such incidents. The Facility Head confirmed this requirement during the interview process.

Policy Reference: GDC SOP 208.06, p. 27, E, 2, c, states that staff must promptly forward all reports or suspicions of sexual abuse or harassment to their immediate supervisor or designated SART member.

The facility reported in the PAQ that staff must refrain from revealing information related to a sexual abuse report except when necessary for treatment, investigation, or security/management decisions. This was verified by interviews with random staff members.

Policy Reference: GDC SOP 208.06, p. 24, 3, NOTE, states that staff shall not disclose sexual abuse report details except to designated supervisors or officials as necessary.

Provision (c)

The facility reported in the PAQ that medical and mental health practitioners must inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. This was confirmed during interviews with medical and mental health practitioners.

Policy Reference: GDC SOP 208.06 mandates that medical and mental health practitioners report sexual abuse and inform offenders of their duty to report, except where precluded by federal, state, or local law.

Provision (d)

The facility reported in the PAQ that if an alleged victim is under 18 or a vulnerable adult under state law, the agency reports the allegation to the designated state/local

	<p>services agency per mandatory reporting laws. The Facility Head confirmed this requirement during the interview process.</p> <p>Policy Reference: GDC SOP 208.06 states that medical and mental health practitioners must obtain informed consent from offenders before reporting prior sexual victimization outside an institutional setting unless the offender is under 18. If the victim is under 18 or a vulnerable adult, the agency must report the allegation to the appropriate state/local services agency.</p> <p>Provision (e)</p> <p>The facility reported in the PAQ that all allegations of sexual abuse and harassment, including third-party and anonymous reports, are reported to the facility's designated investigator. The PREA Coordinator confirmed this during the interview process.</p> <p>Policy Reference: GDC SOP 208.06 requires all staff to immediately report any knowledge, suspicion, or information regarding sexual abuse/harassment incidents, retaliation, or staff neglect contributing to such incidents.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review and analysis of all available evidence, the Auditor has determined that the agency/facility fully meets the standard regarding staff and agency reporting duties under PREA.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program Effective Date: 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7 PREA Local Procedure Directive and Coordinated Response Plan <p>–</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p>

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

Medical and Mental Health Practitioner

Medical and mental health staff were aware of reporting requirements and could clearly articulate how they would immediately report an allegation of sexual abuse. Additionally, they demonstrated an understanding of the policy and their rights and responsibilities. They acknowledged their obligation to inform the victim (inmate) about the limitations of confidentiality due to mandatory reporting laws before initiating services.

Facility Head or Designee

The Facility Head confirmed awareness of the requirement to report abuse allegations to the appropriate agency, as mandated by law, as well as to the PREA Compliance Manager (PCM) and agency investigators. Staff are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment occurring within a facility. This directive also applies to retaliation or staff neglect related to such incidents. Additionally, the Facility Head acknowledged that immediate action would be taken to protect the victim, which could include relocating the victim within the facility or transferring them to another facility. The perpetrator, if known, would be placed in segregated housing.

Random Staff

Staff acknowledged the reporting requirements and demonstrated knowledge of the appropriate reporting procedures in compliance with policy. They confirmed that information from a victim must remain confidential, shared only with necessary personnel such as supervisors or medical staff. Unauthorized disclosure of sexual abuse reports is prohibited unless necessary for treatment, investigation, security, or management purposes. All staff (100%) affirmed that PREA-related allegations are reported to the PCM, who then informs investigative staff. Additionally, staff confirmed that if they receive an allegation from an inmate, they will immediately separate the victim and perpetrator, safeguard the victim, contact their supervisor, and preserve any evidence. Their first priority would be to protect the inmate.

PROVISIONS

Provision (a)

The facility reported in the PAQ that when the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the past twelve months, the agency/facility reported zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse. This was confirmed through formal interviews and informal conversations with random staff and the Facility Head.

	<p>Policy Reference: GDC SOP 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, provides a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The policy states that when the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review and analysis of all available evidence, the Auditor has determined that the agency/facility fully meets the standard regarding staff and agency protection duties under PREA.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program Effective Date: 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Agency Head Designee</p> <p>Through the interview process, the Agency Head Designee confirmed that any notification received regarding a PREA incident, whether it be sexual abuse, sexual harassment, or staff sexual misconduct that occurred within any facility, will be investigated in accordance with the guidelines of the GDC.</p> <p>Facility Head</p> <p>Through the interview process, the Facility Head indicated that once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned for investigation. When an inmate reports sexual abuse or sexual harassment that occurred at another facility, the facility where it occurred is notified as soon as possible, but no later than 72 hours.</p> <p><u>PROVISIONS</u></p>

Provision (a)

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

Policy Reference: GDC SOP 208.06, p. 27, 2, a, states that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.

Provision (b)

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

Policy Reference: GDC SOP 208.06, p. 28, 2, b, specifies that such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.

Provision (c)

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

Policy Reference: GDC SOP 208.06, p. 28, 2, b & c, states that notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation and that the facility shall document that it has provided such notification.

Provision (d)

The facility reported in the PAQ that policy requires that allegations received from other facilities and agencies are investigated in accordance with PREA standards. In the past twelve months, the facility reported receiving zero allegations of sexual abuse from another facility. The Facility Head verified this.

Policy Reference: GDC SOP 208.06, p. 28, 2, d, states that the facility head or Department office that receives such notification shall ensure that the allegation is investigated only if a previous investigation did not occur.

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

Policy Reference: GDC SOP 208.06, p. 27, 2, a, states that in cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.

Provision (b)

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

Policy Reference: GDC SOP 208.06, p. 28, 2, b, specifies that such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.

Provision (c)

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

Policy Reference: GDC SOP 208.06, p. 28, 2, b & c, states that notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation and that the facility shall document that it has provided such notification.

Provision (d)

The facility reported in the PAQ that policy requires that allegations received from other facilities and agencies are investigated in accordance with PREA standards. In the past twelve months, the facility reported receiving zero allegations of sexual abuse from another facility. The Facility Head verified this.

Policy Reference: GDC SOP 208.06, p. 28, 2, d, states that the facility head or Department office that receives such notification shall ensure that the allegation is investigated only if a previous investigation did not occur.

CONCLUSION

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and Supporting Documentation
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06
Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program
Effective Date: 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7
PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-2022

INTERVIEWS

Facility Head or Designee

Through the interview process, the Facility Head confirmed that the coordinated response plan delineates the various responsibilities for respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings, and on-the-job training.

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PROVISIONS

Provision (a)

The facility reported on the PAQ that they have developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Facility Head verified this.

The Auditor reviewed the facility's institutional Coordinated Response Plan and found it to be rudimentary. It provides generic information necessary for staff responding to PREA allegations.

