

# PREA Facility Audit Report: Final

**Name of Facility:** Smith Transitional Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/24/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Mable P. Wheeler	<b>Date of Signature:</b> 06/24/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Wheeler, Mable
<b>Email:</b>	wheeler5p@hotmail.com
<b>Start Date of On-Site Audit:</b>	05/02/2022
<b>End Date of On-Site Audit:</b>	05/04/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Smith Transitional Center
<b>Facility physical address:</b>	8631 Hwy. 301 N. , Claxton, Georgia - 30417
<b>Facility mailing address:</b>	PO Box 869 , Claxton , Georgia - 30417

Primary Contact	
<b>Name:</b>	Paul Locke
<b>Email Address:</b>	Paul.Locke@gdc.ga.gov
<b>Telephone Number:</b>	19127391018

Facility Director	
<b>Name:</b>	Superintendent Lee Clark
<b>Email Address:</b>	Lee.Clark@gdc.ga.gov
<b>Telephone Number:</b>	912-739-2048

Facility PREA Compliance Manager	
<b>Name:</b>	Kaley Cowart-Parrish
<b>Email Address:</b>	kaley.cowart@gdc.ga.gov
<b>Telephone Number:</b>	O: (912) 739-1911
<b>Name:</b>	Paul Locke
<b>Email Address:</b>	paul.locke@gdc.ga.gov
<b>Telephone Number:</b>	

Facility Health Service Administrator On-Site	
<b>Name:</b>	Nurse Cordia Smith
<b>Email Address:</b>	CorSmith@wellpath.us
<b>Telephone Number:</b>	(912) 739-5391

Facility Characteristics	
<b>Designed facility capacity:</b>	213
<b>Current population of facility:</b>	188
<b>Average daily population for the past 12 months:</b>	183
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	19-62
<b>Facility security levels/resident custody levels:</b>	Close, Medium, minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	55
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	11
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	Timothy C. Ward
<b>Email Address:</b>	Timothy.Ward@gdc.ga.gov
<b>Telephone Number:</b>	

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

**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:	
4	<ul style="list-style-type: none"> <li>• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.217 - Hiring and promotion decisions</li> <li>• 115.241 - Screening for risk of victimization and abusiveness</li> <li>• 115.287 - Data collection</li> </ul>
Number of standards met:	
37	
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:	2022-05-02
2. End date of the onsite portion of the audit:	2022-05-04

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Teal House & Mary's Place (Advocate) Just Detention International (No information received)

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	213
15. Average daily population for the past 12 months:	183
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	202
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No Residents meeting the below characteristics were housed at the facility during the on-site audit.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	55
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	On day one of the on-site audit the facility employed fifty-five (55) staff and eleven (11) contractors who have contact with Residents. Currently volunteers are not allowed to enter Georgia Department of Corrections facilities due to Covid concerns.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Using the Resident Roster, the audit selected Residents by age, race, ethnicity, and from all housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor conducted twenty (20) random Resident interviews. The auditor had no barriers completing interviews in complete privacy.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

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

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>During the on-site portion of the audit the facility did not house any Residents who met the targeted criteria.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Using the Staff Roster the auditor selected random staff for interview by shift assignment, work assignment and rank. The auditor had no barriers completing interviews.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

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

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the Residents. The auditor was able to move about the facility any time needed. Adequate space was provided for auditor to conducted interviews in complete privacy with staff and Residents. The auditor tested the phones in Residents housing units, placing a call to the PREA Unit using the Hotline. The auditor received confirmation from the PREA Unit's receipt of the call.</p>

**Documentation Sampling**

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The auditor reviewed Resident files, made observations throughout the on-site audit, thoroughly reviewed large samples of documentation, tested processes (including checking victim/aggressor assessment time periods), interviewed staff, contractors and Residents. Multiple personnel files were reviewed to assess the hiring process and background checks.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	1	0	1	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility had no allegations of sexual abuse reported during the 12-months preceding the audit.
99. Did your selection of SEXUAL ABUSE 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 abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation 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 abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative 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 abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation 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 staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
a. Explain why you were unable to review any sexual harassment investigation files:	No text provided.
107. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1



109. 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)
110. 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**

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

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Non-certified Support Staff**

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<p><b>AUDITING ARRANGEMENTS AND COMPENSATION</b></p>	
<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency   <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)   <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)   <input type="radio"/> Other         </p>
<p>Identify the name of the third-party auditing entity</p>	<p>Diversified Correctional Services, LLC</p>

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 398">Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit), Smith Transitional Center PAQ</p> <p data-bbox="242 432 919 459">Interviews: Agency PREA Coordinator, PREA Compliance Manager</p> <p data-bbox="242 490 1490 618">Discussion of Policies Reviewed: The Agency has been proactive in instilling a zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation for reporting or for cooperating with an investigation. The Warden has designated a PREA Compliance Manager at this facility. The PREA Compliance Manager's comprehensive approach to implementing a program for prevention, detection, responding and reporting sexual abuse and sexual harassment at this facility was impressive.</p> <p data-bbox="242 647 1477 875">The agency has policies mandating a zero-tolerance policy and the comprehensive PREA policy (SOP 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program) addresses the agency's comprehensive approach to prevention of sexual abuse and sexual harassment as well as its approach to detection, responding and reporting sexual abuse and sexual harassment. The agency's policy begins with a statement of policy and applicable procedures, followed by extensive sections on Prevention Planning, Responsive Planning, and Reporting with multiple subsections addressing the GDC Procedures and the PREA Standards. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation.</p> <p data-bbox="242 904 1465 1032">The GDC has developed the Office of Professional Standards Compliance Unit, with a full time Director overseeing compliance with PREA, American Correctional Association (ACA) Standards, and Americans with Disabilities Act Compliance. In addition, the Director of the Compliance Unit supervises the Policy Administrator and the agency's Auditing Component. The Auditing Component audits GDC facilities for compliance with policies and procedures.</p> <p data-bbox="242 1061 1490 1357">The PREA Unit consists of the Statewide PREA Coordinator. The Statewide PREA Coordinator oversees all PREA related functions and has an Assistant Statewide PREA Coordinator. Additionally, the PREA Unit has a PREA Analyst who collects and analyzes data that is input into the GDC Database, called SCRIBE. The PREA Unit oversees the implementation of the PREA Standards and helps maintain compliance by periodically monitoring facilities and programs, by providing technical assistance, and training. The Statewide PREA Coordinator is a certified Peace Officer Standards Training instructor enabling her to provide training to staff. The PREA Unit also collects PREA related data; reviews Sexual Assault Response Team Investigations (The Sexual Assault Response Team "SART"; conducts the initial facility-based investigations). The Statewide PREA Coordinator reports to the Deputy Director of Compliance however she has unimpeded access to the Commissioner of the Georgia Department of Corrections with issues related to PREA.</p> <p data-bbox="242 1386 1490 1648">The agency has a Statewide Americans with Disabilities Act/Limited English Proficiency Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient Residents and Residents. The Statewide Coordinator has required each facility to designate an ADA Coordinator. This is relevant to PREA in that when any issue arises regarding the need for any kind of interpretive services, the facility ADA Coordinator and PREA Compliance Manager have access to the Statewide Coordinator who can expedite interpretive services beyond those offered by Lionbridge. Services provided through multiple statewide contracts, include telephone, video, and on-site interpretive services. The ADA Coordinator has provided access to multiple statewide contracts for interpretive services for hearing impaired, visually impaired, or limited English proficient.</p> <p data-bbox="242 1677 1490 1939">Smith Transitional Center is required to comply with the Georgia Department of Corrections Policies, including PREA. The agency has also determined all facilities will comply with the Standards promulgated by the American Correctional Association and will undergo auditing by ACA. The Georgia Department of Corrections PREA Policy addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reporting. The agency has identified sanctions for staff, contractor, or Residents for violating any agency sexual abuse or sexual harassment policy and presumptive sanctions for employees is termination, banning contractors and volunteers from further contact with Residents and from the facility, until the conclusion of an investigation. The ban is statewide, preventing the contractor or volunteer from entering any GDC facility until an investigation has been completed.</p> <p data-bbox="242 1946 1477 2107">Site Review: Observed though out the facility: PREA related posters; phones with PREA Hotline dialing instructions. Resident TV video streaming PREA Information Zero Tolerance is referenced in multiple documents and publications including the Resident Handbook, in PREA Acknowledgment Statements for staff, Residents, contractors and volunteer, on issued PREA brochures, in the PREA Video and continuously through multiple PREA related posters that were observed in virtually every are of this facility.</p>

It is obvious that the Georgia Department of Corrections and Smith Transitional Center takes Resident sexual safety seriously. This is based on a number of factors. An interview with the GDC Commissioner indicated he believes he has put together a team the Director of Compliance and the PREA Unit, led by the Statewide PREA Coordinator, who has effectively implemented PREA. He affirmed his support for PREA and the efforts of the PREA Unit. During the interview, he showed the auditor how he is notified of every sexual assault in the state via phone message and that he also receives follow-up on those via phone message as well.

The GDC appointed a Director of the Office of Professional Standards Compliance Unit, who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. This staff person was previously the agency's PREA Coordinator and is a Certified PREA Auditor. She also supervises the agency's audit team consisting of a Statewide Senior Auditor and 8 security auditors and three physical plant auditors. Additionally, the facility (Smith Transitional Center) must comply with the ACA Standards and has a staff dedicated to overseeing the implementation of the ACA Standards in the facility.

Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the Georgia Department of Corrections (GDC) facilities.

The Statewide PREA Coordinator has the responsibility for the entire state. Both the PREA Coordinator and Assistant PREA Coordinator are experienced in adult corrections and are involved in staff training for PREA Compliance Managers, Sexual Assault Response Team and staff first responders. PREA Compliance Manager training and SART training is held at least twice a year.

The Assistant PREA Coordinator is also experienced in corrections, having worked in both the state and private sector. He is knowledgeable of PREA and provides technical assistance when needed to the GDC Facilities. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit is involved in capturing data for planning, corrective action and other purposes. The agency and PREA Unit have a PREA Analyst, his job, is to collect and analyze the data that is submitted to the PREA Unit on a monthly basis by each facility. In working with the PREA Auditor, the PREA Analyst assists by retrieving information for all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing, from the Georgia Department of Corrections Technical Section, rosters of disabled Residents, identifying the Resident and his/her disability, enabling the auditor to select disabled Residents to interview during on-site visit. He also provides a report of Residents or probationers who identify as LGBTI and who have reported prior victimization. He keeps statistics for each facility and cumulatively for the agency. Statistics are used by the Department to analyze issues related to PREA and are used to compile the Agency's Annual Report. He also provides a check and balance for collecting accurate information about sexual assault. Facilities are required to report all allegations of sexual abuse or harassment to the PREA Unit.

The PREA Unit has reached out to nationally recognized organizations to assist in implementing PREA. These included Just Detention International and the Moss Group. They contracted with Just Detention in the past to assist in implementing PREA and are now under contract with the Moss Group to help the Department assist in developing the agency's Transgender Policy. The Moss Group is also working with the Department to assess and recommend additional female programming (gender specific programming).

The Moss Group has provided "Train the Trainer" classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates. The Statewide PREA Coordinator and Assistant Statewide PREA Coordinator have been trained by the Moss Group to conduct this training.

The PREA Unit, realizing the quality of the facility-based investigations needed to be monitored, has implemented a computer-based program to enable the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to monitor investigations. This enables them to review the investigation and to require additional action, including instructing the facility-based investigators to look at other areas if warranted, prior to closure, for the investigation to be approved by the PREA Unit. This provides a quality assurance component to evaluate investigations.

The Warden/Warden at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. The Warden has, as required, developed a Local Procedure Directive for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. (Local Procedure Directive discussed in a later standard).

The Warden/Warden is required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. Numerous initiatives ensure that PREA is a priority in each facility. These initiatives include, PREA POSTING's, printed signs keeping sexual safety in view of staff and Residents. These and other initiatives indicate a proactive approach to prevention, detection, responding and reporting sexual abuse and sexual harassment.

In an interview, the PREA Compliance Manager indicated he makes time to perform all of his PREA related responsibilities. He also indicated that he has the complete support of the Warden who has given him the authority and responsibility for implementing the standards and for maintaining compliance.

The agency is proactive in working towards preventing, detecting, responding and reporting PREA incidents. This was described by the PREA Coordinator and included the GDC have been working with Just Detention International on a variety of initiatives and projects. The agency provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report. The grant included nine (9) GDC project pilot facilities.

The initiatives included: 1) Promote broad-based culture shift within GDC through new staff training programs that comply with the PREA Standards and address each employee's role in preventing and responding to sexual abuse. This included assessing the cultures in the pilot facilities and then developing and providing training. 2) Develop a trauma-informed response to sexual assault; ensuring incarcerated survivors have access to the same quality of care that is available in the community. During this part of the project the JDI worked with the Georgia Network to End Sexual Assault (GNESA) providing training to staff on providing trauma-informed response to Residents reporting sexual abuse; building partnerships with community-based rape crisis centers and provide training to the facility-based sexual assault response team members ensuring a coordinated response to Residents who report sexual abuse. This goal included objectives related to more training for staff and SART teams as well as securing written MOUs with rape crisis centers. 3) Develop PREA Resident education programs addressing the needs of Residents housed in GDC's facilities. This included an assessment of existing Resident education curricula and materials, identifying Resident education delivery methods best suited for each of GDC's facility type; revising or developing new Resident education curricula and materials tailored to the needs of each facility and establishing a plan for delivering that education to new Residents on an ongoing basis. 4) Enhance GDC's procedures regarding PREA standards and audit compliance.

Residents, staff, contractors and volunteers are trained on the zero-tolerance policy. They acknowledge and sign PREA Acknowledgment Statement. The auditor reviewed Training Rosters documenting completion of Day 1, Annual In-Service Training that includes PREA Training. Acknowledgement Statements for employees and contractors and volunteers affirms they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment, and they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

The agency values training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members and PREA Compliance Managers. Sexual Assault Team Members (SART) attend training at least semi-annually. This training was documented in training rosters reviewed and through interviews with SART members.

Designated staff completed the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields i.e., Medical and Mental Health staff attended training on Nursing Protocols and complete the NIC Training entitled, Medical Care for Victims of Sexual Abuse in a Confinement Setting. Qualified staff in most or all GDC facilities is trained to serve as an advocate for victims of sexual abuse and are generally a part of the Sexual Assault Response Team.

Residents are provided PREA related information upon admission to the facility during the intake process. During intake Residents are provided education and information about zero tolerance. Residents also receive PREA information during orientation, they watch the PREA video, go over the PREA pamphlet explaining zero tolerance and how to report. Following the PREA education during orientation, the Resident signs the PREA Acknowledgment Statements acknowledging understanding zero tolerance and the consequences for being involved in an incident of sexual assault or sexual harassment. Additionally, the orientation checklist is initiated by the Resident confirming having received the information. This was confirmed through reviewing Resident files randomly selected by the auditor.

Allegations and reports, regardless of the source, are required to be documented and investigated. Staff stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift. They said they would report "everything" regardless of how they received the information or whether it involved a staff, Resident, contractor or volunteer or visitor.

Residents at this facility have access to phones in each living unit with the PREA Hotline dialing instructions from which they can report directly to the GDC PREA Unit. PREA signage was posted throughout the facility so the information is readily available to all Offenders, Staff, and Contractors. This standard is rated "exceeds" because of the Agency's and the Facility's commitment to zero tolerance to PREA. This was confirmed through staff and Resident interviews.

115.212	<p><b>Contracting with other entities for the confinement of residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy and Documents Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Smith Transitional Center Pre- Audit Questionnaire</p> <p>Interviews: Agency Contracts Administrator, Superintendent and PREA Compliance Manager</p> <p>Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts and renewal contracts for the confinement of Residents with private agencies and governmental agencies include the entity's obligation to adopt and comply with PREA Standards.</p> <p>An example of the language in an Intergovernmental agreement between the Georgia Department of Corrections and the Valdosta Consolidated Government for the confinement of Residents includes the following language in Paragraph 8, Prison Rape Elimination Act, "County agrees it will adopt and comply with 28 CFR 115, entitled Prison Rape Elimination Act (PREA) as required in 28 CFR 155-12. Valdosta Consolidated Government also agrees to cooperate with Department (GDC) in any audit, inspection, or investigation by Department or other entity relating to County's compliance with PREA. It also agrees the Department will monitor the County's compliance with PREA and shall have the right to inspect any documents or records relating to such audit, inspection, or investigation and County will provide such documents or records at Department's request. Counties acknowledge that failure to comply with PREA is a material breach of this Agreement and is a cause for termination of this Agreement."</p> <p>The auditor has reviewed contracts (known as intergovernmental agreements) for 5-6 county centers. The agreements are between the Georgia Department of Corrections and the Governmental Entity responsible for operation of the county center. Each of the reviewed contracts contained the same verbiage requiring the County to adopt the PREA Standards and comply with them. They also acknowledged that the Department monitors the facilities for compliance.</p> <p>Discussion of Interviews: Smith Transitional Center does not contract for the confinement of Residents. This was confirmed through interviews with the Agency Contracts Administrator, Superintendent and PREA Compliance Manager. Private facilities are required to comply with the Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program.</p>
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115.213	<b>Supervision and monitoring</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion



Policy and Documents Reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Smith Transitional Center Staffing Plan dated March 1, 2022 and May 24, 2021, Smith Transitional Center Pre-Audit Questionnaire

Interviews: Superintendent and PREA Compliance Manager

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing and where applicable, video monitoring to protect Residents against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems.

The Georgia Department of Corrections Policy requires each facility to develop a staffing plan addressing adequate staffing and deployment of video monitoring, in an effort to protect Residents from sexual abuse. The Georgia Department of Corrections facilities develop a stratification plan that essentially provides a brief overview of the facility and the plan for housing the population served by this facility. Smith Transitional Center has developed and documented a staffing plan that provides for adequate levels of staffing to attempt to keep Residents safe. Smith Transitional Center current Staffing Plan dated March 1, 2022 was provided for review. The auditor also reviewed the Staffing Plan dated May 24, 2021.

The Staffing Plans and reviews of the staffing plan are guided by a template developed by the agency PREA Team. The template is designed to ensure each facility addresses each of the required items in the PREA Standards. These are developed with input from the agency PREA Coordinator and approved by the Director and PREA Coordinator or Assistant PREA Coordinator.

Plans are required to be documented and consider each of the items required by the PREA Standards. The Department (GDC) sends teams to facilities to assess the staffing needs and, after identifying Priority One Posts and other lessor priority posts, applies formulas with consideration of relief factors and recommends allocating the number of staff to be adequate for the mission of that facility, this is known as a staffing analysis.