Policy References:

GDC SOP 208.06, p. 28, 3, states that each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan must be kept current, include names and telephone numbers of coordinating parties, and be part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

GDC SOP 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated

	<p>Response Plan, Revised 06-23-2022, is a two-page document designed to provide a written institutional plan coordinating actions taken in response to an incident of sexual abuse. The plan includes contact information for all personnel required to be notified during the reporting and investigation of a PREA allegation. It outlines reporting duties in 15 measurable steps, accounting for victimization screening, safe housing, and identifying at-risk inmates within the facility.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding coordinated response.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program Effective Date: 6/23/2022 <p><u>INTERVIEW</u></p> <p>Agency Head or Designee</p> <p>Through the interview process, the Agency Head Designee confirmed that the State of Georgia does not engage in collective bargaining.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>The facility reported in the PAQ that the State of Georgia does not participate in collective bargaining agreements. The Agency Head Designee verified this information during the interview process.</p> <p>Provision (b)</p> <p>Auditors are not required to assess this provision.</p>

	<p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding the preservation of the ability to protect inmates from contact with abusers.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Effective Date: 6/23/2022) • GDC, Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 8 – Retaliation Monitoring Checklist (Effective Date: 6/23/2022) • Deputy Warden Memorandum – Retaliation Monitoring (Dated: 12/9/2024) <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>Retaliation monitoring lasts for 90 days following an allegation and begins on the date of the allegation. If an allegation is unfounded, monitoring may cease. Any individual involved in the allegation who fears retaliation is monitored.</p> <p>Facility Head or Designee</p> <p>Multiple protection measures are in place to prevent retaliation against both inmates and staff. For inmates, monitoring includes changes in housing assignments, work assignments, or increases in disciplinary reports. For staff, monitoring includes performance reviews and work reassignments. The Facility HHead confirmed these practices.</p> <p>Retaliation Monitor</p> <ul style="list-style-type: none"> • Retaliation is taken very seriously at the facility. • Staff and inmates are encouraged to report without fear of retaliation. • Monitoring is primarily for the victim, but any individual who cooperates with

an investigation and expresses fear of retaliation is also monitored.

- Monitoring lasts 90 days unless extended.
- Monthly status checks are conducted and documented using Attachment 8, Retaliation Monitoring Checklist.
- Zero instances of retaliation were reported in the past 12 months.
- Inmates in Segregated Housing for Risk of Sexual Abuse
- At the time of the on-site audit, zero inmates were in segregated housing for risk of sexual victimization or due to an allegation of sexual abuse.

Inmates Who Reported Sexual Abuse

- Reported that facility staff were responsive to their allegations.
- Referred for forensic examinations immediately.
- Those referred for a forensic exam were offered a victim advocate.
- The victim advocate provided support during the examination and explained the process.
- No cost for medical treatment related to the abuse.
- 100% of inmates confirmed they were not asked to take a polygraph test.
- Received written notification of the investigation results.

PROVISIONS

Provision (a)

The agency has a policy protecting inmates and staff who report sexual abuse or cooperate with investigations.

A designated staff member or department is responsible for monitoring retaliation for 90 days, extendable if necessary.

The Deputy Warden Memorandum (12/9/2024) designates the Chaplain as the Retaliation Monitor.

Relevant Policies:

- GDC SOP 208.06 (PREA Program, p. 28, 4a): Retaliation against any staff member or offender who reports an allegation of sexual abuse/harassment or participates in an investigation is subject to disciplinary action.
- GDC SOP 208.06 (PREA Program, p. 28-29, 4b): The Warden/Superintendent must designate a Retaliation Monitor, included in Attachment 7 of the PREA Local Procedure Directive.

Provision (b)

The facility employs multiple protection measures, including:

- Housing changes or transfers for victims or abusers.

	<ul style="list-style-type: none"> • Removal of alleged perpetrators (staff or inmates) from victim contact. • Emotional support services for those fearing retaliation. • Verified by the Facility Head and supported by GDC SOP 208.06 (p. 28-29, 4b). <p>Provision (c)</p> <p>The facility monitors the conduct and treatment of inmates and staff involved in sexual abuse cases to detect possible retaliation.</p> <p>Monitoring is conducted for 90 days and extended if needed.</p> <p>The Retaliation Monitor confirmed zero instances of retaliation in the past 12 months.</p> <p>Supported by GDC SOP 208.06 (p. 28-29, 4c).</p> <p>Provision (d)</p> <p>Inmate retaliation monitoring includes regular status checks.</p> <p>Monitoring includes:</p> <ul style="list-style-type: none"> • Reviewing disciplinary reports • housing/program changes • negative performance reviews • In-person status checks <p>Completion of Attachment 8, Retaliation Monitoring Checklist.</p> <p>Supported by GDC SOP 208.06 (p. 28-29, 4c, i-iii).</p> <p>Provision (e)</p> <p>If any other individual (not the victim) involved in an investigation expresses fear of retaliation, the agency must respond to protect them.</p> <p>Verified by the Retaliation Monitor.</p> <p>Supported by GDC SOP 208.06.</p> <p>Provision (f)</p> <p>Not required for auditing.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets all provisions of the standard regarding protection against retaliation</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and Supporting Documentation
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Effective Date: 6/23/2022)

INTERVIEWS

Facility Head or Designee

The Facility Head confirmed that, if necessary, the abuser or victim may be transferred to another facility.

The facility exhausts all available options before placing a victim of sexual abuse in segregated housing.

If an involuntary segregated housing assignment is made, the facility conducts a review every 30 days to determine whether continued separation from the general population is necessary.

Inmates placed in segregation for protection as sexual abuse victims are allowed to participate in programs, education, and work, consistent with safety and security considerations.

Staff Who Supervise Inmates in Segregated Housing

Segregated housing staff confirmed that multiple housing options are available, ensuring that a sexual abuse victim is not automatically placed in segregation for protection.

Alternative options are explored first, with segregation being used only as a last resort.

Inmates in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported zero inmates in segregated housing for risk of sexual victimization or allegations of sexual abuse.

PROVISIONS

Provision (a)

The facility reported in the PAQ that the agency prohibits placing inmates who allege sexual abuse in involuntary segregated housing unless:

- All available alternatives have been assessed.
- A determination is made that no alternative means of separation from abusers exists.