Staffing levels are essentially based on the mission of the facility, population served, security levels of Residents, special needs of Residents, programs, work details and the numbers of identified priority one posts. Priority one posts, are those that are so critical they must be manned 24/7. The facility may also have other posts that need to be staffed for optimum operational conditions but are a lessor priority than the posts that must be manned 24/7. Priority two and three posts are needed for the optimal operation of the facility but lower priority posts and may be closed or "pulled" in order to staff higher priority level posts. Some posts may be closed because their function has ceased at a given time of day or night.

In considering the layout of the facility, the staffing plan describes in detail staffing and video deployment. The plan requires intermediate level or higher-level staff to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Rounds are to be documented in the area log books. Documentation verifying random unannounced rounds for a period for twelve months were being conducted, as per policy requires.

Policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks and staffs are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer's Logbook. Shift rosters confirmed the minimum staffing required. All priority one posts was staffed as required without deviations.

The staffing plan documented consideration of the Resident population and programs being held on different shifts, the presence of video monitoring and priority one (24/7) posts. The staffing plan review is conducted by the Superintendent and PREA Compliance Manager and then, by either the Statewide PREA Coordinator, or Assistant Statewide PREA Coordinator.

Smith Transitional Center has developed and documented a staffing plan that provides for adequate levels of staffing to attempt to keep Residents safe. The facility has one camera at the entrance of the facility that is monitored by the control room, and mirrors to enhance security.

Discussion of Interviews: The Superintendent described the staffing levels at the facility and identified the priority 1 posts that are covered 24/7, as well as priority 2 and 3 posts that can be pulled to cover a priority 1 post if needed. The Superintendent described the actions that would be taken to ensure a priority one posts are never deviated from. Any deviation from mandated staffing levels is documented. The facility reports there have been no deviations from the staffing during the 12-months preceding the audit.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy and Document Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 8; Smith Transitional Center Pre-Audit Questionnaire; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training; Reports from the PREA Analyst; SOP 11B-01-0013, Searches; Training Rosters documenting the training</p> <p>Interviews: Random Staff, Residents</p> <p>Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections (GDC) prohibits cross gender strip searches or cross-gender visual body cavity searches, and cross gender pat searches of females except in exigent circumstances that are approved and documented or when performed by medical practitioners. If this should occur, documentation is required via a GDC Incident Report. This is confirmed through the reviewed policies, annual in-service training lesson plan, and interviews with both staff and Residents. In practice, interviews with staff and Residents confirmed that male staffs do not conduct cross gender strip searches however both male and female officers conduct pat searches.</p> <p>GDC Policy does allow male staffs, who have been trained in conducting cross-gender searches, to conduct pat searches of female Residents. The facility's practices are consistent with GDC Standard Operating Procedure, 226.01, Searches, Security Inspections, and Use of Permanent Logs, 1.2.</p> <p>The GDC Search Policy in 1.d requires that a strip search of females shall be conducted by female correctional officers while males shall be strip searched by male correctional officers, however in an emergency such as an escape, riot etc., the provision may be waived.</p> <p>GDC Policy requirement for prohibiting cross gender pat searches of females will not restrict female Resident's access to regularly available programming or other out-of-cell opportunities in order to comply with the provisions. This facility does not house female Residents.</p> <p>GDC policy and practice requires that Residents can shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Showers are equipped with shower curtains/doors providing privacy while Residents showers; toilets are in each cell and are behind closed doors. One hundred percent of the interviewed Residents confirmed they have privacy while showering and they are never naked in full view of staff while showering, using the restroom or changing clothing. Residents confirmed, staff of the opposite sex always announces themselves when entering the housing units.</p> <p>In open bay dorms, toilets are separated by walls affording a degree of privacy while using the restroom and ensuring they are not in full view of staff. Officers may conduct headcounts periodically, however; Residents are reportedly not in the shower/restroom area when the officers conduct the headcounts. Officers of the opposite gender are required to announce themselves when entering housing units.</p> <p>GDC policy requires staff of the opposite gender to announce their presence when entering the housing units. Female staff working on the unit will announce once after taking the shift over however other female's coming into the unit must announce. The facility also requires Residents to announce anytime the Superintendent, or other administrative level staff enters the dorms. Signs are also posted in each dorm, explaining that female staff typically works in the dorms. Interviewed Residents stated female officers do announce their presence when entering the housing area.</p> <p>Policy requires that the facility refrain from searching or physically examining transgender or intersex Residents for the sole purpose of determining the Resident's genital status and if a Resident's genital status is unknown, the facility may determine genital status during conversations with the Resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>One hundred percent of the interviewed staff affirmed they would not be allowed to search a transgender or intersex Resident for the sole purpose of determining the resident's genital status. They indicated essentially that they would ask them or have medical make that determination.</p> <p>Agency policy requires and the facility trains staff to conduct cross gender pat down searches in a professional and respectful manner. Staff related they receive this training at Basic Correctional Officers Training (BCOT). BCOT is the training that results in successful candidates becoming certified as a Correctional Officer by the Peace Officers Standards Training Committee. Staff indicated they also get the training in annual in-service training and, at times, during shift briefings. GDC</p>

Policy 208.6 and Standard Operating Procedure, 226.01, Searches requires this as well. These same policies require the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex Residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

The reviewed Smith Transitional Center Pre-Audit Questionnaire and interviews with staff confirmed that there have been zero cross-gender strip or body cavity searches during the past twelve months. All the interviewed staff confirmed that female staffs are prohibited from conducting cross-gender strip or body cavity searches unless there were exigent circumstances.

The auditor reviewed the training module for in-service training. That training reaffirmed the verbiage in policy. Multiple pages of training rosters documenting Day 1 In-Service were provided for review. Staff also affirmed, in their interviews, that they have been trained in how to conduct a proper pat search of Residents, to include transgender and intersex Residents. Staff was asked to demonstrate the technique they were taught, and staff demonstrated how they would use the back of their hands to avoid an allegation of groping the Resident. They referred to the back of their hands as the "blade: which is the term used in the training.

Discussion of Interviews: Interviewed staff affirmed they are prohibited from conducting cross-gender strip searches except in dire emergencies and then only if a male staff is not available. They indicated they are trained to conduct cross-gender pat searches and searches of Residents in professional and respectful manner. They confirmed that search training, including cross gender pat searches and searches of transgender and intersex Residents in a professional and respectful manner is taught during Basic Correctional Officers Training, during in-service training.

The reviewed training module for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staffs are instructed that female staff may conduct strip and body cavity searches of male Residents only in exigent circumstances and must be documented on an incident report.

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

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

The number of pat-down searches of female residents that were conducted by male staff: 0

The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0

Discussion of Interviews: All interviewed Residents stated in interviews female staff members consistently announced when entering housing units. During the site tour the auditor observed signage posted throughout the housing units stating male and female staff work in the housing units. Interviews with Residents confirmed Residents can shower, perform bodily functions and change clothing without being viewed by staff.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 465">Policies and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 9; GDC Standard Operating Procedures, 101.63, Americans with Disabilities Act (ADA), Title II Provisions; Contract with Lionbridge Interpreter; and PREA Brochures in English and Spanish; Instructions for Accessing Lionbridge and Telephonic Interpreter; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Agency Disability Report provided by the PREA Analyst; Limited English Proficient Plan, Smith Transitional Center PAQ</p> <p data-bbox="240 499 1038 526">Interviews: Interviews with Agency Head, Random Staff and Random Residents</p> <p data-bbox="240 560 1493 714">Discussion of Policy and Documents Reviewed: The agency and the facility are committed to ensuring Residents with disabilities, including Residents who are deaf/hard of hearing, blind or low vision, intellectually disabled psychiatric-ally disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. They also appear to be committed to ensuring Residents with limited English proficiency have access to interpretive services.</p> <p data-bbox="240 748 1473 972">These interpretive services may be accessible through a variety of statewide contracts that can be accessed by each GDC facility, Lionbridge and Telephonic Interpreter, GDC Approved Bi-Lingual Staff, PREA Brochures in Spanish, Mental Health Counselors, GED and Literacy Remedial Instructors at the facility, and closed caption PREA Video are provided in an effort to ensure all Residents have access to and the ability to participate in the agency's efforts at prevention, detection, responding and reporting sexual abuse and sexual harassment. GDC Standard Operating Procedure, 103.63, Americans with Disabilities Act (ADA), Title II Provisions, in a 20-page policy, addresses how the agency makes available interpretive services to disabled, challenged, and limited English proficient Residents.</p> <p data-bbox="240 1005 1473 1232">The agency (GDC) has an Americans with Disabilities Coordinator who is responsible for overseeing and coordinating the agency's efforts to comply with the ADA requirements. The coordinator works in direct collaboration with the State ADA Coordinator's Office and serves as an invaluable resource when a facility needs any type of interpretive service to ensure a Resident can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation. Her position on the organizational chart is described as ADA/LEP (Limited English Proficiency) Coordinator. In addition to making staff aware of the statewide contracts for interpretive services, the ADA Coordinator is available to facilitate, for facilities, access to interpretive services.</p> <p data-bbox="240 1265 1449 1355">The ADA Coordinator has required each facility to designate an ADA Coordinator who can facilitate and expedite contact with the Statewide ADA Coordinator in securing interpretive services and work with her on any issues related to disabled Resident accommodations.</p> <p data-bbox="240 1388 1477 1545">GDC Standard Operating Procedure 103.63, Americans with Disabilities Act, B.2, indicates that Residents entering a Diagnostic Facility (Georgia Diagnostic and Classification Center), will have an initial medical screening to determine any needs for immediate intervention. Efforts are made at the diagnostic facility to identify Residents who may be qualified individuals under the ADA. Additionally, a mental health screening and evaluation is conducted at a GDC Diagnostic Facility to determine the level of care needs.</p> <p data-bbox="240 1579 1458 1805">Policy requires that during the intake and diagnostic process, staff, including security, education, medical, mental health, parole and classification will ask Residents with hearing/visual disabilities their preferred way of communication during the first interaction in the intake/diagnostic process. That determination will prompt the intake/diagnostic staff to secure a Qualified Interpreter or use the Video Remote Interpreting for those with hearing impairments, a reader or other assistive technology, for those with visual impairments, or other specified preferred ways of effective communication. The preferred way of communication will be use throughout the intake/diagnostic process and this information will be documented in the Department's Database (SCRIBE).</p> <p data-bbox="240 1839 1481 1995">When required, the ADA Coordinator will order live American Sign Language interpreting services. Policy requires the sending diagnostic facility to contact the receiving facility to ensure that necessary equipment or auxiliary aids are available, including "qualified interpreters". Qualified interpreters are defined as someone who can interpret effectively, accurately, and impartially, both receptively (understanding what the person with the disability is saying) and expressively (having the skill to convey the information back to the person) using any necessary specialized vocabulary.</p> <p data-bbox="240 2007 1493 2130">In that same SOP, F. Effective Communication, paragraph (a), requires that Residents with hearing and/or speech disabilities and Residents who wish to communicate with others who have disabilities will be provided access to a Telecommunications Device for the Deaf (TDD) or comparable equipment on the housing units. Public phones are required to have volume control for Residents with hearing impairments.</p>

The center has an agreement with Lionbridge and Telephonic Interpreter to provide interpretation services. Lionbridge can provide interpretation services over the phone, video remote and through on-site interpreting. Contract services, it affirms, also includes American Sign Language. The facility also has PREA documentation available for Residents and is in English and Spanish format. If interpretation is needed for any other language, the contracted translation service provided by Lionbridge includes documentation translation.

The center has a limited English proficiency procedure affirming the facility will provide all necessary means to provide LEP Residents with PREA Information. This can be implemented through a staff interpreter, PREA Video and PREA Pamphlet in Spanish, Lionbridge, and PREA Posters in Spanish and English. In the past twelve months interpreter services had not been utilized by the facility.

Counseling staff are available to ensure that Residents with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the Resident upon admission and additionally, PREA Education is provided through the PREA Video and verbally to clarify any issues.

Observations: Posting of PREA Brochures in English and Spanish; PREA Video in English and Spanish and in closed caption.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations:  
0

Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient Resident needing translation services the facility has access to Lionbridge and Telephonic Interpreter when needed, she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed; the agency has the PREA Video with closed caption. During the 12 months preceding the audit, the facility has not used Lionbridge for interpreter services.

Interviews with random staff indicated that staff would not rely on a Resident to translate for another Resident in making a report of sexual abuse or sexual harassment absent an emergency or exigent circumstance. Interpretive services would be accessed through Lionbridge or Telephonic Interpreter. More than adequate services are available to accommodate Residents needing interpretative services. Staff interviewed were aware of how these services are accessed.

115.217	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 10; Georgia Department of Corrections Policy, 104.14, Review of Applicants Qualifications</p> <p>Interview: Human Resource Tech II</p> <p>Discussion of Policies and Documents Reviewed: The Georgia Department of Corrections, as required in policy, prohibits the hiring or promotion of anyone or enlisting the services of any contractor who may have contact with Residents who has engaged in sexual abuse in a center, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997; who has 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; and the hiring or promotion of anyone who may have contact with Residents who has been civilly or administratively adjudicated to have engaged in the same activity. The Department considers any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Residents. Policy requires every employee, as a continuing affirmative duty to disclose any such misconduct.</p> <p>Georgia Department of Corrections requires the following regarding the hiring and promotion process: 1) Applicants responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form; 2) Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center; 3) Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC annually.</p> <p>Material omissions regarding misconduct or providing materially false information will not be grounds for termination.</p> <p>Policy also requires before hiring new employees, who may have contact with Residents, the agency performs a thorough criminal background records check. These checks include a check of the Georgia Crime Information Center and the National Crime Information Center, as well as an initial fingerprint check for all security positions.</p> <p>Additionally, unless prohibited by law, the Department will provide information on Substantiated Allegations of sexual abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. GDC Complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations.</p> <p>Human Resources Tech II is well informed on Department of Corrections hiring processes and the requirements for background checks for newly hired staff, promoted staff, security staff, non-uniform staff, contractors, and volunteers. The described processes were consistent with GDC Policy and the PREA Standard and included the following.</p> <p>Newly Hired Staff require the following:</p> <ul style="list-style-type: none"> <li>· Applicant Verification Form asking the PREA questions (Prohibitions).</li> <li>· Take the Integrity Test (a test designed to determine an applicant's responses to ethical situations) – security staff only.</li> <li>· Professional Reference Checks as applicable.</li> <li>· Background Check including the Georgia Crime Information Center and the National Crime Information Center.</li> <li>· Fingerprints. Promotions –</li> </ul> <p>Prior to promotions staff must have the following:</p> <ul style="list-style-type: none"> <li>· Applicant Verification Form asking the three PREA related questions.</li> <li>· Job Reference.</li> <li>· Criminal Background Check of the Georgia Crime Information Center and the National Crime Information Center Uniform Staff.</li> <li>· Annual background checks and driver's license checks, prior to going to the firing range; a requirement to maintain the officer's Peace Officer Standards Training Certification.</li> </ul>

Non-Uniformed Staff-

- Backgrounds are completed every five years, per Department of Correction's policy.

Contractors-

- Backgrounds are completed every five years, per Department of Correction's policy.

Volunteers-

- Training for volunteers is controlled by the State Office Volunteer Coordinator's Office.
- Background checks are conducted at the State Office, prior to a volunteer being admitted to training.

Once a successful background check and the required PREA and other training provided, the State Office or the Regional Office issue a badge for the volunteer. The badge, according to the State Volunteer Coordinator confirms the volunteer has completed training and passed his/her background check and may be authorized entry into the facility. If the badge has expired, the coordinator, advised the volunteer must undergo the training again.

GDC Policy requires background checks every five years for non-uniform staff. Annual background checks are required for uniform staff to go to the firing range to maintain firearms qualification, as required for maintaining the officer's Peace Officer Standards Certification. All other employees and contractors with contact with Residents must have a background check every five years.

Policy Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. GDC does not hire or promote anyone or contract for services with anyone who may have contact with Residents who has engaged in sexual abuse in a center, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too, policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with Residents. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. GDC Policy 104.09, Filling a Vacancy, Paragraph I. Hiring and Promotion, 3. Requires that before hiring anyone who may have contact with Residents, GDC will perform a criminal background check and 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 any allegation of sexual abuse. Verification of that check must be documented on the GDC Professional Reference Check.

Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Security staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with Residents. Staff has an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

As part of the interview process potential employees and employees being promoted are asked about any prior histories that may have involved PREA related issues prior to hire and approval to provide services. Human Resource Tech II related that the PREA Questions are given to applicants and required to be completed. Contractor must also pass a background before providing services to the facility.

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired. Failure to disclose (omissions) that are material will result in the applicant not being considered.

The GDC requires that all corrections staff have an annual background check prior to going to the firing range, which is a requirement for corrections staff to maintain their certification as Correctional Officers through the Peace Officer's Standards Training council. Non-Uniformed staff is required to have a background check every five (5) years.

GDC policy requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse.

GDC Policy 208.06, Paragraph d, requires that unless prohibited by law, the Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy

Act and Freedom of Information Act, and all other applicable laws, rules and regulations.

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 7

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 11

Discussion of Interviews: Human Resources Tech II described the hiring process. She indicated that the hiring packet for prospective security candidates is completed by the DOC PARC Unit. The following forms are completed by PARC Unit: PREA Acknowledgement Form, Applicant Information Form, Social Media Results, Reference Checks, Backgrounds for Hire (GCIC & NCIC) and Integrity Test. If the applicant worked in another facility or institution, a professional reference check is required. Contractor's background checks are every 5 years.

The Human Resources Tech II indicated that all persons selected for employment or contractor to provide services at the center must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone, all newly hired staff background checks include live scan Fingerprints. Upon review of personnel files, auditor noted that five (5) year backgrounds had been completed timely.

The standard is rated "exceeds", GDOC facilities conduct backgrounds annually for all employees, contractors and volunteers.