	<p>In the past 12 months:</p> <ul style="list-style-type: none"> • Zero inmates were held involuntarily for 1 to 24 hours awaiting assessment. • Zero inmates were held involuntarily for longer than 30 days awaiting alternative placement. <p>Segregated Housing Staff confirmed these findings.</p> <p>If an involuntary segregated housing assignment occurs, the facility conducts a review every 30 days to determine if separation is still required. The Facility Head verified this practice.</p> <p>Policy Reference: GDC SOP 208.06 (PREA Program, p. 25, 8, a-d):</p> <p>Offenders at elevated risk for sexual victimization/aggression shall not be placed in involuntary segregation unless no alternative means of separation is available.</p> <p>Placement decisions must be documented in SCRIBE case notes, including the rationale for the decision.</p> <p>Services Provided: Offenders in segregation receive services per SOP 209.06 (Administrative Segregation).</p> <p>Timeframe:</p> <ul style="list-style-type: none"> • Segregation should not exceed 30 days unless no alternative placement is available. • Every 30 days, the facility conducts and documents a review to reassess continued segregation. <p>Access to Programs: If placement restricts access to programs, privileges, education, or work, the facility must document:</p> <ul style="list-style-type: none"> • What opportunities were limited, • The duration of the limitation, • The reason for such limitations. <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets all provisions of the standard regarding post-allegation protective custody.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Investigative Staff

During the interview process, the investigator indicated:

- Investigations commence immediately following notification of an incident. Standard protocols apply regardless of the reporting method (in person, telephonically, verbally, third-party, by mail, or anonymously).
- Attendance at the required training sessions was confirmed. The Auditor reviewed training records and verified compliance with all mandated training requirements.
- Investigations follow a uniform format: the victim is interviewed first, followed by witnesses, with the alleged perpetrator being last. Protocol varies slightly for sexual harassment allegations versus sexual assault or abuse allegations.
- In cases of alleged sexual assault or abuse, victims are met at designated SAFE/SANE locations if applicable. Except where the SAFE/SANE team collects evidence, investigators collect and secure all evidence.
- Investigative staff are trained in evidence collection. The Auditor reviewed training records, which confirmed this.
- In cases where criminal conduct is identified, compelled interviews are conducted only after consultation with prosecutors to avoid obstructing potential criminal prosecutions. The OPS-Criminal Division confirmed Miranda warnings are issued in such cases.
- The credibility of all individuals involved in an investigation is determined through the investigative process. Everyone is treated as credible and truthful unless evidence suggests otherwise. Polygraph tests are not used in PREA investigations.
- Administrative investigations follow an evidence-based approach, including assessment of staff actions or failures to act. Findings are detailed in the investigative report.
- If an investigation uncovers evidence of a crime, the case is transferred to the OPS-Criminal Division.
- The release or termination of a principal (victim or abuser) does not halt an investigation, which continues to its conclusion.
- Facilities cooperate with the OPS-Criminal Division and maintain communication regarding investigation progress.

PREA Coordinator (PC)

The PC confirmed the agency retains all investigation-related written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Most inmate information is permanently stored in the SCRIBE database. The PREA Compliance Manager (PCM) verified this.

The PCM affirmed the departure of an alleged abuser or victim does not serve as grounds to terminate an investigation.

Facility Head or Designee

The Facility Head Designee reported in the past twelve months, two substantiated allegations of criminal conduct were referred for prosecution.

Inmates Who Reported Sexual Abuse

Through interviews, inmates who reported sexual abuse indicated:

- Facility staff responded promptly to their reports.
- They were referred for forensic examinations immediately.
- Those referred for forensic examinations were offered a victim advocate.
- The victim advocate was present during the examination and provided guidance.
- They did not incur costs for medical treatment.
- No inmates were required to take a polygraph test.
- They received written notification of investigation results.

PROVISIONS

Each provision of the standard related to criminal and administrative investigations was examined and verified based on policy review, PAQ responses, and investigative staff interviews. The following key elements were confirmed:

- Investigations are conducted promptly, thoroughly, and objectively, including third-party and anonymous reports.
- Investigators receive specialized training in sexual abuse investigations.
- Investigators collect and preserve evidence, conduct interviews, and review prior reports.
- Compelled interviews are conducted only after consultation with prosecutors.
- The credibility of victims, suspects, and witnesses is assessed individually, without reliance on polygraph examinations.
- Administrative investigations assess staff actions or failures and document findings comprehensively.
- Criminal investigations are documented with detailed reports and supporting evidence.
- Substantiated criminal allegations are referred for prosecution.
- Records of investigations are retained as mandated by policy.

	<ul style="list-style-type: none"> • The agency ensures investigations continue despite the departure of involved parties. • The facility cooperates with external investigative agencies when applicable, although all PREA investigations are conducted internally. <p><u>CONCLUSION</u></p> <p>Based on a thorough review and analysis of all available evidence, the Auditor has determined that the agency/facility fully complies with all provisions regarding criminal and administrative investigations as required under PREA.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. <p>–</p> <p><u>INTERVIEWS</u></p> <p>Investigative Staff</p> <p>During the interview process, the investigator indicated:</p> <ul style="list-style-type: none"> • Investigations commence immediately following notification of an incident. Standard protocols apply regardless of the reporting method (in person, telephonically, verbally, third-party, by mail, or anonymously). • Attendance at the required training sessions was confirmed. The Auditor reviewed training records and verified compliance with all mandated training requirements. • Investigations follow a uniform format: the victim is interviewed first, followed by witnesses, with the alleged perpetrator being last. Protocol varies slightly for sexual harassment allegations versus sexual assault or abuse allegations. • In cases of alleged sexual assault or abuse, victims are met at designated SAFE/SANE locations if applicable. Except where the SAFE/SANE team collects evidence, investigators collect and secure all evidence. • Investigative staff are trained in evidence collection. The Auditor reviewed

training records, which confirmed this.

- In cases where criminal conduct is identified, compelled interviews are conducted only after consultation with prosecutors to avoid obstructing potential criminal prosecutions. The OPS-Criminal Division confirmed Miranda warnings are issued in such cases.
- The credibility of all individuals involved in an investigation is determined through the investigative process. Everyone is treated as credible and truthful unless evidence suggests otherwise. Polygraph tests are not used in PREA investigations.
- Administrative investigations follow an evidence-based approach, including assessment of staff actions or failures to act. Findings are detailed in the investigative report.
- If an investigation uncovers evidence of a crime, the case is transferred to the OPS-Criminal Division.
- The release or termination of a principal (victim or abuser) does not halt an investigation, which continues to its conclusion.
- Facilities cooperate with the OPS-Criminal Division and maintain communication regarding investigation progress.

PREA Coordinator (PC)

The PC confirmed the agency retains all investigation-related written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Most inmate information is permanently stored in the SCRIBE database.

PREA Compliance Manager (PCM)

The PCM affirmed the departure of an alleged abuser or victim does not serve as grounds to terminate an investigation.