115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 190 1509 250"><b>Auditor Discussion</b></p> <p data-bbox="229 250 1509 392">Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 5; Staffing Plan; Smith Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="229 392 1509 436">Interviews: Agency Head and Superintendent</p> <p data-bbox="229 436 1509 638">Discussion of Documents and Policy Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 5, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect Residents against sexual abuse. The PREA Coordinator must be consulted in the planning process.</p> <p data-bbox="229 638 1509 683">Observations: No surveillance cameras have been installed in the last 12 months.</p> <p data-bbox="229 683 1509 844">Discussion of Interviews: In interviews with the Superintendent and the Agency Head confirmed that Smith Transitional Center has had no expansions in the last 12 months. Currently the facility has one camera that monitors the entrance into the facility. During interview, the Superintendent related that in the near future cameras will be installed throughout the facility. In addition, an additional 100 bed building is currently under construction.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; GDC Standard Operating Procedure 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment; Attachment 1, Medical Evaluation of Suspected Sexual Assault (Contract) with Attachment 1, Medical Evaluation of Suspected Sexual Assault; Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Residents; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; Medical PREA Log; Sexual Assault Nurse Examiner's; IK01-0005; National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Edition, Major Updates"; Procedure for SANE Nurse Evaluation/Forensic Collection, Pre-Audit Questionnaire, Facility Advocate Training Certificates</p> <p>Interviews: Random Staff, SANE Nurse (Prior Interview), PREA Compliance Manager, Lead Nurse (RN)</p> <p>Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections, Office of Professional Standards Investigators (Special Agents) conduct investigations of allegations that appear to be criminal in nature for the Department. These investigators undergo extensive training in conducting investigations and are empowered to arrest staff or Residents. Office of Professional Standards Investigators and Office of Professional Standards Special Agents attend a police academy in addition to any departmental training they receive. In addition to the eleven (11) weeks of police academy training, Special Agents attend another 13 weeks or more investigation training at the Georgia Bureau of Investigations Academy.</p> <p>A previous interview a Special Agent, confirmed that they attend 11 weeks of Basic Mandate Training at a Police Academy. Training includes basic law enforcement. They also attend 11-13 weeks at the Georgia Bureau of Investigations Academy where they are trained in the investigation process, crime scene preservation, interviewing victims of sexual abuse, intelligence technology, and other investigative courses. He also related Special Agents attend a three-day class related to PREA Investigations.</p> <p>Special Agents are dispatched out of their Regional Office and cover a specific area with specific facilities however they may go elsewhere upon direction or assignment by the Special Agent in Charge. There are three regions: North, Southeast and Southwest. In the Southwest a special agent has been essentially designated as a PREA Investigator for that region, although he may be assigned elsewhere too. The PREA Coordinator indicated that a part of her strategic planning is to have a PREA investigator in each region.</p> <p>Investigators are trained to follow a uniform process. Georgia Department of Corrections Standard Operating Procedures, 103.10, Evidence Handling and Crime Scene Processing (thirteen pages), provides extensive guidance in evaluating a crime scene, examining a crime scene, still/video photography, crime scene sketches, handling and collecting evidence (and storage of evidence), digital evidence, latent prints, collection of known samples, crime scene documentation, submission of evidence, equipment requirements and record retention.</p> <p>The protocol is appropriate and 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.</p> <p>An interview with the PREA Special Agent (prior interview) from the Southwest Region confirmed a specific and thorough process for conducting the investigation and in collecting evidence. He indicated that once notified, if the area has been secured, he will come to the facility and process the cell or crime scene while waiting on the Sexual Assault Nurse Examiner to arrive. Processing, he indicated, includes taking photos, using the alternative light source, review video, listen to phone calls, ask permission for swabs and secure search warrants if they don't consent, He related he will interview the victim but not right away, to not re-victimize them. Additional potential evidence may be clothing to be processed by the Georgia Bureau of Investigation Crime Lab. The SANE conducts the forensic exam and turns the Rape Kit over to the Special Agent or to security in the absence of the Special Agent. The chain of custody begins, and the evidence may be secured in an evidence locker until it is turned over to the Special Agent who gets it to the crime lab for examination. (See 115.271 for more details about the investigation process).</p> <p>Sexual Assault Response Team members are facility-based staff, composed generally of a facility-based investigator who has completed the National Institute of Corrections on-line course, "PREA: Conducting Sexual Abuse Investigations in Confinement Setting", a medical staff, counseling or mental health staff, facility advocate, and retaliation monitor. Their role, in the event of an allegation that appeared to be criminal, is limited to ensuring the protection of the evidence and if an assault is alleged, getting the Resident medical attention immediately, all the while protecting evidence insofar as possible.</p> <p>All Resident victims of sexual abuse are offered a forensic exam at no cost to the Resident/resident. This was confirmed</p>

through interviews and the Medical and the PREA Compliance Manager. The facility contracts with SANE nurses who conduct SANE exams they follow the National Protocol for Conducting Forensic Exams.

Additionally, they provided a document entitled: "National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, and Major Updates" summarizing the major categories of revisions made in the second edition of the National Protocol for Sexual Assault Medical Forensic Examinations. The revised protocol has the same emphasis and values as the original but are updated to reflect current technology and practice. The protocol offers recommendations to help standardize the quality of care for sexual assault victims and is based on the latest scientific evidence.

The Agency's "Procedure for SANE Nurse Evaluation/Forensic Collection provides a six-page document of instructions to follow in preparing for the forensic exam and for collecting evidence.

Upon learning of a sexual assault, the facility nurse is required to complete the Nursing Assessment Form for Alleged Sexual Assault. If the determination is that a possible sexual assault occurred, the Nurse completes the Plan portion of the form.

This information documents notification of the Officer in Charge, SANE Nurse, and other notifications. SANE exams are not conducted on-site.

The facility has a SANE Call Roster providing contact information for Sexual Assault Nurse Examiners. Contact information is provided for SANES.

The facility nurse documents the following information on the Medical PREA Log:

- Resident Name and GDC Number.
- Date of Incident.
- Reported within 72 hours.
- Transported to ER.
- Date of Transport.
- Method of Transport.
- Resident Consent Form Signed.
- SANE Nurse Notified.
- Date/Time.
- Date Exam Scheduled.
- Date Exam Completed.
- Time Nurse Arrived.
- SANE Nurse Conducting Exam.
- Company of SANE Nurse.
- Resident Refusal/Recant.
- GDC Chain of Command for Rape Kit.
- Date Accepted by Security.

If a Resident refuses an exam or recants, the nurse completes another log, entitled, Refusal/Recantment Medical PREA Log" documenting the refusal, recanting, and notifications to the SANES.

Additionally, the SANES follow Georgia Department of Corrections, 208.06, Procedure for SANE Evaluation/Forensic Collection covering the following:

- Initial Report of Sexual Abuse/Assault.
- Collection of evidence by SANE Nurse on-site.
- SANE Assessment/Forensic Collection.

· Referrals for Mental Health Evaluation and Counseling.

· Medical PREA Log and SANE Invoice.

The number of forensic medical exams conducted during the past 12 months: 0 The number of exams performed by SANES/SAFEs during the past 12 months: 0

The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Discussion of Interviews: An interview with a SANE who is contracted to perform Sexual Assault Forensic Exams for the Smith Transitional Center, confirmed the process for conducting a forensic exam. She follows a uniform protocol for conducting those exams.

The Lead Nurse (RN) confirmed during interview her role in responding to an allegation of sexual abuse as well as the process for contacting the contracted Sexual Assault Nurse Examiner. Apart from conducting an initial assessment of the Resident to determine if there is evidence of trauma requiring immediate medical intervention in accordance with good clinical judgment.

Interviews with Random staff confirmed they were knowledgeable of the written PREA Local Procedure Directive and Coordinated Response Plan, to include protecting the Resident and preservation of evidence.

The PREA Compliance Manager confirmed the facility has a trained staff advocate, to provide services if needed for a Resident who had alleged sexual abuse. This facility has had no forensic exams in the last 12 months.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Residents; Smith Transitional Center Pre-Audit Questionnaire

Interviews: Agency Head (Prior Interview), Facility Investigator

Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse and sexual harassment will be considered allegations and will be investigated, that included any sexual behavior that was observed, that staff have knowledge of, or have received a report about, or a suspicion. Staff acknowledged that regardless of the source of the allegation, the allegation is reported and referred for investigation. If an allegation appears criminal in nature, it is referred to the Department's Office of Professional Standards Investigators who is Special Agents, trained extensively in conducting investigations and who has the power to affect an arrest of staff or Resident. Staff acknowledged that they understood that failing to report an allegation would result in disciplinary action or dismissal.

Another GDC Policy, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents, asserts it is the policy of the GDC that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced Residents against departmental employees, contractors, vendors, or volunteers be reported, fully investigated and treated in a confidential and serious manner.

The Agency's PREA Investigation Protocol (Effective June 15, 2016) requires that every allegation (sexual abuse and sexual harassment) must be referred immediately to the local Sexual Assault Response Team with the local SART protocol initiated and investigations handled promptly, thoroughly, and objectively, incident notification made to the GDC PREA Coordinator within 24 hours of initiating the SART Investigation.

The Georgia Department of Corrections has established Sexual Assault Response Teams (SART) in each of the facilities; SART is responsible for the administrative investigation for all allegations of sexual abuse or sexual harassment. Smith Transitional Center has a Sexual Assault Response Team that is responsible for conducting the initial sexual abuse investigations and sexual harassment investigations. The SART Facility Based Investigator is required to complete the National Institute of Corrections Specialized Training (online) entitled: "PREA: Investigating Sexual Abuse Investigations in Confinement Settings." The SART is made up of a facility-based investigator, a nurse, a counselor, and a staff advocate. The SART's role is to conduct an initial investigation into the allegation.

If an allegation appears to be criminal in nature, the SART will notify the Superintendent who will contact the applicable Regional Office. The Regional Office's Special Agent in Charge will then appoint or designate Office of Professional Standards Investigator, a Special Agent, who has extensive investigative training through the Georgia Bureau of Investigation to conduct the criminal investigation. Special Agents have been empowered to affect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it.

All investigations are documented and maintained. Investigations conducted by the Sexual Assault Response Team are entered into the GDC's data base and are reviewed by the PREA Unit and must be approved by the PREA Unit prior to the investigation being finalized and closed in the system.

The agency's website is replete with information related to PREA. A section entitled: "Department Response to Sexual Assault or Misconduct Allegations" asserts that employees have a duty to report all rumors and allegations of sexual assault and sexual misconduct through the chain of command. Another paragraph, "Investigations of Sexual Assault and Misconduct" states that the GDC is dedicated to producing quality investigations of alleged sexual assaults and sexual misconduct incidents. A separate section, "How do I Report Sexual Abuse or Sexual Harassment?" affirms the GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Multiple ways to report are then identified and contact information is provided.

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 1

In the past 12 months, the number of allegations resulting in an administrative investigation: 1

In the past 12 months, the number of allegations referred for criminal investigation: 0

Discussion of Interviews: The Agency Head and the Facility Investigator confirmed that all allegations of sexual abuse and sexual harassment are investigated. All staff are mandated reporters, meaning if a staff member hears a rumor from another Resident of an alleged incident, it will be taken seriously and investigated. The administrative investigation is conducted by the local SART team, should the incident be deemed to be criminal in nature the investigation is immediately reported to the Office of Professional Standards for investigation.

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1474 432">Policy and Document Review: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2019 Lesson Plan for PREA; Reviewed Power Point Presentation for Annual In-service Training; PREA Pages of Training Rosters – Annual In-Service Training; Reviewed Personnel files containing PREA Acknowledgment Statements; Previous Rosters documenting Sexual Assault Response Team Training; PREA Acknowledgment Statements, Smith Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="240 461 497 488">Interviews: Random Staff</p> <p data-bbox="240 517 1437 582">Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy 208.06 requires that staff are trained in the following:</p> <ul data-bbox="240 611 1474 1187" style="list-style-type: none"> <li>· Department's Zero Tolerance Policy for Sexual Abuse and Sexual Harassment.</li> <li>· How to fulfill staff responsibilities under the Department's Sexual Abuse and Sexual Harassment.</li> <li>· Prevention, detection, reporting and response policies and procedures.</li> <li>· Resident's right to be free from Sexual Abuse and Sexual Harassment.</li> <li>· Right of Residents and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment.</li> <li>· The dynamics of Sexual Abuse and Sexual Harassment victims.</li> <li>· How to detect and respond to signs of threatened and actual Sexual Abuse.</li> <li>· How to avoid inappropriate relationships with Residents.</li> <li>· How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, Transgender, Intersex or Gender nonconforming.</li> <li>· How to comply with relevant laws related to mandatory reporting of sexual abuse to outside entities.</li> </ul> <p data-bbox="240 1216 1485 1346">Staff at the facility, in compliance with Georgia Department of Corrections Policies, receives their initial PREA Training as newly hired employees (Pre-Service Orientation). A block of training for the new employees is dedicated to PREA. Newly hired Correctional Officers later attend Basic Correctional Officer Training (BCOT for Certification through the Georgia Peace Officers Training Council). A block of training includes PREA. Training is tailored to the gender of the residents at the facility.</p> <p data-bbox="240 1375 1465 1536">All current employees who have not received training shall be trained within one year of the effective date of the PREA standards, and the agency will 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p data-bbox="240 1565 1481 1630">The agency provides 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.</p> <p data-bbox="240 1659 1493 1789">The reviewed lesson plan for annual in-service covers the required training topics. Staff indicated they receive PREA Training as newly hired employees in pre-service orientation, at Basic Correctional Officers Training, at Annual In-Service Training and through on-line training. Staff were specifically asked if annual training included the topics described and enumerated on the questionnaire for randomly selected staff and each employee confirmed that the training included all the topics.</p> <p data-bbox="240 1818 1406 1883">All staff and contractors are required to complete Annual In-Service Training. Day 1 that includes PREA training. The reviewed agency's developed curriculum for Annual In-Service Training includes the following:</p> <ul data-bbox="240 1912 679 2161" style="list-style-type: none"> <li>· Zero Tolerance.</li> <li>· Definitions.</li> <li>· Staff Prevention Responsibilities.</li> <li>· Resident Prevention Responsibilities.</li> <li>· Detection and Prevention Responsibilities.</li> </ul>

- Reporting Responsibilities.
- Coordinated Response (Including First Responder Duties).
- Mandatory Reporting Laws (Official Code of Georgia).
- Resident Education.
- Retaliation.
- Dynamics in Confinement.
- Victimization Characteristics.
- Warning Signs.
- Avoiding Inappropriate Relationships with Residents.
- Communicating with Residents.
- Acknowledging LGBTI Residents
- Search Procedures.
- PREA Video.
- PREA Training and Forms.
- Enabling Objectives.

GDC Policy in Paragraph 1.b requires that in-service training includes gender specific reference and training to staff as it relates to a specific gender population supervised; and staff that transfer into another facility from a different gender facility are required to receive gender-appropriate training.

The auditor reviewed training rosters documenting Day 1 annual in-service training. Rosters documented 1 day on which annual in-service training was provided. Staff signatures were observed on those training rosters, PREA Acknowledgement Statements for staff and contractors provided by the facility.

The Agency's PREA Coordinator and the Assistant PREA Coordinator completed the Train the Trainer Advocacy Training provided by the Moss Group to enable them to train designated facility staff to serve as facility-based advocates.

Observations: None applicable for this audit.

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, Resident's right to be free from sexual abuse and sexual harassment, the right of Residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with Residents, how to communicate effectively and professionally with Residents, including lesbian, gay, bisexual transgender, intersex or gender non-conforming Residents ; how to avoid inappropriate relationships with Residents and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff receives annual in-service training that includes a segment on PREA. In-service training considers the gender of the Resident population. The facility provided the training curriculum covering the topics required by the PREA Standards.

The auditor reviewed multiple training rosters documenting Day 1, Annual In-Service Training, Staff and PREA Acknowledgment Statements.

Reviewed personnel files representing Newly Hired Staff, Promoted Staff and Regular Staff all contained PREA Acknowledgment Statements. These statements affirm that the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with a Resident committed, sexual assault, which is a felony punishable by incarceration of not less than one or more, than 25 years, a fine of \$100,000 or both.



PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least semi-annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by SART members and medical staff.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are posted strategically throughout the facility and in each living unit. Posters are also posted in administrative segregation and disciplinary isolation.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections training, "Investigating Sexual Abuse in Confinement Settings". Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

Discussion of Interviews: Interviewed staff stated they received their initial PREA Training during pre-service training, prior to their attending Basic Correctional Officer Training at the Georgia Department of Corrections Academy. Staff confirmed they receive PREA Training annually during annual in-service training on Day 1. Each staff member interviewed reviewed each of the required training topics and confirmed they had been trained in Annual In-Service on each of those topics. They stated they then receive PREA Training during annual in-service and that sometimes that training is in a class and sometimes on-line. They also indicated they receive information on various topics during shift briefings. Staff and contractors confirmed one hundred percent of them had completed PREA Training covering all the topics required by GDC Policy and the PREA Standards.

Staff reported they are trained to take all allegations of sexual abuse/sexual harassment seriously and report everything and even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before the end of their shift.

Staff also explained their roles as first responders. This included uniform and non-uniform staff. Non-Uniform staff articulated the role and steps of the first responder just like the uniformed staff. If a Resident reported being at risk of imminent sexual abuse staff stated, they would act immediately and remove the Resident from the threat and report to their immediate supervisor.

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; GDC Standard Operating Procedure Local Management of Volunteer Services; Reviewed Power Point for Training</p> <p>Interviews: Superintendent; PREA Compliance Manager; State Chaplaincy Services; Statewide Volunteer Coordinator (prior interviews)</p> <p>Observations: There were no volunteers at the facility during the on-site audit period due to Covid concerns.</p> <p>GDC Volunteers often provide their services in more than one center or Georgia Department of Corrections (GDC) facilities and programs. Entrance into the facilities is granted with a valid and current Volunteer Identification Badge. To achieve more consistency in training, rather than have each facility train Volunteers, training for them is now provided by the state office Volunteer Coordinator's Office. If the center has a large number of prospective volunteers, the state office may opt to conduct the training at a centralized location rather than require the volunteers to come to Forsyth, Georgia for the training.</p> <p>This unit, according to the Statewide Volunteer Coordinator, also conducts the background checks of anyone interested in becoming a volunteer. Interviews with the State Superintendent of Chaplaincy Services and the State Superintendent of Volunteer Services indicated to the auditor, that if a volunteer shows up at the facility and possesses a valid and non-expired identification badge, the volunteer has completed the required PREA Training and has successfully completed a background check. If a badge had expired, the Superintendent informed the auditor that the volunteer would have to go back through 4 hours of orientation training once again; in addition, the contractor would be required to undergo another background check.</p> <p>They also indicated the Chaplain at each facility must keep the volunteer records on file at the facility. When asked if one fell through the cracks who would be held responsible. The Superintendent of Volunteer Services informed the auditor that the local Chaplain is responsible for all volunteers coming into the facility.</p> <p>Statewide volunteer services are directed and coordinated by the statewide Superintendent of Chaplaincy Services and Statewide Volunteer Coordinator, both full time positions in the state office. Volunteer Services are coordinated in the Prison by the Chaplain who is assigned to each center. After a volunteer sign up for the volunteer training, the training will be conducted at the next training session that may be 3-4 weeks later. During the waiting period background checks are being processed. Training last about 3-4 hours and includes the following:</p> <ul style="list-style-type: none"> <li>· Zero Tolerance.</li> <li>· Defining the Prison Rape Elimination Act.</li> <li>· Identifying Staff Awareness.</li> <li>· Discussion of the Dynamics of Sexual Abuse and Sexual Harassment.</li> <li>· Prevention and Reporting Procedures.</li> <li>· Sanctions.</li> </ul> <p>Contract staff unlike volunteers, are required to attend the same Annual In-Service Training that all staff attends. Contract staff stated in interviews with the auditor that they attend Day 1 Annual In-Service Training.</p> <p>Discussion of Policies and Documents that were reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with Residents to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with Residents, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented to indicate the understanding of the training received. Training for volunteers is provided at the state office now. Contractors receive training at the facility and attend departmental annual in-service training like all other employees. Volunteers and contractors sign PREA Acknowledgement Statements documenting the training.</p> <p>Everything, according to the facility-based staff, is done at the state office and occasionally at a specified location. Upon a successful completion of the background check, training requirements and the issuance of a facility Volunteer Badge, the Volunteer can begin services. The agency volunteers often volunteer in multiple Prisons and that is the reason for the state office training. Too, it provides consistency in the training provided. Badges are required to be renewed annually, upon</p>

entrance into the facility; badges are checked by the portal sergeant checking visitors and staff into the facility.

A memo from the GDC Transitional Services Coordinator explained to Superintendents that volunteers who participate in the volunteer training at the state office receive initial PREA training and have a background check completed. In the training, the Coordinator asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) The dynamics of sexual abuse and sexual harassment and common reactions of sexual abuse and sexual harassment victims; 4) Detecting and respond to signs of sexual abuse; and 5) How to avoid inappropriate relationships with Residents.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with the Residents. All volunteers and contractors who have contact with Residents are notified of the Department's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents.

The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero- tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with Residents.

They agree not to engage in sexual contact with any Resident while visiting a correctional institution and if they witnessed another having sexual contact with a Resident or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee.

They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with a Resident and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

- NCIC Consent Form (for conducting the required background checks).
- Sexual Assault/Sexual Misconduct Acknowledgment Statement for Supervised Visitors/Contractors/Volunteers acknowledging zero tolerance, duty to report, and an acknowledgment that entry into the facility is based on the volunteer's agreement not to engage in any sexual conduct of any nature with any Resident and to report such conduct when learned. The Volunteer acknowledges that the consequences for failing to report or violating the agreement will result in being permanently banned for entering all GDC facilities and that GDC may pursue criminal prosecution. Contractors complete the same training that staff are required to complete.

Once the training is completed and a background check completed, the information is entered into SCRIBE, the GDOC data base and the facility may then issue a volunteer badge. Volunteers must acknowledge their understanding of PREA yearly and have a background check as well.

The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 11

Discussion of Interviews: Interviewed staff confirmed that contractors and volunteers attend the same annual in-service training as Georgia Department of Corrections Employees. There were no volunteers at the facility during the on-site audit period due to Covid concerns. The facility has eleven (11) contractors who regularly work at the facility who have contact with Residents.

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1490 432">Policies and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Resident Education; GDC PREA pamphlet; GDC Policy 220.04, Resident Orientation; A review of Resident PREA Acknowledgment Forms and Orientation Checklists; Resident files; Lionbridge and Telephonic Interpreter contract for interpretive services, PREA Posters, Smith Transitional Center Pre- Audit Questionnaire</p> <p data-bbox="240 461 791 488">Interviews: Staff conducting intake; Random Residents</p> <p data-bbox="240 517 1445 544">Observations: PREA related posters were observed throughout the facility and accessible in multiple areas to Residents.</p> <p data-bbox="240 573 1490 734">Discussion of Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Resident Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every resident upon arrival at the facility. It also requires that in addition to verbal notification, Residents are required to be provided a GDC PREA pamphlet.</p> <p data-bbox="240 763 1445 862">Within 15 days of arrival, the policy requires Residents receive PREA education. The education must be conducted by assigned staff members to all Residents and includes the gender appropriate "Speaking Up" video on sexual abuse. The initial notification and the education are documented in writing by signature of the Resident.</p> <p data-bbox="240 891 1490 990">In the case of exigent circumstances, the training may be delayed, but no more than 30 days, until such time is appropriate for delivery (i.e., Tier Program, medical issues etc.). This education is documented in the same manner as for Residents who participated during the regularly scheduled orientation.</p> <p data-bbox="240 1019 1490 1180">The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the Resident can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to Resident victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) and Notice that male and female routinely work and visit housing area.</p> <p data-bbox="240 1209 1458 1267">PREA Education is required to be provided in formats, accessible to all Residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.</p> <p data-bbox="240 1296 1490 1426">Education, according to GDC policy requires the facility to maintain documentation of Resident participation in education sessions in the Resident's institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.</p> <p data-bbox="240 1456 820 1482">Residents confirm their orientation on several documents.</p> <p data-bbox="240 1512 1342 1597">1) Resident Acknowledgment of PREA. 2) Resident Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video).</p> <p data-bbox="240 1626 1490 1921">If a Resident is non-English speaking, the Lionbridge is available. If a Resident has a disability, appropriate staff are to be used to ensure that the Resident understands the PREA policy. If a Resident requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services that may be accessed through the Agency ADA Coordinator. The facility has a contract with Lionbridge/Telephonic Interpreter for interpretive services for the deaf and Residents who are limited English proficient. Residents who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill Residents have Mental Health counselors who can assist them in understanding PREA and how to report. PREA Videos have closed caption and there is also a Spanish version of the video.</p> <p data-bbox="240 1951 1469 2148">PREA information is presented to Residents in a manner that enables the Resident to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient resident was admitted, the facility has access to Lionbridge/ Telephonic Interpreters professional interpretive services as well as through multiple statewide contracts for a variety of interpretive services. Coordination of these services may be expedited by the local ADA Coordinator contacting the Statewide ADA Coordinator or designee who can facilitate access to professional interpreters either on the phone, via video, or in person. If a resident is deaf, the staff may use Lionbridge to access an</p>

interpreter using American Sign or access one of the many statewide contracts for interpretive services, both via phone, in person, or through video conference.

If, on admission, a Resident has literacy issues or is cognitively disabled, the initial intake information may be read to them. If needed, the facility has GED/ABE/Literacy teachers. If a teacher is available during the admission, the teacher may ensure the resident understands. The facility may also use general population counselors or any staff to assist in communicating the information necessary to attempt to keep the Resident safe. The facility has mental health professionals who can assist with a Resident with mental health issues.

Georgia Department of Corrections (GDC) Policy requires that incoming Residents, during intake, are provided notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation is provided to the Resident upon arrival. In addition to the verbal notification, Residents will be given a GDOC PREA Pamphlet. When newly arriving Residents are processed, staff indicated that they inform the Residents of zero tolerance and how to report sexual misconduct.

A review of Resident files indicated that Residents received information within 24 hours of admission and signed the PREA Acknowledgment Statement. The reviewed files contained Orientation Checklist affirming having viewed the PREA Video between 24 and 48 hours of admission documenting having received PREA education as required.

For limited English proficient Residents, the agency has contracted with Lionbridge to provide interpretation services. These include interpretation over the phone, video remote and on-site. Contract services also include access to interpretation services for American Sign Language. The facility has an ADA Coordinator who can access the Statewide ADA Coordinator to secure a wide variety of statewide contracts for accessing interpretive services and these can be expedited by the statewide ADA Coordinator if necessary. Staff would read the information to Residents with literacy or developmental issues. A mental health counselor is available to assist mentally ill Residents in understanding the PREA related information and in making reports.

The agency maintains documentation of resident participation in these education sessions. Residents also sign PREA Acknowledgement Statements documenting the training.

In addition to providing education, the agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The number of residents admitted during past 12 months who were given this information at intake: 1

The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 1

Discussion of Interviews: The intake/orientation staff asserted that all Residents receive all the required PREA information during the admissions process. PREA education starts immediately upon the Resident's arrival at the facility. Staff explained the process for providing the information and explained that in addition to watching the PREA Video, Residents are given the opportunity to ask questions. Interviewed Residents indicated they received PREA Information on admission. They also stated they watched the PREA Video during orientation that provided PREA education and confirmed they had received the required PREA training and were aware to the rights to be free of sexual abuse and sexual harassment and retaliation for reporting an incident.

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 432">Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4. Specialized Training for Investigations; A Certificate documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; NIC Certificates documenting the on-line specialized training provided by the National Institute of Corrections for investigator</p> <p data-bbox="240 461 539 490">Interviews: Investigative Staff</p> <p data-bbox="240 519 1485 748">Discussion of Policies and Documents: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4. Specialized Training, Investigations, requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes 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. The Department is required to maintain documentation of training.</p> <p data-bbox="240 777 1481 938">In GDC Facilities, the Sexual Assault Response Team is charged with conducting the initial investigation into issues related to PREA. Their role is to determine if the allegation is indeed PREA related. If the allegation appears to be criminal in nature, the Office of Professional Standards investigators will conduct the investigation with support from the SART. Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were provided documenting the SART attendance at the training.</p> <p data-bbox="240 967 1469 1064">Investigator received and completed the National Institute of Corrections on-line specialized training for investigating sexual abuse in a confinement setting but, documentation was provided to confirm the Sexual Assault Response Team members have also completed the specialized training and other facility staff have also received the training.</p> <p data-bbox="240 1093 1449 1254">Additionally, SART members attend training at least annually conducted by the Georgia Department of Corrections. The Office of Professional Standards Investigators, who conduct criminal investigations, have attended the mandated law enforcement training and Special Agents, who conduct criminal investigations, have completed not only mandate law enforcement training but also, they attend 13 more weeks of investigative training at the Georgia Bureau of Investigations Academy at the Georgia Public Safety Training Center in Forsyth, Georgia.</p> <p data-bbox="240 1283 1458 1444">The agency (GDC) requires that investigators complete specialized training regarding conducting investigations of sexual abuse in confinement settings. The specialized training, in addition to the extensive training required for the Department's Office of Professional Standards and Special Agents, covers all the topics required by the PREA Standards: interviewing sexual abuse victims; Miranda and Garrity Warnings; Evidence Collection in Confinement Settings; and the Criteria for the evidence Required to Substantiate a Case for administrative action or criminal prosecution.</p> <p data-bbox="240 1473 1465 1570">Special Agents assigned to the Regional Offices receive extensive training in conducting sexual abuse investigations. They attend mandate training for law enforcement officers at a regional police academy, followed by an additional 13 weeks of training at the Georgia Bureau of Investigation Academy. Special Agents are assigned to conduct criminal investigations.</p> <p data-bbox="240 1599 1485 1727">The Office of Professional Standards Investigators attends mandate law enforcement training and complete the on-line training provided by the NIC. These investigators have arrest powers and are assigned facility by regions and work facilities which they are responsible. These investigators are primarily involved in intelligence gathering, gang activity, and contraband however they too may conduct the criminal investigation.</p> <p data-bbox="240 1756 1490 1852">The facility conducts its own administrative investigations of allegations of sexual assault, sexual harassment or retaliation. These are conducted by the Sexual Assault Response Team (SART). A primary investigator, referred to as the facility- based investigator, leads the investigation.</p> <p data-bbox="240 1881 1485 2110">Allegations that appear criminal are investigated by a Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by a GDC Regional Office. Special Agents receive extensive investigation training through attending the Police Academy and the Georgia Bureau of Investigations Training Academy (11-13 weeks); through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings and through a two-day training provided by the GDC that trains staff in conducting investigations into sexual assaults in GDC facilities. Special Agents, according to the PREA Coordinator, complete mandated specialized Criminal Investigation Classes at the Georgia Public Safety Training Center and a two-day Specialized PREA Investigations Training.</p>

If the allegation is not criminal, the facility's Sexual Abuse Response Team (SART) composed of the PREA Compliance Manager/SART Leader; a representative from medical and from mental health, the victim advocate and the Special Agent in Charge at the Regional Office is notified.

The facility-based investigator understood the investigative process. The investigator has completed the online training "PREA: Investigating Sexual Abuse in a Confinement Setting". The investigator described the investigation process and indicated if an allegation appeared criminal the Superintendent would refer the case to the Regional Office for the Special Agent in Charge to assign a Special Agent assigned to conduct the investigation.

The agency has implemented a computer-based system in which the facility-based investigator inputs the components of the investigation for review by the Agency's PREA Coordinator and/or Assistant PREA Coordinator. If they believe additional information is needed, they inform the facility-based investigator and will not authorize the close-out of the investigation until the PREA Unit approves the investigation. Interviews with the Facility-Based Investigator, PREA Compliance Manager (also trained to conduct investigations in confinement settings), Agency PREA Coordinator and a Special Agent (previous interview) confirmed the investigative process and the fact that the investigators have all completed specialized training in conducting sexual abuse investigations in confinement settings.

The number of investigators currently employed who have completed the required training: 1

Discussion of interviews: An interview with facility investigative staff confirmed the extensive specialized training they receive. The NIC training consisted extensive training in conducting investigations, including sexual abuse investigations, and training provided by the Department, that included a two-day training for investigating sexual assault in a confinement setting. The investigator described the criminal investigation process in detail, including protecting the crime scenes, collecting evidence (including swabs), using the Miranda Warning, collecting forensic exams (SANEs), and chain of custody for rape kits, interviewing alleged victims and perpetrators and interviewing witnesses.

The Specialized Training taken on-line, (PREA: Investigating Sexual Abuse in Confinement Settings); the facility-based investigator confirmed receiving the NIC training and was knowledgeable of the investigation process and correctly responded to the questions from the PRC Questionnaire for Investigators. The investigator indicated the investigation would be initiated immediately and described evidence that would be reviewed and considered. Staff would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or a Resident would not stop the investigation and judge the credibility of a witness based solely on the evidence. (See 115.71 for further discussion)

115.235	<b>Specialized training: Medical and mental health care</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion



Policy and Documents Reviewed: Smith Transitional Center Pre-Audit Questionnaire, Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5, Specialized Training: Medical and Mental Health Care; Training Logs; National Institute of Corrections Certificates documenting specialized training: PREA 201 for Medical and Mental Health Practitioner

Interviews: Previous interview with the Agency PREA Coordinator, Lead Nurse (RN), Sexual Assault Nurse Examiner (two previous interviews with the contracted SANEs)

Observations: Auditor reviewed SANE Logs for the last 12 months; there have been no SANE exams for the 12 preceding the audit.

Discussions of Policy and Documents: The Smith Transitional Center Pre-Audit Questionnaire documented medical staff completing the required specialized training. Department of Corrections Policy, 208.06.; Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program Training and Education, Paragraph 5, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training and that training is documented on the requested training rosters documenting Day 1 Annual In-Service Training.

All staff receives PREA training as newly hired employees and through annual in-service. Training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.

The agency ensures that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Health Services Administrator related that all staff have completed the specialized training provided by the National Institute of Corrections.

They also attend the same PREA Training as all other employees during annual in-service training. Mental Health Staff also are required to complete the on-line training, "Communicating Effectively with LGBTI Residents".

Georgia Department of Corrections (GDC) Policy, in 208.06, Paragraph 5, requires Georgia Department of Corrections medical and mental health staff and Georgia Correctional Healthcare staff who have contact with Residents to be trained using the National Institute of Corrections (NIC) Specialized training. Policy also requires that they also attend GDC's annual PREA in-service training. That specialized training is provided by the National Institute of Corrections in their on-line courses; Health Care for Victims of Sexual Abuse in Confinement Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. The specialized training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.

The agency ensures that all full-time, and part-time medical and mental health care practitioners who work regularly in at the facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility does not perform forensic exams. The agency has a contract with Satilla Advocacy Center to conduct forensic examinations. Previous interviews with SANEs confirmed their process for conducting the exams.

Medical staff also must complete the same training provided for all employees. Training Rosters documented their attendance at annual in-service training conducted most recently by the Georgia Department of Corrections.

The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 2

Discussion of Interviews: In an interview with the medical staff indicated that health care staff are required to complete the NIC Specialized Training provided online by the NIC and the regular PREA Training staff received during annual in-service and refreshers.

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments and Reassessments; PREA Sexual Victim/Sexual Aggressor Classification Screening Forms</p> <p>Interviews: Staff responsible for screenings, PREA Compliance Manager and Residents</p> <p>Discussion of Policy and Documents: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, dated December 2, 2015, requires all Residents be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other Residents or sexually abusive toward other Residents. The agency provides refresher training whenever a resident is transferred to a different facility.</p> <p>Policy requires counseling staff to conduct a screening for risk of victimization and abusiveness, in SCRIBE, the Resident database using the instrument, PREA Sexual Victim/Aggressor Classification Screening Instrument. Policy requires that the assessment is done within 24 hours of arrival at the facility. At this facility, interviews with a Counselor conducting the Victim/Aggressor Assessment and reviewed Victim/Aggressor Assessments indicated that the assessments are done as part of the admissions process and are done well within 24 hours of admission. Assessments are conducted using an objective screening instrument. The initial 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.</p> <p>All the reviewed assessments were completed within 24 hours of admission. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.</p> <p>The Resident PREA Classification Details considers all the following sexual victim factors:</p> <ul style="list-style-type: none"> <li>· Resident is a former victim of institutional rape or sexual assault.</li> <li>· Resident is 25 years old or younger or 60 years or older.</li> <li>· Resident is small in physical stature.</li> <li>· Resident has a developmental disability/mental illness/physical disability.</li> <li>· Resident's first incarceration.</li> <li>· Resident is perceived to be gay/lesbian/bisexual transgender/intersex or gender non-conforming.</li> <li>· Resident has a history of prior sexual victimization.</li> <li>· Resident's own perception is that of being vulnerable.</li> <li>· Resident has a criminal history that is exclusively non-violent.</li> <li>· Resident has a conviction(s) for sex offense against adult and/or child.</li> </ul> <p>If question #1 is answered yes, the Resident will be classified as a Victim regardless of the other questions. This generates the PREA Victim icon on the SCRIBE Resident Page. If three (3) or more of questions (2-10) are checked, the Resident will be classified as a Potential Victim. This will generate the PREA Potential Victim icon on the SCRIBE Resident page.</p> <p>The Resident PREA Classification Detail considers the following Sexual Aggressor Factors:</p> <ul style="list-style-type: none"> <li>· Resident has a history of institutional (center or jail) sexually aggressive behavior.</li> <li>· Resident has a history of sexual abuse or sexual assault toward others (adult or child).</li> <li>· Resident's current offense is sexual abuse/sexual assault toward others (adult or child).</li> </ul>

· Resident has a prior conviction(s) for violent offenses.

If question #1 is answered yes, the Resident will be classified as a Sexual Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Resident page. If two (2) or more of questions (2-4) are checked, the Resident will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Resident page.

GDC Policy 208.06, Attachment 4 also states in situations where the instrument classifies the Resident as both Victim and Aggressor counselors are instructed to thoroughly review the Resident's history to determine which rating will drive the Resident's housing, programming, etc. This also is required to be documented in the Resident SCRIBE case notes, with an alert note indicating which the controlling rating is.