Facility Head or Designee

The Facility Head Designee reported in the past twelve months, two substantiated allegations of criminal conduct were referred for prosecution.

Inmates Who Reported Sexual Abuse

Through interviews, inmates who reported sexual abuse indicated:

- Facility staff responded promptly to their reports.
- They were referred for forensic examinations immediately.
- Those referred for forensic examinations were offered a victim advocate.
- The victim advocate was present during the examination and provided guidance.
- They did not incur costs for medical treatment.
- No inmates were required to take a polygraph test.
- They received written notification of investigation results.

	<p><u>PROVISIONS</u></p> <p>Each provision of the standard related to criminal and administrative investigations was examined and verified based on policy review, PAQ responses, and investigative staff interviews. The following key elements were confirmed:</p> <ul style="list-style-type: none"> • Investigations are conducted promptly, thoroughly, and objectively, including third-party and anonymous reports. • Investigators receive specialized training in sexual abuse investigations. • Investigators collect and preserve evidence, conduct interviews, and review prior reports. • Compelled interviews are conducted only after consultation with prosecutors. • The credibility of victims, suspects, and witnesses is assessed individually, without reliance on polygraph examinations. • Administrative investigations assess staff actions or failures and document findings comprehensively. • Criminal investigations are documented with detailed reports and supporting evidence. • Substantiated criminal allegations are referred for prosecution. • Records of investigations are retained as mandated by policy. • The agency ensures investigations continue despite the departure of involved parties. • The facility cooperates with external investigative agencies when applicable, although all PREA investigations are conducted internally. <p><u>CONCLUSION</u></p> <p>Based on a thorough review and analysis of all available evidence, the Auditor has determined that the agency/facility fully complies with all provisions regarding criminal and administrative investigations as required under PREA.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

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

INTERVIEWS

Investigative Staff

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

Facility Head or Designee

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

- the staff member is no longer in the inmate's housing unit.
- the staff member is no longer employed at the facility.
- the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; ·
- the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility
- all allegations against staff in the past twelve months have been unfounded.
- when there is a substantiated inmate-on-inmate allegation of sexual abuse, we notify the inmate (victim) when the inmate (abuser) has been indicted, charged, or convicted of sexual abuse.

Inmates Who Reported Sexual Abuse

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

- The facility staff was responsive to them when they reported the incident.
- Being referred for a forensic examination immediately.
- Those who were referred for a forensic examination reported being offered a victim advocate.
- The victim advocate was with them during the examination and helped them understand what was going to happen.
- Not having to pay for any medical treatment.

- 100% of the inmates reported they were not asked to take a polygraph test.
- Being notified in writing of the results of the investigation

PROVISIONS

Provision (a)

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

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

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

Provision (b)

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

Provision (c)

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

the staff member is no longer in the inmate's housing unit.

the staff member is no longer employed at the facility.

The Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or

The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Facility Head verified this.

The facility reported on the PAQ that there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in the past 12 months. The Facility Head verified this.

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

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

the staff member is no longer in the inmate's housing unit.

the staff member is no longer employed at the facility.

The Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or

The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

During the document review the Auditor found that there were three inmate-on-inmate sexual abuse allegations. After investigation two were deemed unsubstantiated and one was deemed substantiated. The substantiated allegation was deemed substantiated and referred for criminal investigation and prosecutorial consideration. The remaining one sexual abuse allegations were staff-on-inmate. After investigation it was deemed substantiated and referred for criminal investigation and prosecutorial consideration.

Provision (d)

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

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

	<p>the alleged assailant has been convicted on a charge related to sexual abuse within the unit. The Facility Head Designee confirmed this.</p> <p>During the document review, the Auditor found three allegations of inmate-on-inmate sexual abuse. After investigation, two of these allegations were deemed unsubstantiated, while one was substantiated. The substantiated allegation was referred for criminal investigation and prosecutorial consideration.</p> <p>Additionally, there was one allegation of staff-on-inmate sexual abuse. Following the investigation, this allegation was also deemed substantiated and referred for criminal investigation and prosecutorial consideration.</p> <p>Provision (e)</p> <p>The facility reported in the past twelve months eight inmates were provided notification, in writing, of the outcome of sexual abuse investigations and five inmates were provided notification, in writing, of sexual harassment investigation outcomes.</p> <p>The policy that relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 indicates the requirement to provide offender notification shall terminate if the offender is released from the custody of the GDOC.</p> <p>During the document review the Auditor found that all victims had been notified of the investigation outcomes for their allegations.</p> <p>Provision (f)</p> <p>Auditors are not required to audit this provision.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding reporting to inmates.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation
2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number: 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program Effective Date: June 23, 2022

INTERVIEWS

Facility Head or Designee

Through the interview process, the Facility Head Designee confirmed the following:

- All staff are subject to disciplinary sanctions, up to and including termination, for violating agency policies on sexual abuse, sexual harassment, or sexual misconduct.
- In the past 12 months:
One staff member was found to have violated these policies.
One staff member was terminated or resigned due to violations.

The presumptive disciplinary sanction for staff who engage in sexual abuse is termination.

PROVISIONS

Provision (a)

The PAQ reported facility staff are subject to disciplinary sanctions, including termination, for violating agency sexual abuse or sexual harassment policies. This was confirmed in the interview with the Facility Head.

Relevant Policy: GDC SOP 208.06 (p. 33, H.1.a) states:

- Staff who engage in sexual abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination as the presumptive discipline.
- Such cases may also be referred for criminal prosecution when appropriate.

Provision (b)

The PAQ reported that, in the past 12 months:

One staff member was found in violation of sexual abuse or harassment policies.
One staff member was terminated or resigned due to violations.

This was verified in the interview with the Facility Head.

Relevant Policy: GDC SOP 208.06 (p. 33, H.1.a) states termination is the presumptive disciplinary sanction for staff found to have engaged in sexual abuse.

	<p>Provision (c)</p> <p>The PAQ stated that disciplinary sanctions for non-sexual-abuse violations are:</p> <ul style="list-style-type: none"> • Commensurate with the nature and circumstances of the offense. • Based on the staff member’s disciplinary history. • Consistent with sanctions imposed for comparable offenses by staff with similar histories. <p>Additionally, in the past 12 months, zero staff were disciplined short of termination for violations of these policies. The Facility Head confirmed this in the interview.</p> <p>Relevant Policy: GDC SOP 208.06 (p. 33, H.1.b) states disciplinary sanctions for sexual harassment-related violations are proportionate to the offense, considering circumstances, prior history, and consistency across staff.</p> <p>Provision (d)</p> <p>The PAQ reported that:</p> <p>All terminations or resignations in lieu of termination for sexual abuse or harassment violations are reported to:</p> <ul style="list-style-type: none"> • Law enforcement (unless the activity was clearly not criminal). • Relevant licensing bodies (e.g., Georgia Peace Officer Standards and Training Council - POST). • In the past 12 months, zero staff were reported to law enforcement or licensing boards for such violations. This was confirmed by the Facility Head. <p>Relevant Policy: GDC SOP 208.06 (p. 34, H.1.c) states all terminations or resignations under these circumstances must be reported to law enforcement and POST when required.</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of documentation, policy, and interviews, the Auditor has determined that the facility meets all provisions of the standard regarding disciplinary sanctions for staff</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

1. Pre-Audit Questionnaire (PAQ) and Supporting Documentation
2. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP) Policy Number: 208.06 – Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Effective Date: June 23, 2022

INTERVIEWS

Facility Head or Designee

During the interview process, the Facility Head confirmed that in the past 12 months:

- Zero contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of inmates.
- Zero volunteers or contractors were reported to law enforcement for sexual abuse-related offenses.

PROVISIONS

Provision (a)

The facility reported in the PAQ that agency policy requires:

Any contractor or volunteer found to have engaged in sexual abuse must be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates.

In the past 12 months, there have been zero cases of contractors or volunteers being reported for sexual abuse of inmates. The Facility Head confirmed this information during the interview.

Relevant Policy: GDC SOP 208.06 (p. 34, 2) states:

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders.

Such individuals shall be reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies.

The facility shall take appropriate remedial measures and consider whether to prohibit further contact with offenders in cases of any other violations of Department sexual abuse or sexual harassment policies.

Provision (b)

The PAQ states that the facility:

1. Takes appropriate remedial measures and considers prohibiting further

	<p>contact with inmates in cases where a contractor or volunteer violates agency sexual abuse or sexual harassment policies.</p> <p>2. In the past 12 months, zero contractors or volunteers have been subject to remedial measures for such violations.</p> <p>The Facility Head verified this information.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review of all available evidence, the Auditor has determined that the agency/facility meets all provisions of the standard regarding corrective action for contractors and volunteers.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and Supporting Documentation • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>Through the interview process, the Facility Head indicated the following:</p> <ul style="list-style-type: none"> • GDC prohibits sexual activity between inmates. • There were zero administrative findings of inmate-on-inmate sexual abuse at the facility in the past twelve months. • There were zero criminal findings of guilt for inmate-on-inmate sexual abuse at the facility in the past twelve months. • Inmates are disciplined for sexual contact with staff only if the staff member did not consent to such contact. • Disciplinary action is prohibited for reports of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred. <p>Medical and Mental Health Staff</p> <p>Through the interview process, medical and mental health staff confirmed that the</p>

facility offers therapy, counseling, and other interventions to address and correct the underlying causes or motivations for abuse. They stated that the facility also considers whether to require offending inmates to participate in such interventions as a condition of access to programming and other benefits.

PROVISIONS

Provision (a)

The facility reported on the PAQ that:

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

The Facility Head verified this. The policies that address this provision are:

The policies which address this provision are:

Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, which prohibits all consensual sexual activity between offenders, with disciplinary actions applicable for such activity. Instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.

Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 34, H, 3, b, indicates offenders shall be subject to disciplinary sanctions based on a formal disciplinary process following either an administrative finding of guilt or a criminal conviction related to offender-to-offender sexual abuse. These sanctions will be in accordance with SOP 209.01, Offender Discipline.

Provision (b)

The facility reported that disciplinary sanctions are commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. This was verified with the Facility Head.

The policy addressing this provision is:

Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 35, H, 3, c, which states that sanctions must be commensurate with the nature and circumstances of the abuse, the offender's disciplinary history, and the sanctions imposed for comparable offenses.

Provision (c)

The facility reported that when determining sanctions, the disciplinary process takes into account whether an inmate's mental disabilities or mental illness contributed to their behavior. This was verified with the Facility Head.

The policy addressing this provision is:

Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 35, H, 3, d, which ensures that the disciplinary process considers an offender's mental health issues when determining what sanctions to impose. Additionally, SOP 508.18, Mental Health Discipline Procedures is referenced for further guidance.

Provision (d)

The facility reported that it offers therapy, counseling, and other interventions to address and correct the underlying reasons or motivations for abuse, and that it considers requiring the offending inmate to participate in such interventions as a condition of access to programming and benefits. This was verified with the medical and mental health staff.

The policy addressing this provision is:

Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 35, H, 3, e, which indicates that if the facility offers therapy, counseling, or other interventions to address the underlying motivations for abuse, it will also consider requiring the perpetrator to participate as a condition for access to programming or other benefits.

Provision (e)

The facility reported that it disciplines inmates for sexual conduct with staff only if the staff member did not consent to such contact. This was verified with the Facility Head.

The policy addressing this provision is:

Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 35, H, 3, f, which states that offenders may only be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent.

Provision (f)

The facility reported that it prohibits disciplinary action for a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, even if the investigation does not substantiate the allegation. This was verified with the Facility Head.

	<p>The policy addressing this provision is:</p> <p>Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 35, H, 3, g, which indicates that a report of sexual abuse made in good faith upon a reasonable belief shall not constitute falsely reporting an incident, even if an investigation does not substantiate the allegation.</p> <p>Provision (g)</p> <p>The facility reported that it prohibits all sexual activity between inmates and only considers such activity sexual abuse if it is determined to be coerced. This was verified with the Facility Head.</p> <p>The policy addressing this provision is:</p> <p>Georgia Department of Correction (GDC) SOP, Policy Number: 208.06, p. 34, H, 3, a, which prohibits all consensual sexual activity between offenders, with any instances treated as non-consensual unless proven otherwise during an investigation.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding disciplinary sanctions for inmates.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. 3. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Reference Number: VH82-0001, Informed Consent, effective date 4/01/02. <p><u>INTERVIEWS:</u></p> <p>Risk Screening Staff:</p> <p>Through the interview process, staff who conduct intake screenings confirmed that all</p>

medical and mental health records are stored in a separate and secure database. Access to this database is restricted to medical or mental health staff, and the information is only shared with classification and high-level staff on a need-to-know basis.

Medical and Mental Health Staff:

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

Inmates who Disclosed Prior Victimization:

During the past 12 months, no inmates disclosed prior victimization, so no interviews with such inmates were conducted.

PROVISIONS:

Provision (a):

The facility reported on the PAQ that all inmates who disclose prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. This meeting is scheduled within 14 days of the intake screening. Medical and mental health staff document all encounters with inmates. This process was verified by the risk screening staff.