Staff are required to encourage Residents to respond to the questions to better protect them but, staff are prohibited from disciplining them for not answering any of the questions. The screening process considers minimally, the following criteria to assess Resident's risk of sexual victimization: Whether the Resident has a mental, physical, or developmental disability; the age of the Resident; the physical build of the Resident; whether the Resident has been previously incarcerated; whether the Resident's criminal history is exclusively nonviolent; whether the Resident has prior conviction for sex offenses against an adult or child; whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the Resident has previously experienced sexual victimization; the Resident's own perception of vulnerability and whether the Resident is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse; prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

Policy requires Residents whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted and within 30 days of arrival at the facility based up on any additional information and when warranted due to a referral, report or incident of sexual abuse or receipt of additional information that bears on the Resident's risk of sexual victimization or abusiveness.

Policy requires that any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, education and programming assignments.

The information from the risk screening is required to be used to determine housing, bed, education and program assignments with the goal of keeping separate those Residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard 115.241 in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9, requires the Superintendent to designate a safe dorms or safe beds for Residents identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The Smith Transitional Center has designated the safe dorms. The Staff at Smith Transitional Center stated in their interviews the facility will make individualized determinations about how to ensure the safety of each Resident.

In making housing assignments for transgender or intersex Residents, the Department will consider on a case-by-case basis, whether a placement would ensure the Resident's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex Resident will be reassessed at least twice a year to review any threats to safety experienced by the Resident.

Policy also requires that Residents who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the Resident may be held in involuntary segregation no more than 24 hours while completing the assessment. The placement, including the concern for the Resident's safety must be noted in SCRIBE case notes documenting the concern for the Resident's safety and the reason why no alternative means of separation can be arranged. Residents would receive services in accordance with SOP 209-06, Administrative Segregation. The facility will assign Residents to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The assignment will not ordinarily exceed thirty days.

Policy requires that Residents whose risk screening indicates a risk for victimization, or abusiveness will be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or sexual harassment. It also requires all

Residents to be reassessed within 30 days of arrival at the facility. A case note must be entered into SCRIBE to indicate when the reassessment was conducted.

Screening is required to be conducted, in private in an office with the door closed, within 24 hours of arrival at the facility. A counselor who conducts the screening stated the initial PREA Assessment is conducted in the intake area, away from other Residents. When asked if that afforded the Residents privacy for answering those personal questions, the staff affirmed there are not Residents around or within hearing distance. They stated they ask the questions and the Resident responds. They also indicated the screening takes place the same day the Resident is admitted and is a part of the admissions and intake process.

If the Resident scores out as a risk for victimization, the counselor lets the appropriate staff know so an appropriate housing assignment can be made, and she indicated she also must refer the Resident to mental health within 24 hours using the GDC Referral Form. She said she would also escort them to mental health. Reassessments are done within 30 days of arrival. All assessments are documented in SCRIBE, the Resident database.

The information in the victim/aggressor assessment is limited to Counselors and Superintendent. Reassessments should be conducted within 30 days of admission. Reassessments were conducted timely. A transgender Resident are reassessed every six months.

Information from the PREA Assessment is used in an effort to house the Resident appropriately and to place him in programs and on details that are conducive to his safety and risk. The classification committee meets weekly and following admission; the classification committee reviews the available information on the Resident, including the PREA Assessment.

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.

The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 1

The percentage of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 100%

Discussion of Interviews: Staff uses the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. The staff stated they cannot require a Resident to answer any of the questions on the assessment nor can Residents be disciplined for not doing so. The screening form considers things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. Staff also related that instead of stature the department instruments populate information in the system to assign a score for body mass index. Staff also related that they go into SCRIBE, the Resident database, to look for any previous flags, criminal history, and disciplinary actions involving the Resident.

The interviewed counselor (responsible for screenings) related that she checks SCRIBE to cross check the responses of the Resident. If a Resident endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale, she is designated as at Risk for Abusiveness. Reassessments, according to staff, are required to be completed within 30 days after the initial assessment. Auditor reviewed the initial assessment and reassessment screening packets for Residents all were completed in a timely manner.

This standard is rated "exceeds", reviewed initial assessments were completed within 72 hours of arrival to the facility for all inmates, reviewed reassessment were completed within 30 days of the initial assessment.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 365">Policy and Documents Reviewed: GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, Reviewed Assessments and Reassessments, Smith Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="242 396 1209 423">Interviews: PREA Compliance Manager, Staff Responsible for Risk Screening, Targeted Inmates</p> <p data-bbox="242 454 1485 748">Discussion of Policies and Documents: GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those Residents at high risk of being sexually victimized from those at high risk for being sexually abusive. Superintendents are required to designate safe beds(s) for those Residents identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each Resident. In the event the facility had a transgender Resident, the Department requires the facility to consider on a case-by-case basis whether a placement would ensure the Resident's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex Resident are to be reassessed at least twice a year.</p> <p data-bbox="242 779 1481 1008">Policy also requires that Residents at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the Resident may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the Resident will have access to programs as described in GDC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the Resident will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.</p> <p data-bbox="242 1039 1490 1198">The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. The Georgia Department of Corrections does not have dedicated facilities, units, or wings, residents are housed in general population units.</p> <p data-bbox="242 1229 1442 1323">Potential victims are assigned to general population dorms and are not housed in designated dorms. The staffing plan at Smith Transitional Center designates safe beds meaning that aggressors are not to be placed in these dorms. With this arrangement it appears unlikely that a Resident will be assaulted.</p> <p data-bbox="242 1355 1474 1514">Placement and programming assignments are based on the risk screening conducted within 24 hours of admission, as well as any other pertinent information contained in the Resident's file or in the Resident database known as SCRIBE. The initial PREA Assessment may be used to determine housing initially however the classification committee of the facility meets weekly and considers the available information from a variety of sources, including the Resident's file, Resident database, and any screening done at the facility prior to the classification committee meeting.</p> <p data-bbox="242 1545 1490 1673">Policy requires the agency and the facility use the information from the risk screening required by § 115.41, with the goal of keeping separate those Residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; Bedding; Education Assignments and Program Assignments. This is required in GDC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Use of Screening Information.</p> <p data-bbox="242 1704 1465 1832">The facility Housing Stratification Plan is utilized when assigning beds for Residents at risk of victimization and aggressors. Housing assignments are made initially at intake and with input from the Staff conducting the initial victim/aggressor assessments. The classification committee, then meets weekly and reviews the Resident's history to determine program assignments, details, and whether the Resident's housing needs to be changed</p> <p data-bbox="242 1863 1485 2056">Discussion of Interviews: According to the Counselor, the classification committee would have a face-to-face meeting with each transgender coming into the facility and the Resident would be asked if they felt vulnerable and if so, what the committee might do to make them feel safer. The PREA Compliance Manager and Counselor indicated the Resident's views for their own safety would be given serious consideration in deciding housing and work assignments for the Resident. They also stated if the Resident requested to shower separately because of safety and personal issues, the facility would strive to arrange that. A transgender would be housed in general population in one of the dorms designated as "Safe Dorms/Beds".</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 533">Policy and Documents Reviewed: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Resident Reporting; The GDC policy (208.06, 2. Resident Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; Resident Handbook, PREA Training; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification;. Report from the PREA Analyst documenting calls to the PREA Hotline in the past 12 months; Staff Guide on the Prevention and Reporting of Sexual Misconduct, Resident Handbook, Smith Transitional Center PAQ</p> <p data-bbox="240 562 735 589">Interviews: Random staff and Random Residents</p> <p data-bbox="240 618 1437 680">Observations: Phones with dialing instructions for reporting sexual abuse; Multiple PREA Related Posters in Dorms and throughout the Facility.</p> <p data-bbox="240 710 908 736">Testing Processes: PREA Phones, call made to the PREA Hotline.</p> <p data-bbox="240 766 1481 1064">Discussion of Policy and Documents: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Resident Reporting, provides multiple ways for Residents to report. These include making reports in writing, verbally, through the Resident PREA Hotline and by mail to the Department Ombudsman Office. Residents are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided Residents a sexual abuse hotline enabling Residents to report via telephone without the use of the Resident's pin number. If a Resident wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and Resident suspicions and illegal activity.</p> <p data-bbox="240 1093 1477 1256">Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Residents may file grievances as well however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. However, if a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART and an investigation begins.</p> <p data-bbox="240 1285 1477 1449">Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.</p> <p data-bbox="240 1478 1477 1606">The GDC Grievance Policy has designated allegations of sexual assault or sexual harassment as not grievable however the policy requires that in the event a Resident file a grievance alleging sexual abuse or sexual harassment it is immediately turned over to the SART to begin an investigation into the allegation. Reviewed investigation reports indicated Residents still do use the grievance to report.</p> <p data-bbox="240 1635 1477 1798">Residents also have access to outside confidential support services including those identified in the PREA Brochure given to Residents during the admission process and posted throughout the center. The following ways to report are provided: Call PREA; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman (phone number provided), to the Superintendent of Victim Services (mailing address provided). They may also report to The Teal House or Mary's Place using their 24/7 hotline or writing them. Contact information is provided in the Resident handbook.</p> <p data-bbox="240 1827 1477 2058">GDC Policy IIA23-0001, Consular Notification affirms it is the policy of GDC that the Consulate General of a Resident's native country is kept informed as the Resident's custody status or occurrences to the Vienna Convention on Consular Relations. Residents will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at <a href="http://www.state.gov/s/cpr/ris/fco">http://www.state.gov/s/cpr/ris/fco</a> This policy prescribes the GDC's responsibility for notification and that the Resident is informed of such notification. Foreign National Residents are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Superintendent approves a shorter time period.</p> <p data-bbox="240 2087 1477 2150">Residents may call anyone on their approved list. They may also call their attorney's if they have one. Residents could report through visits with family, calling family, or writing families.</p>

Residents have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, write the Ombudsman, write the State Board of Pardons and Parole, Victim Services, report to the Agency's PREA Coordinator, to staff, friends, family and Residents, report via the grievance process, the GDC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Superintendent of Victim Services and by telling a trusted staff.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to Residents. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explaining that Residents have the right to report and listing some ways Residents may choose to report.

The agency and Smith Transitional Center provide multiple ways for Residents to report sexual abuse and harassment both internally and externally. These include multiple ways to internally and privately report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violations that may have contributed to the incident.

This facility holds Residents who have been convicted of felony crimes and are serving incarceration in the center. The center does not house any Residents who are being detained solely for civil immigration purposes.

Staff at this facility, in compliance with GDC Policy, and the PREA Standards, accepts reports from all sources, including those from third parties and reports made anonymously. Policy requires that they report these to their immediate supervisor immediately and/or Designated SART member and follow-up with a written witness statement or incident report prior to the end of their shift. Interviewed staff indicated they would be disciplined for failing to report and that would most likely be termination.

Staff may report allegations of sexual abuse and sexual harassment in the same manner as Residents. The PREA Brochure, Sexual Assault, Sexual Harassment, Prison Rape Elimination Act, How to Prevent It, How to Report It, advises Residents that reporting is the first step and includes the following: PREA Hotline, Statewide PREA Coordinator (contact information provided), Ombudsman (mailing address and phone number provided), and Superintendent of Victim Services (mailing address provided). Residents are told to report it, even if they don't have any evidence and that they may report to any staff, drop a note or send a kite or call the PREA hotline.

Residents are educated on ways they can report through multiple sources. These include information provided to them at intake and during orientation, through streaming video informing Residents of ways to report, including to outside entities such as the Ombudsman, the outside victim advocacy organization, and to the Office of Victim Services, and through bright and vivid posters informing Residents that Rape is not a part of their sentence and how to report. The facility also provides Residents the tools to make reports. Phones are available for making calls to the PREA Unit as well.

Residents have access to phones enabling them to report to the Georgia Department of Corrections PREA Unit. They may do this anonymously, as well. Residents do not have to enter a pin number to contact the PREA Unit. Phones were observed in every dormitory.

Staff are trained to treat all allegations as confidential. Therefore, when allegations are reported up the chain of command, they are kept private and are only forwarded to the Superintendent, who then determines who else needs to be notified. Typically, only the Sexual Assault Response Team, Georgia Department of Corrections PREA Coordinator, and the Georgia Department of Corrections Internal Investigations (Office of Professional Standards) will be informed.

To report outside the facility Residents can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the Georgia Department of Corrections Tip Line (and remain anonymous) and write or call the GDC PREA Coordinator; and tell a family member by phone, letter or during visitation. Within the facility they can report to a staff member, write a note, send a request, tell medical, send a "kite" or file a grievance. They may report to their attorney's either via phone, in person or via letter.

Staff who fail to report allegations of sexual abuse or sexual harassment will be held accountable and sanctioned through dismissal. Allegations must result in staff reporting verbally immediately and filing an incident report or witness statement prior to the end of the shift.

Interviewed staff indicated they would take a report of sexual abuse or sexual harassment from any source and take all of them seriously and report it to their immediate supervisor and follow-up with a written report, a witness statement or incident report, prior to the end of the shift.

Interviewed Residents named multiple ways to report. A review of the Resident interviews confirmed the following ways Residents named as ways they could report:

- Hotline
- Staff

- Counseling Staff

- Note

- Grievance

- Family members

Discussion of Interviews: Interviews with Residents confirmed that they are aware of how to report sexual abuse using the PREA Hotline. Some said they would tell the Superintendent or PREA Compliance Manager. Staff related multiple ways Residents could report and stated they would take every allegation seriously regardless of the source of the allegation. When asked if they would take an anonymous report and report it; one hundred percent said they would and that they would document it in writing after verbally reporting it. They also indicated they would take a third-party report, report it verbally, and follow-up with a written statement prior to the end of the shift.



115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1410 398">Policy and Documents Reviewed: Smith Transitional Center Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2</p> <p data-bbox="242 432 1262 456">Interviews: Residents who reported Sexual Abuse - NA Observations: Not applicable for this standard.</p> <p data-bbox="242 465 1461 555">Discussion of Policies and Documents: 208.6, E.3, Resident Grievances, in an updated policy, states that all allegations of sexual abuse and sexual harassment are not grievable issues. These should be reported in accordance with methods outlined in the policy.</p> <p data-bbox="242 589 1473 649">Prior to the change in the policy, with an effective date of March 2, 2020, Residents did file grievances and those reviewed by the auditor were responded to by immediately turning them over to the Sexual Assault Response Team for investigation.</p> <p data-bbox="242 678 1477 837">If a grievance alleged sexual abuse, it would be turned over to the SART to begin an investigation, as the grievance process ceases. Although policy asserts that allegations of sexual abuse or sexual harassment are not grievable, Residents have often used that as a form of reporting. In those cases, the grievance was turned over to the Sexual Assault Response Team to be investigated. During the last 12 months, no grievances alleging sexual abuse have been filed by a Resident at the facility.</p>

115.253	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy and Documents Reviewed: GDC Policy 208.6, PREA, Smith Transitional Center Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters; Training Certificate: Georgia Network to End Sexual Assaults; MOUs with The Teal House and Mary's Place</p> <p>Interviews: The Teal House and Mary's Place, Executive Director, Superintendent, Residents</p> <p>Observations: The Teal House and Mary's Place information is available for Resident's review.</p> <p>Discussion of Policies and Documents Review: GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to Residents being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with Residents. Advocates serve as emotional and general support, navigating the Resident through the treatment and evidence collection process.</p> <p>The facility provided a letter of statement acknowledging the services that The Teal House and Mary's Place agreed to provide an advocate for a victim of sexual assault and accompany him through the forensic process and any investigation interviews, providing emotional support services and provided a 24/7 hotline for reporting sexual abuse.</p> <p>The facility informs residents, prior to giving them access outside services, 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.</p> <p>The facility has an agreement with The Teal House and Mary's Place who will provide a 24/7 hotline service enabling Residents to contact the center via phone or by mail. Information is provided on Resident bulletin boards. This was observed throughout the onsite audit. The center will also provide an advocate to accompany the Resident during a forensic exam, if requested by the Resident. In an interview with the Executive Director from The Teal House and Mary's Place, she confirmed that an advocate is available 24/7 via the Hotline and available 24/7 to meet a Resident at the center to provide emotional support services throughout the forensic exam if requested and through any investigatory interviews, if requested.</p> <p>The facility also has trained advocates who can provide emotional support for a Resident victim of sexual assault if requested. This was confirmed through interviewing the staff advocate and reviewing the Certificates documenting his online training as an advocate.</p> <p>Residents also have access to the GDC Ombudsman, GDC Tip Line, and the State Board of Pardons and Parole, Victim Services. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to Residents.</p> <p>GDC Policy IIA23-0001, Consular Notification; affirms it is the policy of GDC that the Consulate General of a Resident's native country be kept informed as the Resident's custody status or occurrences to the Vienna Convention on Consular Relations. Residents will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at <a href="http://www.state.gov/s/cpr/ris/fco">http://www.state.gov/s/cpr/ris/fco</a> This policy prescribes the GDC's responsibility for notification and that the Resident is informed of such notification. Foreign National Residents are allowed visitation with representatives from the Consulate General of his/her native country.</p> <p>Residents have access to their attorney's if they have one and may correspond with them, call them and visit with them at the center. Professional visits are available during normal duty hours and by other appointment to accommodate them. Residents have access to their parents or relatives daily via phone, through the mail, and through visitation.</p> <p>Discussion of Interviews: The auditor interviewed the Executive Director of The Teal House and Mary's Place who described the services the center is committed to providing the facility. These services include providing a hotline for Residents to call 24/7 and for an advocate to meet them either at the center or hospital to provide emotional support through the forensic process and any investigatory interviews if requested by the Resident. Interviewed Residents indicated they are aware of the outside advocacy services available. Residents were generally aware of the service offered by the outside organization.</p>

115.254	<b>Third party reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1473 465">Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Smith Transitional Center Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Georgia Department of Corrections Website; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures (An Overview for Residents – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Report of Calls to the PREA Hotline in the past 12 months</p> <p data-bbox="242 497 555 526">Interviews: Staff and Residents</p> <p data-bbox="242 557 1082 586">Observations: Review of the Agency's Website (Georgia Department of Corrections)</p> <p data-bbox="242 618 1485 943">Discussion of Policy and Documents: The Georgia Department of Corrections and Smith Transitional Center provide multiple ways for Residents to access third parties who may make reports on behalf of a Resident. GDC provides contact information enabling Third Party reports to be made to the GDC Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to Residents that allow them to call or write the Ombudsman's Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to Residents during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It" provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Superintendent of Victim Services. A PREA hotline is also available for third party reports and a Resident's pin is not required to place a call using the "hotline". The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.</p> <p data-bbox="242 974 1485 1169">The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?" These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Resident Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided.</p> <p data-bbox="242 1200 1485 1395">The agency also has a TIP Line accessible to Residents and to third parties. The Georgia Department of Corrections Home page provides the phone numbers of multiple departments/offices a third party could call to report sexual abuse or sexual harassment. The PREA brochure, An Overview for Residents, "Do You Know Your Rights and Responsibilities"? Provides contact information for the GDC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman's Office. Family members, friends and other Residents, may make a report for a resident.</p> <p data-bbox="242 1426 1485 1518">The Georgia Department of Corrections has established ways to receive third party reports. GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, page 23, Paragraph 2. Third Party Reporting provides for Third Party Reports to be made to the following:</p> <ul data-bbox="242 1550 1153 1688" style="list-style-type: none"> <li>· Ombudsman's Office (address and phone number provided).</li> <li>· Email to the PREA Coordinator (email address provided).</li> <li>· State Board of Pardons and Paroles, Office of Victim Services (mailing address provided).</li> </ul> <p data-bbox="242 1720 1406 1783">Policy also requires, in 208.06, b. that staff will accept reports made verbally, in writing and from third parties and will promptly document any verbal reports.</p> <p data-bbox="242 1814 1465 1968">The Georgia Department of Corrections Website provides a lot of information about PREA and in addition to including the Policy on PREA; the website has a section entitled: "How do I Report Sexual Abuse or Sexual Harassment". The section advises the viewer that GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Then it provides ways for third parties to report allegations of sexual abuse and sexual harassment. These include the following:</p> <ul data-bbox="242 2000 1437 2116" style="list-style-type: none"> <li>· Call the PREA Confidential Reporting Line (toll free number provided and advises that these reports are recorded, and messages are checked Monday through Friday.</li> <li>· Report via email to: PREA.report@gdc.ga.gov.</li> </ul>

· Send correspondence to Georgia Department of Corrections, ATTN: Office of Professional Standards PREA Unit, (Address provided).