The policy addressing this provision is Georgia Department of Correction (GDC), SOP, Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7. It states that offenders whose screenings indicate prior sexual victimization or a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of screening. The PREA Counseling Referral Form (Attachment 14) must be completed.

Provision (b):

The facility reported on the PAQ that all inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. This meeting is scheduled within 14 days of the staff becoming aware of any predatory behavior. Mental health staff maintain logs of all mental health service encounters. This was verified through the interview with mental health staff. The facility reported zero inmates in this category at the time of the audit, so no interviews were conducted.

The policy addressing this provision is Georgia Department of Correction (GDC), SOP, Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, which

	<p>mandates that offenders who 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 screening.</p> <p>Provision (c):</p> <p>This provision is not applicable as the facility is not a jail.</p> <p>Provision (d):</p> <p>The facility reported on the PAQ that information regarding sexual victimization or abusiveness that occurred in an institutional setting is limited to informing security and management decisions, including treatment plans, housing, beds, work, education, and program assignments, or as otherwise required by federal, state, or local law. This practice was verified through interviews with risk screening staff.</p> <p>Provision (e):</p> <p>The facility reported on the PAQ that medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. This was verified by medical and mental health staff during the interview.</p> <p>The policy addressing this provision is Georgia Department of Correction (GDC), SOP, Reference Number: VH82-0001, Informed Consent, effective date 4/01/02, p. 3, VI, A, 1-4. It includes:</p> <p>Upon entry into GDC, inmates/probationers are asked to read and sign a general informed consent document.</p> <p>Inmates/probationers who cannot speak, read, or write English or Spanish are provided with the consent explained in a language they understand.</p> <p>The signed consent form is filed in the health record.</p> <p>After signing the General Consent for Medical Treatment Form, the inmate/probationer's agreement to any examination, treatment, or procedure following an explanation serves as implied consent.</p> <p>CONCLUSION:</p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding medical and mental health screenings and history of sexual abuse</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Medical and Mental Health Staff

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

Medical staff reported that, upon arrival at medical after a report of sexual assault, an inmate undergoes a cursory examination by a physician to determine if a Sexual Assault Response Team (SART) is needed or if the inmate should be transported immediately to a hospital due to the severity of the injuries. If SART is utilized, the nurse provides treatment recommendations before the inmate leaves the facility. The facility physician then completes the necessary orders. Inmates also receive information on sexually transmitted infection prophylaxis and other necessary care information.

First Responders (Security and Non-Security)

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

Non-security first responders stated their primary responsibility is to protect the victim, notify security staff, and stay with the victim until security staff arrives.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse confirmed:

Facility staff were responsive when they reported the incident.

They were offered referrals for medical and mental health services.

They were referred for a forensic examination immediately.

Inmates referred for a forensic examination reported being offered a victim advocate, who was present during the examination to explain the process.

No inmates were asked to take a polygraph test.

Inmates were notified in writing of the results of the investigation.

PROVISIONS

Provision (a)

The facility reported on the PAQ that inmates who are victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This was verified during the interview process with medical staff. The Auditor reviewed records of inmates who alleged sexual abuse, and in each case, the inmate was offered referrals to medical and mental health services within the appropriate timeframe.

Medical and mental health practitioners determine the nature and scope of such services according to their professional judgment. The facility maintains documentation of the timeliness of emergency medical treatment and crisis intervention services provided, and it ensures appropriate responses from non-health staff in the event health staff are unavailable. This was verified by medical and mental health staff.

Policy Addressing Provision (a): Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, I, ensures compliance with 28 CFR § 115 and includes SOP 507.04.85, Informed Consent, and SOP 507.04.91, Medical Management of Suspected Sexual Assault.

Provision (b)

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

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

Provision (c)

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

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

	<p>Provision (d)</p> <p>The facility reported in the PAQ that treatment services are provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. This was verified through interviews with medical staff and confirmed by inmates who reported abuse.</p> <p>Policy Addressing Provision (d): Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, C.</p> <p>-</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services for inmates who have reported sexual abuse.</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>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. <p><u>INTERVIEWS</u></p> <p>Medical and Mental Health Staff</p> <p>During the interview process, medical and mental health staff confirmed that treatment is provided immediately and based on their professional judgment. Medical and mental health staff collaborate to ensure inmates receive appropriate treatment. Information on and access to emergency contraception and sexually transmitted disease prophylaxis are provided in accordance with professionally accepted standards of care and where medically appropriate.</p> <p>Medical staff explained that, upon arrival at the medical facility after a report of</p>

sexual assault, an inmate undergoes a cursory examination by the physician. The physician provides feedback to decide if the Sexual Assault Response Team (SART) is needed or if the inmate should be transported to a hospital for further treatment based on the severity of their injuries. If SART is utilized, a nurse will provide treatment recommendations before the inmate is discharged from the facility, with the facility physician completing any necessary orders. The inmate is also informed about sexually transmitted infection prophylaxis and other necessary care information.

First Responders (Security and Non-Security)

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

Non-security first responders reported their primary responsibility is to protect the victim, notify security first responders, and stay with the victim until security staff arrive.

Inmates Who Reported Sexual Abuse

Inmates who reported sexual abuse shared the following:

1. Facility staff were responsive when they reported the incident.
2. They were offered referrals for medical and mental health services.
3. They were referred for a forensic examination immediately.
4. Those referred for a forensic examination reported being offered a victim advocate.
5. The victim advocate was present during the examination to explain the process.
6. inmates did not have to pay for any medical treatment
7. 100% of inmates confirmed they were not asked to take a polygraph test
8. They were notified in writing of the results of the investigation.

PROVISIONS

Provision (a)

The facility reported on the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This was verified during interviews with medical staff. The Auditor also reviewed records of inmates who alleged sexual abuse and confirmed that each inmate was offered a referral to medical and mental health services within the appropriate time.

The facility further reported that medical and mental health practitioners determine the scope and nature of such services according to their professional judgment. Medical and mental health staff document the timeliness of emergency medical treatment and crisis intervention services provided. They also ensure an appropriate response from non-health staff when health staff are not present at the time an

incident is reported. The provision of timely and appropriate information on contraception and sexually transmitted infection prophylaxis is also documented.

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

Provision (b)

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

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

Provision (c)

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

As previously stated, medical and mental health staff confirmed during interviews that treatment is immediately provided and based on their professional judgment. Staff work collaboratively to ensure inmates receive the appropriate care. Information on and access to emergency contraception and sexually transmitted disease prophylaxis is provided based on professional standards and where medically appropriate.

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

Provision (d)

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

	<p>Policy Addressing Provision (d): Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, C.</p> <p><u>CONCLUSION</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets all provisions of the standard regarding access to emergency medical and mental health services for inmates who have reported sexual abuse.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. 3. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, Attachment 9, Sexual Abuse Incident Review (SAIR) Checklist. <p><u>INTERVIEWS:</u></p> <p>Facility Head or Designee:</p> <p>During the interview, the Facility Head confirmed that the Incident Review Team (IRT) is composed of executive-level and upper-management personnel from various departments. The Facility Head emphasized the importance of reviewing and incorporating team members' recommendations to enhance facility practices.</p> <p>PREA Compliance Manager (PCM):</p> <p>The PCM confirmed that the report from the Sexual Abuse Incident Review (SAIR) team is submitted to both the PCM and the Facility Head. Additionally, the PCM clarified that the SAIR is conducted within thirty days of the conclusion of an investigation.</p>

Incident Review Team (IRT):

The IRT confirmed it evaluates all necessary criteria mandated by the PREA policy. The team's findings are compiled into a report, which is submitted to both the Facility Head and the PCM for review. The IRT is made up of upper-level management officials, with input from line supervisors, investigators, and medical and mental health professionals.

PROVISIONS:**Provision (a):**

The facility reported in the PAQ that over the past 12 months, they completed two criminal and/or administrative investigations of alleged sexual abuse (excluding unfounded incidents). This was confirmed by the Facility Head during the interview.

The Auditor reviewed four sexual abuse investigation files, all of which were followed by a SAIR within 30 days of the investigation's conclusion, provided the incident was not deemed "unfounded."

The policy (Georgia Department of Correction SOP, Policy Number: 208.06, p. 36, J, 1) mandates that the SAIRT conduct a review within 30 days of concluding every substantiated and unsubstantiated sexual abuse investigation.

Provision (b):

The PAQ confirms that the facility conducts a Sexual Abuse Incident Review (SAIR) within 30 days of concluding a criminal or administrative sexual abuse investigation. Over the past twelve months, four investigations into alleged sexual abuse were completed, with a SAIR conducted within 30 days, except for those deemed "unfounded."

The policy (Georgia Department of Correction SOP, Policy Number: 208.06, Attachment 9, Sexual Abuse Incident Review Checklist) outlines the review process and documentation.

Provision (c):

The PAQ confirms that the facility's SAIRT includes upper-level management, line supervisors, investigators, and medical/mental health professionals. This was confirmed during the interview with the Facility Head.

The policy (Georgia Department of Correction SOP, Policy Number: 208.06) requires that the review team includes the Warden, security supervisors, investigators, and medical or mental health practitioners.

Provision (d):

The PAQ confirms that the facility prepares a report of its findings from sexual abuse incident reviews, including determinations and recommendations for improvement, which is submitted to the Facility Head and PREA Compliance Manager. This was

	<p>verified in the interview with the PCM.</p> <p>The policy (Georgia Department of Correction SOP, Policy Number: 208.06) specifies that the SAIRT shall conduct a Sexual Abuse incident review within 30 days of every substantiated and unsubstantiated sexual abuse investigation, as outlined in Attachment 9, Sexual Abuse Incident Review Checklist.</p> <p>Provision (e):</p> <p>The PAQ indicates that the facility implements the recommendations of the SAIR or documents the reasons for not doing so. This was confirmed during the interview with the Facility Head.</p> <p>The policy (Georgia Department of Correction SOP, Policy Number: 208.06) requires that the unit implements recommendations resulting from the review or documents reasons for not doing so. Approval from the GDC is required for any improvements.</p> <p><u>CONCLUSION:</u></p> <p>Based on the review and analysis of the available evidence, the Auditor concludes that the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. 3. 2021 Survey of Sexual Victimization (SSV2). <p><u>INTERVIEWS:</u></p> <p>PREA Coordinator (PC):</p> <p>Through the interview, the PC confirmed that the agency collects and maintains data from various incident-based documents, including reports, investigation files, and sexual abuse reviews. Additionally, the agency ensures it will provide all relevant data from the previous calendar year to the Department of Justice by June 30th, upon request. This includes data gathered from all private facilities under contract for</p>

inmate confinement.

PREA Compliance Manager (PCM):

The PCM clarified that the agency consistently maintains, reviews, and collects data from incident-based documents, such as reports, investigation files, and sexual abuse incident reviews, ensuring comprehensive analysis and documentation.

PROVISIONS:

Provision (a):

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

The policies addressing this provision are:

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, p. 36, 2, a, mandates that each facility submits a monthly report to the PREA Analyst. This includes all allegations investigated during the month and their dispositions, submitted by email no later than the third calendar day of the following month.

GDOC SOP, Policy Number: 208.06, p. 36, 2, b, requires each facility to submit a copy of the Sexual Abuse Incident Review Checklist (Attachment 9) from each SAIRT meeting held during the month.

Provision (b):

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

The policy addressing this provision is Georgia Department of Correction (GDOC), SOP, Policy Number: 208.06, p. 37, 2, c, which mandates the department to aggregate and review data on sexual abuse allegations to improve staff performance, identify problem areas, and enhance facility operations. The department publishes this data annually, comparing the current and previous years' data, with an assessment of progress in addressing sexual abuse, made publicly available on the agency's website.

Provision (c):

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

The policy addressing this provision is Georgia Department of Correction (GDOC),

	<p>SOP, Policy Number: 208.06, pp. 36-37, J, which requires that the annual report be forwarded to the U.S. Department of Justice (Bureau of Justice Statistics) and, upon request, provides all relevant data from the previous calendar year.</p> <p>Provision (d):</p> <p>The facility reported in the PAQ that the agency maintains, reviews, and collects data from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This was verified through the interview with the PC.</p> <p>The policy addressing this provision is Georgia Department of Correction (GDOC), SOP, Policy Number: 208.06, p. 36, 2, a, which mandates the monthly submission of investigation reports and their dispositions to the PREA Analyst, using the electronic spreadsheet provided by the PREA Coordinator's office.</p> <p>Provision (e):</p> <p>The facility reported in the PAQ that the agency obtains incident-based and aggregated data from every private facility it contracts with for the confinement of inmates. This was verified through the interview with the PC.</p> <p>The policy addressing this provision is Georgia Department of Correction (GDOC), SOP, Policy Number: 208.06, pp. 36-37, J, which ensures the agency's report includes comparisons of current and prior years' data and corrective actions, as well as an assessment of the agency's progress in addressing sexual abuse. The report is approved by the Commissioner and made publicly available, with sensitive information redacted if it presents a safety or security threat.</p> <p>Provision (f):</p> <p>The facility reported on the PAQ that the agency provides the Department of Justice with data from the previous calendar year upon request. This was verified during the interview with the PC.</p> <p>The Auditor reviewed the most recent Survey of Sexual Victimization (SSV2) submitted by the agency.</p> <p><u>CONCLUSION:</u></p> <p>Based on the review and analysis of the available evidence, the Auditor concludes that the agency/facility meets every provision of the standard regarding Data Collection.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation.
2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022.
3. Most Recent Survey of Sexual Victimization (Form SSV-2).
4. Most Recent PREA Annual Data Report.
5. Website Address for GDC: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

INTERVIEWS:**Agency Head or Designee:**

Through the interview process, the Agency Head Designee confirmed that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The report is available on the agency's website at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>. The purpose of the annual report is to document and assess the measures the facility and agency have taken to ensure the safety of both inmates and staff from sexual victimization. The report helps identify potential problem areas quickly and allows for timely intervention. It also serves as a tool for continuous improvement, guiding corrective actions to address issues as they arise and to maintain a safe environment.