· Contact the Ombudsman and Resident Affairs Office (number provided).

· Contact the Pardons and Parole Victim Services office (number provided or via email-address provided).

The instructions tell the viewers they do not have to give their name, but they are encouraged to provide as many details as possible and the site lists the items requested to be reported to facilitate the investigation.

The Resident PREA Brochure provides contact information for the following third-party reporters:

· Georgia Department of Corrections PREA Hotline (dialing instructions provided).

· Statewide PREA Coordinator (mailing address provided).

· Ombudsman (mailing address and phone number).

· Superintendent of Victim Services (mailing address provided).

Discussion of Interviews: During interviews staff were asked to name ways Residents could make reports or allegations of sexual abuse or sexual harassment. They consistently could name multiple ways and when asked if an Resident could report anonymously and through a third party, they said they could, and they would take those reports seriously like any other report and that they would report it verbally and complete a witness statement before the end of their shift. Residents may report via the PREA Hotline or J PAY. Most of the Residents who had family indicated a family member could report for them. One hundred percent of the staff said Residents could get a third party to report for them and that they would take that report seriously and act immediately. Interviewed Residents were aware they could report via third party, including a parent, relative or another Resident report for them.

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1474 432">Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Resident Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct; Rape Elimination Act (PREA) Education Acknowledgment Statement; Agency and Staff Reporting, Staff and Agency Reporting Duties; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Residents</p> <p data-bbox="240 463 799 490">Interviews: Superintendent, Medical staff, Random staff</p> <p data-bbox="240 521 1490 815">Discussion of Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Resident Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation.</p> <p data-bbox="240 846 1474 1039">Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. The Special Agent in Charge in the Regional Office will determine the appropriate response and assign a Special Agent to conduct the criminal investigation as indicated.</p> <p data-bbox="240 1070 1474 1263">Staff, failing to comply with the reporting requirements of GDC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of a Resident, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.</p> <p data-bbox="240 1294 1490 1456">This facility does not house youthful Residents; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Superintendent of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Superintendent of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.</p> <p data-bbox="240 1487 1474 1581">Policy requires that staff be aware of and attempt to detect to attempt to prevent sexual abuse, sexual harassment or sexual misconduct, through Resident communications, comments to staff members, Resident interactions, changes in Resident behavior, and isolated or vulnerable areas of the institution.</p> <p data-bbox="240 1612 1490 1841">The Georgia Department of Corrections Policy (SOP 208.06) mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions. Medical staff are required to report all allegations of sexual abuse that comes to their attention.</p> <p data-bbox="240 1872 1474 1930">Medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="240 1962 1474 2056">Staff are trained and policy requires that any information they obtain or become aware of is limited to a need-to-know basis and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments.</p> <p data-bbox="240 2087 1474 2145">At the initiation of services, medical, counseling and mental health personnel understand that they are required to inform Residents of their duty to report and the limitations of confidentiality and any information medical or counseling staff receive</p>

will be reported in compliance with policy.

There are no youthful Residents at this facility under the age of 18. Youthful Residents are housed at the GDC's Buruss Training Center in Forsyth, GA. This is confirmed through reviewing the Buruss Training Center Website and interviews with the agency's PREA Coordinator, Superintendent, staff and observations of Residents being interviewed and throughout the site review.

Policies require all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be reported to the facility's designated investigators. All allegations are required to be reported to the staff's immediate supervisor who then notifies the Sexual Assault Response Team. The Superintendent/designee then will notify the GDC Statewide PREA Coordinator and the Regional Office Special Agent in Charge will provide and assign a GDC Office of Professional Standards Investigations Unit Investigator/ Special Agent, with arrest powers and extensive training in conducting investigations, to respond to the center and begin the criminal investigation. The Superintendent is responsible for ensuring the notifications are made as soon as possible.

The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Residents discusses, in a section entitled, A Duty to Report, that staff must report any inappropriate staff/Resident behavior immediately. Failure to report will result in staff being held accountable and sanctioned through dismissal. Reporting includes not only verbal reporting but following up with writing an incident report. Another section of the Guide requires that all employees have a duty to report immediately any findings in which Residents are having sexual relations with other Residents or staff.

The Department appears serious about Zero Tolerance, having a culture of zero tolerance and preventing sexual assault and sexual harassment and retaliation. This is reflected in the structure of the Department where the PREA Coordinator, reports to the Assistant Superintendent of Compliance, who reports to the Assistant Superintendent of the Compliance in the Office of Professional Standards yet allows the PREA Coordinator direct access to the Commissioner should she need it regarding any PREA related issue. The auditor, in a recent interview with the Commissioner of the Department of Corrections confirmed he supports all the efforts of the PREA Unit and is accessible to the Superintendent of Compliance and the PREA Coordinator, whenever needed.

The agency has an ADA Coordinator who serves actively as a resource person for securing interpretive services for limited English proficient Residents/Residents and for disabled Residents/Residents who may be hearing or visually impaired to enable them to make reports of sexual abuse or sexual harassment and to participate fully in the agency's prevention, detection, responding and reporting program.

The training component for PREA also engages staff, with staff receiving Pre-Service Orientation as a newly hired staff during which they are exposed to the Prison Rape Elimination Act. Correctional staff receives PREA training at Basic Correctional Officer's Training (BCOT) while attending the Peace Officers Standards BCOT Academy. All employees and contractors are required to attend Day 1, Annual In-Service Training that includes a block on PREA and includes all the topics required by the PREA Standards. The reviewed curriculum for annual in-service covered the topics outlined in the PREA Standards. Multiple training rosters documenting over staff completing Annual In-Service Training, Day 1, that includes PREA training.

Staff is trained to report all allegations regardless of how those allegations came to light and to report them immediately to a designated shift supervisor. They may also report to any member of the Sexual Assault Response Team. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed as soon as possible but always prior to the end of the shift (or leaving the shift). Policy requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the Resident to the Supervisor's Office. Interviewed staff confirmed they are going to keep the reports limited to their immediate supervisor and anyone else on a need to know basis.

Medical, Counselors and Mental Health providers are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform Residents at the initiation of services of the limits of confidentiality and their duty to report. These staff are all mandated reporters.

Discussion of Interviews: The Department and the Superintendent requires that staff report all knowledge or information they have regarding an incident of sexual abuse or sexual harassment. That also includes reporting anything suspected. Randomly selected staff, both security and non-security staff affirmed that they must report "everything". When pressed about "everything" they consistently said they would report anything they knew, saw, or heard of. When asked about something they just suspected, they said they would have to report that as well. When asked if they would take an "anonymous" report and report it, they said they did not know how that would help but they would report it. Asked about another Resident reporting for another, they said they would take that seriously and report it too. They also affirmed they would be required to write a statement following an immediate report to their shift supervisor/Officer in Charge. When asked about a time frame for completing a written report they said within 24 hours was policy they thought but they could not leave the shift until the statement was written. Staff indicated they had to take all things seriously even if the Resident had been known to "cry wolf".

Non-Uniform staff were as articulate as the security staff about reporting. Everyone indicated they too would report all information, knowledge, or suspicion regarding sexual abuse. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well. When asked if they would report their about any sanctions for failing to report, staff said they would be disciplined and most likely terminated from employment.

115.262	<b>Agency protection duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1430 398">Policy and Documents Reviewed: Pre-Audit Questionnaire, GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; Monthly PREA Reports; Calls to the PREA Hotline in the past 12 months report; Incident Reports, Grievances</p> <p data-bbox="242 430 810 459">Interviews: Agency Head, Superintendent, Random Staff</p> <p data-bbox="242 490 1485 714">Discussion of Policy and Documents: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the Resident victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the Resident remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement.</p> <p data-bbox="242 745 1485 940">The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is a Resident and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the Resident remains in Administrative Segregation for 72 hours, the SART evaluates the Resident again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are responsible for the documentation.</p> <p data-bbox="242 972 1485 1232">If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Superintendent, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the Resident's file with specific reasons for returning the Residents to the general population or keeping the Residents segregated and ensure the SART has evaluated the victim within 24 hours of the report.</p> <p data-bbox="242 1263 1485 1355">Once a determination has been made that there is sufficient evidence of sexual assault, staff ensures closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is a Resident, and updates the victim's Resident file with incident information.</p> <p data-bbox="242 1386 1485 1447">The Pre-Audit Questionnaire documented there has been no incidents in the last 12 months in which a Resident was subject to a substantial risk of imminent sexual abuse during the past twelve months.</p> <p data-bbox="242 1478 1485 1606">Reviewed incident reports, grievances, Monthly PREA reports, calls to the PREA Hotline in the past 12 Months Report; as well an interview with the Superintendent indicated the facility has had no Residents at risk of imminent sexual assault/abuse. There have been no allegations of sexual abuse or sexual harassment during the period of February 2021 through February 2022. This was confirmed through reviewed monthly PREA reports and interviews with the Superintendent.</p> <p data-bbox="242 1637 1485 1765">Interviewed staff indicated that if a Resident told them they were in fear of another Resident or staff or at risk of imminent sexual abuse, they would take that report seriously and remove the Resident immediately from the threat or potential threat. They also, indicated, when asked, where they thought the Resident would be housed to keep them safe, that the Resident could be placed in another dorm possibly but most likely placed in a holding cell and transferred for his safety.</p> <p data-bbox="242 1796 1485 1856">In the past 12 months, the number of times the facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0</p> <p data-bbox="242 1888 1485 2013">Discussion of Interviews: The Superintendent stated there has been no Resident at risk of imminent sexual abuse in the past 12 months. All interviewed staff stated they would take the Resident's allegation seriously and would act immediately by removing the Resident from the source of the threat and keep that Resident with them and take them to the Shift Supervisor to ensure the Resident's safety until a decision could be made about where best to house the Resident.</p>



115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 360">Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3 Paragraph F (2); Reporting to other Confinement Facilities; Smith Transitional Center Pre- Audit Questionnaire</p> <p data-bbox="242 396 991 421">Interviews: Superintendent; PREA Compliance Manager and Agency Head</p> <p data-bbox="242 456 1485 813">Discussion of Policy and Reviewed Documents: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3; Paragraph F (2) Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Superintendent/designee of the victim's current facility is required to provide notification to the Superintendent of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Superintendent of the Resident's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Superintendent/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the Superintendent/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p data-bbox="242 848 1445 904">The facility head and agency that receives such notification ensures that the allegation is investigated in accordance with policy.</p> <p data-bbox="242 940 1485 1095">The administrative staff knew and described the steps they would take in reporting to the sending facility and ensuring that if an investigation had not been initiated, starting an investigation. They also indicated if they received an allegation from another facility that a Resident had been sexually abused while at this facility, they would cooperate with an investigation and conduct interviews or provide any additional information they might have. They indicated they would make the report immediately but were aware that the policy required notification within 72 hours.</p> <p data-bbox="242 1131 1422 1187">During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 1</p> <p data-bbox="242 1223 1307 1247">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="242 1283 1469 1438">Discussion of Interviews: The PREA Compliance Manager and Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that a Resident, while assigned to this facility, was sexually abused at this facility, they would initiate an investigation and cooperate with any investigation and treat it as any other investigation.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 331">Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Smith Transitional Center Pre-Audit Questionnaire; SANE's List; Local Operating Directive Procedure, Sexual Assault Response Protocol</p> <p data-bbox="240 360 940 389">Interviews: Random Staff, Uniform and Non-uniform First Responders</p> <p data-bbox="240 418 1490 813">Discussion of Policy and Documents: Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that a Resident has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an Resident was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours 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; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately. The Sexual Assault Response Team will be notified and will implement the local protocol.</p> <p data-bbox="240 842 1490 969">The local protocol, PREA Local Operating Directive and the Smith Transitional Center Sexual Assault Response Plan, describe in detail the responses to an allegation of sexual abuse. Staff are trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings. This information was provided by staff during their interviews.</p> <p data-bbox="240 999 1469 1126">Non-uniformed staff have been trained in first responding. They receive the same annual in-service training during Day 1, which includes PREA. They could describe the steps they would take in response to being informed a Resident had been sexually assaulted. They sated step by step the same procedures as correctional staff. The nurse stated that, in addition to conducting an assessment on the alleged victim the facility would attempt to protect any used evidence.</p> <p data-bbox="240 1155 1453 1256">Georgia Department of Corrections requires that all staff and contractors having contact with Residents attend, minimally, Day 1 of Annual In-Service Training. That training includes a refresher on first responding. The facility provided multiple training rosters documenting staff and contractors completing Day 1 Annual In-Service Training in 2021.</p> <p data-bbox="240 1285 1437 1447">Georgia Department of Corrections Policy and the Local Policy Directive for Smith Transitional Center, PREA: Local Procedure Directive and Coordinated Response Plan identify the actions required of first responders. Smith Transitional Center Sexual Abuse Response Plan also identifies actions to take after the Shift Supervisor on duty who receives the report, immediately notifies the Superintendent and Duty Officer and contacts the local Sexual Abuse Response Team members. The agency's Sexual Assault Response Checklist is also used in responding to allegations of sexual abuse.</p> <p data-bbox="240 1476 1458 1570">Interviewed staff, including non-uniformed staff, explained the steps required as a first responder. They were consistent in their responses and the responses were consistent with the GDC Policy (208.06) and the Local Procedure Directive and Coordinated response Plan.</p> <p data-bbox="240 1599 1490 1727">Correctional Staff consistently reported they would immediately separate the alleged victim from the alleged perpetrator, notify their supervisor, secure the crime scene, tell the victim and aggressor not to eat, shower, change clothes, use the restroom or brush their teeth. Some staff indicated that, if possible, they would put the alleged perpetrator in a cell and cut off the water.</p> <p data-bbox="240 1756 1485 1917">Medical staff explained what their roles would be as non-security first responders. They would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the Resident from the alleged aggressor and report the allegation and to assess the Resident but attempt to protect evidence that may be on the person or his clothing. They would conduct a visual assessment of the Resident but would take all precautions possible to protect the evidence.</p> <p data-bbox="240 1946 1474 2047">The Sexual Assault Nurse Examiner would be called to conduct the forensic exam, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, which would in turn, turns it over to the GDC Office of Professional Standards, Special Agent.</p> <p data-bbox="240 2076 1115 2105">In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="240 2134 1318 2163">The facility had one (1) allegations for sexual harassment reported during the 12-month preceding the audit.</p>

Discussion of Interviews: Interviews with random staff, uniform and non-uniform staff, including medical staff and mental health confirmed they are knowledgeable of their roles as first responders. Medical and mental health staff explained what their roles would be as non-security first responders. They would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the Resident from the alleged aggressor and report the allegation and to assess the Resident but attempt to protect evidence that may be on the person or his clothing. They would conduct a visual assessment of the Resident but would take all precautions possible to protect the evidence.