Facility Head or Designee:

The Facility Head acknowledged that the facility's PREA committee reviews each allegation, and the information is provided to the PREA Coordinator (PC) for the annual review process.

PREA Coordinator (PC):

During the interview, the PC stated that the agency reviews data collected pursuant to 115.87 to assess the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on its website. The PC clarified that the only information redacted from the agency's report is personal identifying information. All other relevant information is included in the annual report.

PREA Compliance Manager (PCM)

The PCM confirmed that most PREA-related information can be found on the agency's website, making it publicly accessible.

PROVISIONS:

Provision (a):

The facility reported in the PAQ that the agency reviews data collected under §115.87 to assess and improve its sexual abuse prevention, detection, response policies, and training. This includes identifying problem areas, taking continuous corrective actions, and preparing an annual report on its findings and corrective actions for both the facility and the agency. The PC confirmed this practice.

The policy addressing this provision is Georgia Department of Correction (GDC), SOP, Policy Number: 208.06, which mandates that the PC review collected data to assess and improve the effectiveness of policies and procedures. The PC is responsible for preparing a report on each institution for the Commissioner, identifying problem areas, suggesting corrective actions, and providing comparisons with the previous year's data reports.

Provision (b):

The facility reported in the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from previous years, which was verified through the interview with the Agency Head Designee.

The Auditor reviewed the most recent PREA annual report and confirmed that it meets PREA standards, including a comparison to prior years' findings to assess progress in addressing sexual abuse. The report is available at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>.

Provision (c):

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

As required by the standard, GDC places all annual reports on its website, making them accessible to the public. The website <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA> contains all annual reports. This was verified by the Agency Head Designee.

Provision (d):

The facility reported on the PAQ that when the agency redacts material from the annual report for publication, the redactions are limited to specific information where releasing it would pose a clear and specific threat to the safety and security of the facility. This process was verified by the PC, who further clarified that the agency reviews the data collected in accordance with §115.87, redacting only personal identifying information. All other information is included in the annual report without alteration.

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CONCLUSION:

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

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation. 2. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. 3. GDC Annual PREA Report. <p><u>INTERVIEWS:</u></p> <p>PREA Coordinator (PC):</p> <p>During the interview, the PC shared that data is securely stored, with access restricted to staff who need it for their duties. Data is retained at the agency level for the completion of the Survey of Sexual Victimization (SSV-2) and is also made publicly available on the GDC website. The agency reviews data collected under §115.87, with the only redacted information being personal identifying details. Most inmate-related data is permanently stored in the SCRIBE database.</p> <p>-</p> <p><u>PROVISIONS:</u></p> <p>Provision (a):</p> <p>The facility confirmed on the PAQ that the agency securely retains both incident-based and aggregate data, which was verified by the PC during the interview. Agency policy mandates that aggregated sexual abuse data from facilities under the agency's direct control and from private facilities it contracts with must be made readily available to the public annually through the website. This data can be accessed at http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA.</p> <p>Provision (b):</p> <p>The facility confirmed in the PAQ that agency policy mandates the public availability of aggregated sexual abuse data from both its directly controlled facilities and contracted private facilities, at least annually on its website. The GDC PREA webpage complies with this policy by providing various reports related to sexual abuse data from different facilities, in line with PREA standards. Data can be accessed at http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA. This was verified by the PC during the interview.</p> <p>Provision (c):</p> <p>The facility confirmed in the PAQ that it removes all personal identifiers from</p>

	<p>aggregated sexual abuse data before making it publicly available. This process was verified by the PC during the interview.</p> <p>Provision (d):</p> <p>The facility reported on the PAQ that it maintains sexual abuse data for a minimum of 10 years after its initial collection, unless otherwise dictated by federal, state, or local law. Additionally, the facility indicated that most inmate information is permanently stored in the SCRIBE database. This practice was confirmed by the PC during the interview.</p> <p>The policies which address this provision are:</p> <p>Georgia Department of Correction (GDC), SOP, Policy Number: 208.06, p. 39, B, indicates that criminal investigation data, files, and related documentation must be kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or ten years from the date of the initial report, whichever is greater. Georgia Department of Correction (GDC), SOP, Policy Number: 208.06, p. 39, C, indicates that administrative investigation data, files, and related documentation must be kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or ten years from the date of the initial report, whichever is greater.</p> <p>The Auditor reviewed data from previous years, as required by the PREA compliance standard, and found that reports were posted as mandated.</p> <p><u>CONCLUSION:</u></p> <p>Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding data storage, publication, and destruction.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <p>1. Georgia Department of Corrections publicly accessible website: https://gd-c.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p>

During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea> provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

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

Random Inmate

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

PROVISIONS

Provision (a)

The current audit cycle is 2022 - 2025. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

Provision (b)

The Auditor learned that this audit is in the third year of the fourth three-year audit cycle. The GDC website provides multiple reports related to sexual abuse data from various facilities, in compliance with PREA standards

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

	<p>During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.</p> <p>Provision (i)</p> <p>At all times throughout the audit process, GDC and the facility provided the Auditor with all requested information in a timely and complete manner.</p> <p>Provision (j)</p> <p>N/A</p> <p>Provision (k)</p> <p>N/A</p> <p>Provision (l)</p> <p>N/A</p> <p>Provision (m)</p> <p>The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.</p> <p>Provision (n)</p> <p>Through the interview process all (100%) inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Provision (o)</p> <p>N/A</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

1. Georgia Department of Corrections publicly accessible website: <https://gdc.c.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

PROVISION

Provision (f)

The GDC webpage provides multiple reports related to sexual abuse data from various facilities, in accordance with PREA standards. This data can be accessed at the Georgia Department of Corrections publicly accessible website: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

CONCLUSION

Based on the review and analysis of all available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding audit contents and findings.

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

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

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

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

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

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

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

	Garrrity 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.)	yes
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.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

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

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

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
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)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>