115.265	<b>Coordinated response</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1453 398">Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 3, Coordinated Response; Local Operating Directive, Smith Transitional Center Sexual Assault Response Plan; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive</p> <p data-bbox="242 430 501 459">Interview: Superintendent</p> <p data-bbox="242 488 1490 647">Discussion of Policies and Documents: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 3, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and counselor, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties.</p> <p data-bbox="242 676 1477 835">The Local Operating Procedure Directive and the Smith Transitional Center Sexual Assault Response Plan serve as the facility's Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment.</p> <p data-bbox="242 866 1485 929">The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders. This document becomes a part of the investigation package.</p> <p data-bbox="242 958 1481 1086">This center is manageable in terms of quick response. Housing units are close to each other. The facility has an MOU with Satilla Advocacy Center to conduct the forensic exam; the Resident would be transported to the hospital. The facility's coordinated response plan is documented in the Center's PREA Local Procedure Directive and Coordinated Response Plan and in the GDC Sexual Assault Response Plan (with notifications).</p> <p data-bbox="242 1115 1469 1209">The facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and the GDC Sexual Assault Response Checklist serves as a coordinated response plan as well.</p> <p data-bbox="242 1238 1490 1400">The Local Operating Directive provides guidance in notifying all parties when there is an allegation of sexual abuse. After the shift supervisor notifies the Superintendent and the Duty Officer, the Sexual Assault Response Team is notified. The directive provides ready reference names and phone numbers. The SART is composed of the PREA Compliance Manager/SART Leader, a representative from medical and from counseling; the victim advocate and the Special Agent in Charge at the Regional Office is notified.</p> <p data-bbox="242 1429 1481 1523">Discussion of Interviews: In an interview the Superintendent related, the facility has a Coordinated Response Plan to ensure during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and GDC Sexual Assault Response Checklist serves as a coordinated response plan as well.</p> <p data-bbox="242 1552 1490 1713">The Local Operating Directive provides guidance in notifying all parties when there is an allegation of sexual abuse. After the shift supervisor notifies the Superintendent and the Duty Officer, the Sexual Assault Response Team is notified. The directive provides ready reference names and phone numbers. The SART is composed of the PREA Compliance Manager/SART Leader, a representative from medical and from counseling; the victim advocate and the Special Agent in Charge at the Regional Office is notified.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining.</p> <p data-bbox="229 353 1509 452">An interview with the Commissioner of the Georgia Department of Corrections (prior interview) confirmed that his Department is not involved in any form of collective bargaining and he can remove any staff from contact during an investigation and can remove them from employment for violating an agency sexual abuse or sexual harassment policy.</p> <p data-bbox="229 452 1509 577">Interviews: Commissioner of the Georgia Department of Corrections; Superintendent; Statewide PREA Coordinator (previous interview); Statewide Assistant PREA Coordinator (previous interview); PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).</p> <p data-bbox="229 577 1509 786">Discussion of interviews: Interviews with the Superintendent, Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head's Designee confirmed that Georgia is a Right to Work State and employees are all non-union and not involved in any form of collective bargaining. The Superintendent can remove any staff member from contact with Residents following an allegation of sexual abuse or sexual harassment.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 331">Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; 90 Day Resident Sexual Abuse Review Checklist (GDC Form)</p> <p data-bbox="240 360 1437 387">Interviews: Superintendent, Facility's Retaliation Monitor, and Agency Head, Residents who reported sexual abuse - NA</p> <p data-bbox="240 421 1481 678">Discussion of Policy and Documents Review: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting Residents or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or a Resident who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including housing changes for Residents, transfers, removal of alleged staff or Resident abusers from contact with victims and emotional support for Residents or staff who fears retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse.</p> <p data-bbox="240 712 1493 936">The Superintendent has designated a Retaliation Monitor. In interview with the retaliation monitor he indicated he understands and is knowledgeable of the prevention measures the facility might take in each situation to prevent retaliation in the first place. Prevention measures include separating the alleged victim and abuser by placing them in separate dorms when possible or in protective custody and the alleged perpetrator in segregation. If a staff is involved that staff may be placed on some form of "no contact" until the investigation is over. The GDOC form documents monitoring such things as DRs, movements to other dorms, and changes in details. Similarly, for staff, monitoring would include changes in shifts, posts, details, and performance reports and write ups.</p> <p data-bbox="240 969 1485 1160">Monitoring will include monitoring the conduct and treatment of Residents and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes the following: review of Resident disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of Residents will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Resident Sexual Abuse Review Checklist. The checklist is completed for each Resident being monitored.</p> <p data-bbox="240 1193 1481 1254">The Georgia Department of Corrections 90 Day Resident Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:</p> <ul data-bbox="240 1288 707 1653" style="list-style-type: none"> <li>· Resident Disciplinary Report(s) History.</li> <li>· Resident Housing Unit Placement Reviewed.</li> <li>· Resident Transfer(s) Placement Review.</li> <li>· Resident Program(s) History Review.</li> <li>· Resident Work Performance Review.</li> <li>· Resident Schedule History Review.</li> <li>· Resident Case Note(s) Review.</li> </ul> <p data-bbox="240 1686 1493 1843">Upon learning of an allegation whether, staff on Resident or Resident on Resident, the alleged victim and alleged aggressor are separated. For the Resident, that may mean placing either the alleged victim or alleged aggressor or both, temporarily in administrative segregation. If a staff is involved the staff will be separated from the alleged victim by placing the staff either on a post away from the Resident or placing the staff on administrative paid leave while an investigation is going on and placing a staff on administrative leave with pay is the most likely scenario according to the Superintendent.</p> <p data-bbox="240 1877 1485 2000">The Retaliation monitor described his role in preventing retaliation and monitoring retaliation and explained to the auditor that he looks at things like housing assignments, reviews programming assignments, and detail changes. Retaliation monitoring is documented on the GDC Retaliation Monitoring Form. For staff he would review post assignments, changes in shifts, performance reports and write ups.</p> <p data-bbox="240 2033 1461 2134">The Georgia Department of Corrections has a zero tolerance toward retaliation against any Resident/Resident or staff who reports an allegation of sexual abuse or sexual harassment. This is expressed and documented in GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program.</p>

Smith Transitional Center and GDC have a zero-tolerance policy for retaliation toward staff or Residents who report an allegation in good faith. He also asserts that employees and Residents will be subject to disciplinary sanctions if found to participate in retaliation toward any staff or Resident.

If any individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual, Resident or Staff against retaliation.

The number of times an incident of retaliation occurred in the past 12 months: 0

Discussion of Interviews: The Retaliation Monitor described possible prevention measures including changing dorms, changing detail assignments, changing programs, etc. and for staff, placing them on "no-contact", reviewing shift assignment changes, and performance reviews and that they would use the GDC Form guiding the items to check that might indicated retaliation. She indicated she monitors Residents each 30, 60 and 90 days. The monitor indicated he would be checking things like DRs, Dorm Changes, and Work Detail Changes etc. Monitoring occurs every 30, 60, and 90 days and is documented on the GDC Retaliation Monitoring Form.

The monitor indicated that any alleged victim will be removed and separated from the alleged perpetrator and placed in a safe environment. If an officer was involved in an allegation, the officer would be placed on "no contact" depending on the nature of the allegation or would be placed on a post away from contact with the Resident. She confirmed there have been zero (0) incidents of retaliation occurring during the past 12 months.

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1473 432">Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; GDC Standard Operating Procedure, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents; Reviewed Investigation Packages; PREA Investigation Summary; PREA Initial Notification Form; GDC Incident Report; Reviewed NIC Certificates; Reviewed Special Agent Criminal Investigation Report; Coordinated Response Plan; Smith Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="242 463 1398 521">Interviews: Superintendent; Facility-Based Investigator; Two (2) Office of Professional Standards Investigators (prior interviews)</p> <p data-bbox="242 553 1490 1048">Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations and 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents asserts that the appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review.</p> <p data-bbox="242 1079 1490 1173">The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse.</p> <p data-bbox="242 1205 1465 1397">Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.</p> <p data-bbox="242 1429 1422 1523">The facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and a counselor. All Sexual Assault Response Team Members have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".</p> <p data-bbox="242 1554 1465 1612">At the conclusion of each sexual abuse investigation, the PREA Team meets and discusses the allegations and findings of the investigator and essentially reviews the incident in compliance with the GDC Policy related to Incident Reviews.</p> <p data-bbox="242 1644 1458 1769">The GDC PREA Unit has implemented a system in which staff enters the investigation into the GDC data system enabling the PREA Unit to review investigations for quality assurance purposes. If the PREA Unit believes the investigation needs additional information, the facility investigator is notified. The PREA Coordinator indicated that either she or the Assistant PREA Coordinator or the PREA Analyst must approve an investigation prior to closure.</p> <p data-bbox="242 1800 1458 1962">Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.</p> <p data-bbox="242 1993 1490 2154">GDC Policy 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents requires that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced Residents, against departmental employees, contractors, vendors or volunteers are fully investigated, and treated in a confidential and serious manner. It requires staff attitudes and conduct towards such allegations will be professional and unbiased, and staff member are required to cooperate with investigations into those matters. Policy also requires that investigations are conducted in such</p>



a manner as to avoid threats, intimidation, or future misconduct.

The investigations policies and procedures require that as soon as an incident of sexual contact, sexual abuse, or sexual harassment, comes to the attention of staff, the staff receiving the information is required to immediately inform the Superintendent and/or the Institutional Duty Officer, and/or Internal Investigations, now known as the Office of Professional Standards Investigators, verbally and followed up with a written report to the Superintendent. Incidents, according to the procedures, via, include rumors, "Resident talk", and all kissing, sexual abuse and sexual harassment. This policy, along with GDC Policy 208.06, requires that failure to report may result in disciplinary action, up to and including dismissal.

The Office of Professional Standards Investigators has a responsibility, power, and authority to investigate allegations of sexual abuse and the power to arrest. The Superintendent of the facility where the incident allegedly happens contacts the Regional Office's Special Agent-in-Charge to have a special agent assigned to investigate the criminal allegation.

The Georgia Department of Corrections has several layers of investigators. An Office of Professional Standards investigator may be assigned to a specific facility and may conduct investigations related to contraband, use of force, gang related activity, and if needed, sexual abuse. The Office of Professional Standards Investigator has completed mandated training. Mandated training is required by the state for any law enforcement officer and consists of (11) eleven weeks of training. OPS investigators have the authority to arrest.

Special Agents are assigned to one of the three Regional Offices in the state and are assigned by the Special Agent in Charge. Special Agents have completed mandated law enforcement training and an additional 13 weeks of training provided by the Georgia Bureau of Investigations at the GBI Academy. The Special Agent has had extensive training in conducting investigations, including investigations of sexual abuse in a confinement setting, has arrest powers, and conducts investigations into allegations that appear to be criminal in nature.

At the facility level, investigations are initiated by the local Sexual Assault Response Team. These include a primary facility-based investigator and a member from medical and counseling. The facility-based investigator has completed the on-line training entitled: "PREA: Conducting Sexual Abuse Investigations in a Confinement Setting." All the SART Members at Smith Transitional Center have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting". The local SART conducts the initial investigation. If the allegation appears criminal and in all cases of penetration, the allegation is referred by the Superintendent or Duty Officer, in his absence, to the Special Agent in Charge, who will assign a criminal investigator (Special Agent). Investigations into allegations of sexual abuse may be documented locally as unsubstantiated but may be referred on to the Special Agent for investigation for investigation into the alleged criminal conduct.

Department staff, the Sexual Assault Response Team and those receiving the initial allegations, is required by policy to take appropriate steps to ensure the preservation and protection of all evidence, including crime scene in accordance with another SOP (SOP 1K01-005).

Policy (1K01-0006) discusses general guidelines for conducting the investigation and these included:

- OPS will keep the Superintendent apprised of the status of the case.
- All interviews may be recorded by video or audio.
- All documents, videos, polygraph results, and all other evidence will be treated as confidential.
- Names of complainant and/or alleged victim will be confidential as required by the statutes.
- A trained counselor will be made available to counsel the alleged victim before he is first interviewed by the investigator. These may be included in the investigation:
  - Conducting video or audio recorded interviews.
  - Taking witness statements from all witnesses and all other parties.
  - All known documents.
  - All known photos.
  - All known physical evidence.

According to policy (1K01-0005) the investigation continues even if the following occur:

- Alleged victim or complainant refuses to cooperate with the investigator.
- Whether local, state, or federal agency conducts its own investigation, subject to binding limitations or restrictions imposed

by the courts or the agency.

- If the accused employee resigns during the investigation.

Investigations must be completed within 45 calendar days from the date of the assignment. When there is a backlog in testing rape kits in the State's Crime Lab, the investigation may take longer. An interview with a Special Agent indicated that the lab does not have a backlog at this time.

If there is an allegation of sexual abuse, staff trained as first responders separate the alleged victim and alleged aggressors and ensure that the crime scene, including the bodies of the alleged victim and perpetrator as well as the area where the alleged offense occurred, are treated as crime scenes and actions are taken to protect the evidence that may be on them. If during the initial investigation by the SART, the allegation appears to be criminal in nature, the Superintendent or designee will contact the Regional Office to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy.

The Special Agents conduct investigations of allegations that appear criminal in nature, will consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution.

An interview with a Special Agent and interview with the facility-based investigator indicated that they would assess the credibility of an alleged victim, suspect or witness on an individual basis and not on the basis of identify status and would make the determination on an individual basis and that it would be based only on the evidence.

The facility-based investigator also confirmed they would not put an alleged victim on a polygraph or other truth telling device as a condition for proceeding with the investigation and that under these circumstances the investigation would continue:

- When the victim recants.
- When an employee involved in an investigation terminates his/her employment prior to the conclusion of an investigation.
- When an alleged victim or alleged abusing Resident departs the facility prior to a completed investigation.

Administrative and Criminal Investigations are documented in reports. Administrative Investigations conducted by the Sexual Assault Response Team typically include an Incident Report, Supplemental Report, Witness Statements, Video, if applicable, and an Investigation Summary.

Special Agent Reports, which are criminal investigations, are much more thorough and include the following: 1) Case Report Face Sheet; 2) Executive Summary; 3) Exhibit List; 4) Investigative Case Summary; 5) Personal Demographics Summary; 6) Resident Store History; 7) Personal Data Summary; 8) Witness Statements; 9) Photos; 10) Waiver of Rights; 11) Consent to Search; 12) Videos; 13) Oath of Office; 14) Warrant for Arrest.

The Agency Facility-Based Investigator/SART enters the alleged incident and notifications into the agency's database, enabling the Agency's PREA Coordinator and Assistant PREA Coordinator to review the investigations in a computer-based program. Investigators upload their investigation packages into the program where they can be viewed and reviewed. If additional information should have been looked at the PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that they investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

Discussion of Interviews: An interview with the Superintendent confirmed all allegations are taken seriously and are referred to the agency with the responsibility for conducting criminal investigations, when applicable; the facility's Sexual Assault Response Team conducts an initial investigation into all allegations and when an allegation appears criminal, the Duty Officer and Superintendent are notified, and they contact the Regional Office Special Agent who assigns a Special Agent to investigate. Any allegation of penetration must be referred on to the OPS Special Agent in Charge.

An interview with the facility-based investigator indicated he has completed the on-line specialized training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings". He also explained and described the steps he would take in initiating and conducting an investigation. He also affirmed and provided certificates of training documenting that all of the Sexual Abuse Response Team have completed the online Specialized Training provided by the National Institute of Corrections.

Interviews with the Facility Based Investigator, Special Agents, and Office of Professional Standards Investigators confirmed the credibility of the victim, alleged perpetrator and a witness based on the evidence and not on the Resident's status or identity or any other factors including how many times the Resident has alleged sexual abuse or sexual harassment. The investigation, they related would continue even if the victim recanted, if a staff involved terminated his employment prior to a completed investigation, or if a Resident victim or abuser departed the facility prior to the completed investigation. Interviews

| with the SART members confirmed the investigation process. |

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14</p> <p>Interviews: Facility-Based Investigator</p> <p>Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Discussion of Interview: The OPS Investigator affirmed in an interview, that the standard of evidence to substantiate an allegation of sexual abuse is “the preponderance of the evidence”.</p>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The agency's standard operating procedure, 208.06; Reporting to Residents, requires that Residents who are in custody of the Georgia Department of Corrections are entitled to know the outcome of the investigation. The Resident must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.</p> <p>If the allegations involved a staff member, the staff making the notification will, using the GDC Resident Notification Form, inform the Resident whenever:</p> <ul style="list-style-type: none"> <li>· The staff is no longer posted in the institution.</li> <li>· The staff is no longer employed at the institution.</li> <li>· The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution.</li> </ul> <p>If the allegation involved another Resident, staff are required to inform the alleged victim when the alleged abuser has been:</p> <ul style="list-style-type: none"> <li>· Indicated on a charge related to sexual abuse within the institution or.</li> <li>· The alleged abuser has been convicted on a charge related to sexual abuse within the institution. Notifications are documented on the GDC Notification Form that documents all the above.</li> </ul> <p>The investigator is knowledgeable of the investigative process and the requirements that Residents are notified at the conclusion of the investigation of the results of the investigation.</p> <p>Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Smith Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Superintendent, Facility-Based Investigator; Resident who reported sexual abuse - NA</p> <p>Discussion of Policy and Documents Review: Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the Resident of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into a Resident's allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the Resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If a Resident is released from the Department's custody the Department's obligation to "notify" the Resident of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and GDC Policies.</p> <p>If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the Resident of the outcome of the investigation.</p> <p>A member of the SART is required to notify the Resident when a staff member is no longer posted within the Resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the Resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The notification form would document, for the Resident, if the investigation is determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the Resident is notified of any of the following if applicable:</p> <p>Staff member is no longer posted within the Resident's unit. Staff member is no longer employed at the facility. Staff member has been indicted on a charge related to sexual abuse with the facility. Staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>The alleged abuser (Resident) has been indicted on a charge related to sexual abuse within the facility.</p>

The alleged abuser (Resident) has been convicted on a charge related to sexual abuse within the facility. Other: Include explanation of why "other:" was checked.

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0

Discussion of Interviews: Interviews with the Facility-Based Investigator, and Superintendent related that a member of SART would be responsible for notifying the Resident of the outcome of the investigation. The SART/Superintendent will use the required GDC Notification Form, Attachment 5, GDC 208.6, and the interviewed investigator confirmed that is the document used to notify the Resident.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1445 365">Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees; Reviewed Smith Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="240 398 1414 524">Discussion of Policy and Document Review: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engages in sexual misconduct with a Resident are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.</p> <p data-bbox="240 557 1477 748">The presumptive disciplinary sanction for sexual touching and violation of sexual abuse policies is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. If an allegation is substantiated by the Special Agent conducting the sexual abuse investigation, the Agent will consult with the local District Attorney and a warrant for the staff's arrest will be taken if warranted and approved by the District Attorney.</p> <p data-bbox="240 781 1477 907">Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies (Special Agent) unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST) for uniformed staff.</p> <p data-bbox="240 940 1477 1034">Substantiated cases of non-consensual sexual contact between Residents or sexual contact between a staff member and a Resident will be referred for criminal prosecution. This was confirmed through interviews with the Superintendent, PREA Compliance Manager/SART Leader, and interviews with Special Agents and Office of Professional Standards Investigators.</p> <p data-bbox="240 1068 1477 1326">Staff, as a part of their PREA training signs a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understands that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with a Resident commit sexual assault, a felony punishable by incarceration of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that a Resident cannot consent to sexual activity. The auditor reviewed 64 PREA Acknowledgment Statements signed by employees and contractors.</p> <p data-bbox="240 1359 1477 1453">To deter staff from violating the agency's sexual abuse policies and for other reasons, the facility, as in all other Department of Corrections Facilities, has a "Wall of Shame" that has the photos of staff who have violated their oath of office and/have had personal dealings with Residents, including bringing contraband.</p> <p data-bbox="240 1487 1477 1677">The GDC Policy requires that staff that engage in sexual abuse with Residents and violate and agency sexual abuse and sexual harassment are banned from all Georgia Correctional Institutions and subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction. If the allegation was criminal in nature, recommendations may be made for referral for prosecution. Special Agents work with the District Attorneys to determine if, and when, they have enough evidence to refer for prosecution. Administrative investigations in which staff violates policy, may result in a staff member being disciplined up and including dismissal.</p> <p data-bbox="240 1711 1477 1870">If an offense is less than sexual abuse the appropriate sanction would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This was confirmed through interviews with the Superintendent and PREA Compliance Manager. Staff interviews confirmed the likely sanction for violating a sexual abuse or sexual harassment policy would be termination. Failure to report is cause for disciplinary action up to and including termination.</p> <p data-bbox="240 1904 1477 2094">The Georgia Department of Corrections has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from employment and possible referral for prosecution. The Department requires each facility to have a "Wall of Shame" that contains the photos of staff who have been arrested for issues including contraband and staff misconduct, including staff misconduct with a Resident. Staff acknowledge in the PREA Acknowledgment the potential sanctions, including arrest and referral for prosecution and the punishment if found guilty. Staff also signs a Code of Conduct/Ethics Acknowledgement as well.</p> <p data-bbox="240 2128 1477 2157">In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment</p>

policies: 0

Staff and contractors found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution.

Contractors and volunteers will be banned from any contact with Residents and reported to law enforcement agencies, unless the activity was not criminal. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified.



115.277	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1481 398">Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Smith Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="242 434 501 461">Interview: Superintendent</p> <p data-bbox="242 497 1453 622">Discussion of Policies and Reviewed Documents: GDC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with Residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.</p> <p data-bbox="242 658 1449 739">The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with Residents in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 775 1481 1034">Contractors and volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understands that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with a Resident commit sexual assault, a felony punishable by incarceration of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledged that a Resident cannot consent to sexual activity. The auditor reviewed 10 PREA Acknowledgment Statements for Volunteers and Contractors.</p> <p data-bbox="242 1070 1489 1263">GDC has a zero tolerance for any form of sexual abuse or sexual harassment. Contractors and Volunteers are advised of that policy and explained the consequences for violations. Any contractor or volunteer who violates any agency sexual abuse or sexual harassment will be immediately barred from the facility and placed on a ban for entering any GDC facility. Pending investigation, the contractor or volunteer will not be allowed entry into this facility or any other GDC facility. The local law enforcement will be notified, and a recommendation will be made to refer the contractor or volunteer for prosecution. If the contractor or volunteer is a licensed person, the licensing agency will also be notified.</p> <p data-bbox="242 1299 1477 1357">In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p data-bbox="242 1393 1453 1438">Discussion of Interview: Interview with the Superintendent; there have been no allegations made against any volunteer or contractor. Currently no volunteers are allowed to enter the facility due to Covid concerns.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy and Documents Reviewed: GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Residents, Smith Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Superintendent, Medical and Counselor</p> <p>Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between Resident and Resident may be subject to disciplinary action for such activity. Consensual sexual activity between Residents does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b. requires that Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the Resident engaged in Resident-on-Resident sexual abuse or a criminal finding of guilt for Resident-on-Resident sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Resident Discipline.</p> <p>Policy requires that the disciplinary process consider whether a Resident's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending Resident to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a Resident may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.</p> <p>Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the Resident making the report, then the Resident will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Resident Discipline.</p> <p>The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>The GDC Disciplinary Process and Policies follow the standards of the American Correctional Association and Residents are afforded a forma due process hearing in accordance with those standards. This was documented by the Agency's most recent quality assurance audit. Residents may also have an advocate present if they request it.</p> <p>The facility due process officer uses an Resident Disciplinary Code Sheet documenting that offenses designated as either "great" or " high" severity offenses, that include sexual assault or soliciting sexual activity, may be sanctioned by 1) Isolation one to fourteen days; 2) Referral to Classification Committee for review; 3) Disciplinary transfer; 4) Removal from specified programs; 5) Affect issuance of a warrant for violation of law; 6) Prison restriction on privileges for up to 90 days; 7) Impound personal property for days; 8) Change in work or quarters assignment; 9) Extra duty for two hours/day up to 90 days and 13 other sanctions. If the allegation of sexual assault is substantiated, the Special Agent may consult with the district attorney and refer the Resident for prosecution. The Code Sheet addresses violations of statutes and asserts that Residents under the jurisdiction of the State Board of Corrections are subject to all laws of the United States and of the State of Georgia and any Resident violating these laws may be charged and tried for that violation in the same manner as any other citizen in the appropriate state or federal court. The filing of charges in a judicial court of record for a violation of state or federal laws does not in any way prevent or preclude the administrative handling of the same act as a Prison disciplinary manner or of the taking of disciplinary action against the Resident.</p> <p>In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>Discussion of Interviews: During interviews with the Superintendent, medical and counseling staff indicated the policy requires that the disciplinary process considers whether a Resident's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending Resident to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a Resident may be disciplined for sexual contact with a staff member only upon finding that the staff member did not consent to such contact.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 465">Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Standard Operating Procedures, VH85-0002; Medical Management of Suspected Sexual Assault, Abuse or Harassment; GDC Standard Operating Procedure, VH85-0001; Forensic Information; Procedure for SANE Evaluation/Forensic Collection; Medication Guidelines for Sexual Assault Patients; National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, Major Updates; PREA Medical Logs; Coordinated Response Plan; SANE Procedures</p> <p data-bbox="240 499 895 526">Interviews: Medical; Counselor; SANE Nurse (Previous Interview)</p> <p data-bbox="240 560 1485 714">Discussion of Reviewed Policies and Documents: Resident victims of sexual abuse receive timely and 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. This was confirmed through interviews with medical and counseling staff. The facility's medical care program is also accredited through the Medical Association of Georgia for meeting the MAG Standards which are essentially the National Commission on Correctional Healthcare Standards.</p> <p data-bbox="240 748 1485 943">GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the counselor. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence.</p> <p data-bbox="240 976 1485 1064">If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 1097 1485 1292">When medically indicated, medical staff are required to arrange transfer the Resident to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the Resident does not require transport to the emergency room, the designated facility SANE Nurse shall be immediately notified, and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise, no rape kit will be collected.</p> <p data-bbox="240 1326 1485 1480">If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case-by-case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that if the facility does not have a designated SANE Nurse, the Resident is sent to the designated emergency room for collection of forensic evidence.</p> <p data-bbox="240 1514 1485 1601">When an Resident has been the victim of sexual abuse, medical staff assess the Resident to ensure there are no life threatening or emergency needs, and if stable, initiate the Nursing Protocol, contact the SANE, if needed, be taken to the local hospital to be stabilized.</p> <p data-bbox="240 1635 1485 1798">GDC Policy and Practice ensures that Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed policies and procedures, reviewed monthly PREA reports, Interviews with staff, Residents, PREA Compliance Manager, Medical, and Superintendent.</p> <p data-bbox="240 1832 1485 2027">GDC Policy requires that when a Resident makes an allegation of sexual abuse, the Resident will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the Resident will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the Resident needs emergency care beyond the capability of the facility, he will be transported to the local hospital.</p> <p data-bbox="240 2060 1485 2148">Interviewed health care staff indicated that if there was a sexual assault, their role would be to assess and stabilize the Resident and if stabilized, preserve the site and evidence. If there is emergency care is required, the Resident would be taken to the local hospital.</p>

The SANE and health care staff will be utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections. Residents are not charged for PREA related issues and treatment. If the assault occurred more than 72 hours prior to being reported, the decision as to where the medical evaluation will occur is made on a case-by-case basis.

Interviews with two SANEs indicated the Resident would be offered testing for HIV and other Sexually Transmitted Infection and offered STI Prophylaxis. The SANE indicated that following the forensic exam, she would recommend the STI Prophylaxis, and any other medication required. The facility's physician would have to approve the recommendation and order it to be done.

Security and non-security staff are trained as first responders and their roles are to separate the alleged victims from alleged perpetrators, try to protect any evidence, suggesting the victim not eat, drink, use the restroom or change clothes, and require the alleged perpetrator not do those things as well that could destroy evidence. Interviewed staff articulated their roles as first responders and non-uniform staff responded with all the elements of first responding just as the uniformed staff did.

Discussion of Interviews: Counseling staff indicated that victims of sexual abuse would receive an Initial Sexual Abuse Evaluation and possibly a complete evaluation; and if needed, a referral for specialized upper-level provider for counseling. Counseling would include specifics such as guilt; boundaries etc. and could include a comprehensive treatment plan.

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 331">Policy and Documents Reviewed: GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Smith Transitional Center Pre-Audit Questionnaire; Victim/Aggressor Assessments</p> <p data-bbox="240 360 1310 389">Interviews: Counselor (Staff responsible for risk screening); Residents who reported prior victimization - NA</p> <p data-bbox="240 418 1481 580">Discussion of Reviewed Policy and Documents: GDC Medical Policies are specific and voluminous regarding health care and mental health. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures.</p> <p data-bbox="240 609 1453 672">The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="240 701 1481 797">Resident victims of sexual abuse shall 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.</p> <p data-bbox="240 826 1481 922">If a Resident discloses prior victimization during the initial intake victim/aggressor assessment, the Resident will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The Resident may choose to refuse the offer and if so, the refusal will be documented.</p> <p data-bbox="240 952 1490 1012">Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1041 1477 1102">The facility conducts a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p data-bbox="240 1131 1418 1160">The facility provides such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1167 1321 1196">Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1202 1441 1263">If pregnancy results from sexual abuse, the victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p data-bbox="240 1292 1489 1420">If the screening process indicates a Resident has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the Resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The interviewed staff stated if a Resident disclosed a previous history of sexual abuse during the initial PREA Assessment, the Resident will be offered a follow-up with mental health.</p> <p data-bbox="240 1449 1465 1545">Resident 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</p> <p data-bbox="240 1574 1477 1736">Care is taken to protect reported information. Information reported by Residents related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. Residents sign consent for evaluation and consent for treatment.</p> <p data-bbox="240 1765 1485 1926">Documentation of Residents alleging any form of sexual abuse being seen by medical, referrals are made for follow-up with mental health and interviews with medical and counseling staff confirmed this facility complies with offering and providing follow-up with a medical or mental health professional Mental health staff. Additionally, it is evident that referrals are made to mental health; it appeared that the medical and mental health departments communicate frequently to meet the needs of Residents who alleged previous sexual abuse or sexual abuse while in the facility.</p> <p data-bbox="240 1955 1490 2116">GDC Policy, 208.06, asserts that if a Resident's intake assessment indicated the Resident has experienced any prior victimization or has perpetrated any sexual abuse, whether in an institutional setting or in the community, the Resident will be offered a follow-up meeting within 14 days of the intake screening. This will be documented on the Resident's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is required to be strictly limited to necessary staff maintaining strict confidentiality.</p>

During the initial PREA Assessment (Victim/Aggressor) if the Resident endorses the question about having been a previous victim of sexual abuse, the counselor offers the Resident a referral to mental health. The Resident may choose to refuse. If the Resident wants to have a follow-up with mental health, the counselor makes the referral.

The facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Forensic exams, if needed, are conducted at the by a SANE nurse at the local hospital. Forensic exams are provided by a SANE nurse without financial cost to the Resident. This was confirmed through an interview with the medical staff.

Discussion of Interviews: Interviews with medical and counseling staff who conducts the victim/aggressor assessments of incoming Residents confirmed that each screening asks Residents about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. Residents can refuse the referral. Interviewed Residents who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up; all refused a follow-up with mental health.

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Smith Transitional Center Pre-Audit Questionnaire; Calls to the PREA Unit Hotline in the past 12 months; Monthly PREA Reports</p> <p>Interviews: Superintendent; PREA Compliance Manager; SART Members</p> <p>Discussion of Policies and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated, and unfounded allegations are not necessary.</p> <p>The facility had no allegations of sexual abuse or sexual harassment during the 12 months prior to the audit per the Allegations report provided PREA Unit. Interviews with staff indicated staff understands the Incident Review Process and incident reviews are conducted within 30 days of the conclusion of the investigation. Members conducting the incident reviews described the process and indicated they would use the GDC Incident Review Form. The team consists of upper-level management with input from supervisors, investigators, and medical staff. Members include the PREA Compliance Manager, Facility Based Investigator, Counselor, and Sexual Assault Response Team Members.</p> <p>Using the GDC Incident Review Form, the following are a part of the review process: Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceive status, gang affiliation or was motivated or otherwise caused by other group dynamics at the institution.</p> <p>Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse Assess the adequacy of staffing levels in that area during various shifts.</p> <p>The review team, in compliance with policy and confirmed in interviews, then will prepare a report of its findings to the Superintendent and PREA Compliance Manager and the Deputy Superintendent of Care and Treatment who are authorized to implement recommendations for improvement or document the reasons for not doing so.</p> <p>This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper-level management, line supervisors and other staff members, as designated by the Superintendent of the facility.</p> <p>Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Superintendent or PREA Compliance Manager.</p> <p>The reviews are required by policy to be conducted at the end of the investigation. Interviews with team members confirmed the reviews are required to be conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).</p> <p>Documentation indicated the facility conducts incident reviews and considers all the elements required in the standards.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0</p>

Discussion of Interviews: The review team, in compliance with policy and confirmed in interviews, they will prepare a report of its findings and forward to the Superintendent and PREA Compliance Manager who are authorized to implement the recommendations for improvement or document the reasons for not doing so.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions. The PREA Compliance Manager related the facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of inmates; lists of inmates disclosing prior victimization (when available), as well as an email documenting the names of inmates contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify inmates/inmates who are hearing or visually impaired or who have some other form of disability.

The Department's PREA Unit now has access to investigations through a module that allows staff in the unit to review investigations for quality. Reviewing staff may instruct the facility investigator to conduct additional inquiry or investigation and will not authorize the closure of that investigation until the PREA Unit reviews and approves the investigation.

The aggregated sexual abuse data will be readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.

Discussion of Interviews: Interviews with the PREA Compliance Manager and Superintendent confirmed the facility provides the required data, if any, to the GDC PREA Unit by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report sent to the GDC PREA Coordinator.



115.287	<b>Data collection</b>
	<p data-bbox="240 147 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1484 465">This standard is rated "exceeds" because of the sophisticated reports the GDC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled Residents/Residents for the auditor prior to each audit, enabling the auditor to identify Residents who are hearing or visually impaired or otherwise disabled. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="240 501 1469 591">Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.</p> <p data-bbox="240 627 1465 716">Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files and sexual abuse reviews. Upon request all data from previous calendar years will be provided to the Department of Justice.</p> <p data-bbox="240 752 1484 878">The aggregated sexual abuse data will be readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.</p> <p data-bbox="240 913 1477 1039">Policies and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Reports from the GDC PREA Analyst, Incident Review Check List, Incident Demographic Information, Investigation Summary Form, Private Center Annual PREA Report.</p> <p data-bbox="240 1075 1458 1128">Interviews: Statewide PREA Coordinator (previous interview), Assistant Statewide PREA Coordinator (previous interview), PREA Compliance Manager and Superintendent</p> <p data-bbox="240 1164 1477 1415">Discussion of Policies and Documents: The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of Residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.</p> <p data-bbox="240 1451 1484 1603">GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.</p> <p data-bbox="240 1639 1493 1935">The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2020 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 Prisons 13 Transition Prisons, 9 probation detention Prison, 5 substance abuse and integrated treatment facilities and 4 private Prison. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on Resident Abuse, 2) Staff on Resident Harassment, 3) Resident on Resident Abuse, and 4) Resident on Resident Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility.</p> <p data-bbox="240 1948 1477 2141">The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are following the investigation standards. Beginning in 2020 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is</p>

accomplished through the SCRIBE Module. Statistics are provided for each GDC facility.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions. The PREA Compliance Manager related the facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of Residents; lists of Residents disclosing prior victimization (when available), as well as an email documenting the names of Residents contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify Residents/Residents who are hearing or visually impaired or who have some other form of disability.

The Department's PREA Unit now has access to investigations through a module that allows staff in the unit to review investigations for quality. Reviewing staff may instruct the facility investigator to conduct additional inquiry or investigation and will not authorize the closure of that investigation until the PREA Unit reviews and approves the investigation.

The aggregated sexual abuse data will be readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.

Discussion of Interviews: Interviews with the PREA Compliance Manager and Superintendent confirmed the facility provides the required data, if any, to the GDC PREA Unit by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report sent to the GDC PREA Coordinator.

115.288	<p><b>Data review for corrective action</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy and Documents Reviewed: Georgia Department of Corrections 2020 Annual Report; Agency Website; Monthly Facility PREA Reports; Compstat Reports</p> <p>Interviews: Agency Head, PREA Compliance Manager, Previous interview with the Agency's Statewide PREA Coordinator and Agency Assistant Statewide PREA Coordinator</p> <p>Discussion of Policy and Document Review: The Georgia Department of Corrections requires each facility conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future.</p> <p>The agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.</p> <p>The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>The GDC requires each facility to maintain PREA related data and to report to the GDC PREA Unit, monthly the number of allegations of sexual abuse and sexual harassment, including Resident on Resident and staff, contractor, volunteer on Resident. The agency collects the data for each facility and aggregates it at least annually and provides comparisons from previous years as well as actions the Department has taken as a result of analysis of the data. The annual reports are comprehensive and informative.</p> <p>The agency's report is 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.</p> <p>Discussion of Interviews: The agency collects data from each facility and reviews the aggregated data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data. Smith Transitional Center has had no corrective actions for this audit period.</p>
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115.289	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy</p> <p>Interview: Statewide PREA Coordinator (previous interview)</p> <p>Discussion of Policies and Documents: Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.</p> <p>GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.</p> <p>The agency makes 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.</p> <p>The agency makes 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 Web site or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.</p> <p>Discussion of Interview: The Agency PREA Coordinator related that data collected will be securely retained. All sexual abuse data will be available to the public on the center's website and in annual reports. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than 10 years from the initial date of collection.</p>
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115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 398">The Georgia Department of Corrections ensures that 1/3 of their Prison are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all Prison have been audited. The Smith Transitional Center was previously audited for compliance with the PREA Standards on February 15, 2019, with one percent compliance with all Standards.</p> <p data-bbox="242 430 1473 524">The medical care at this facility is accredited by the Medical Association of Georgia for meeting the Medical Association of Georgia's Standards which are essentially the standards of the National Commission on Correctional Health Care. Augusta University contracts for service with Smith Transitional Center.</p> <p data-bbox="242 555 1485 714">Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit; GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.</p> <p data-bbox="242 745 1493 940">The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state Residents) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.</p> <p data-bbox="242 972 1474 1131">The facility posted the Notices of PREA Audit in areas of the facility accessible to Residents, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. These were observed in living units and other areas accessible to staff, Residents, contractors, volunteers and visitors. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were often and productive.</p> <p data-bbox="242 1162 1431 1357">The information contained on the uploaded PAQ contained the GDC policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of medium security adult females and youthful Residents. The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available.</p> <p data-bbox="242 1388 1469 1516">The on-site audit of the Smith Transitional Center was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the Residents. The auditor was able to move about the facility any time needed. Adequate space was provided for auditor to conducted interviews in complete privacy with staff and Residents.</p> <p data-bbox="242 1547 1474 1641">The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with Residents and staff. Prior to the onsite portion of the audit the auditor received no correspondences from Residents, staff, or outside interested parties.</p> <p data-bbox="242 1673 1469 1767">The auditor reviewed Resident files, made observations throughout the on-site audit, thoroughly reviewed large samples of documentation, tested processes (including checking victim/aggressor assessment time periods), interviewed staff, contractors and Residents. Multiple personnel files were reviewed to assess the hiring process and background checks.</p> <p data-bbox="242 1798 1458 1856">The auditor and the PREA Compliance Manager continued to work together following the on-site phase of the audit, when additional information was needed; all information requested was provided in a timely manner.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Superintendent and the PREA Compliance Manager ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.</p> <p>Interviewed administrators indicated the PREA Report as well as annual reports are posted for public viewing and reviewing and the PREA Report, like the last PREA Report, will be posted within 90 days of issuing the final report to the facility.</p> <p>The auditor reviewed the Agency's website and reviewed the previous PREA reports as well as annual reports that were posted on the website. The auditor downloaded the last PREA audit for Smith Transitional Center from the agency's website all Georgia facilities audits can be accessed on the Georgia Department of Corrections website at <a href="http://www.dcor.state.ga.us/">http://www.dcor.state.ga.us/</a>.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes



<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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 the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	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 residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, 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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes



<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes



<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident 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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes