

PREA Facility Audit Report: Final

Name of Facility: Smith Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/04/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Cynthia Swier	Date of Signature: 12/04/2024

AUDITOR INFORMATION	
Auditor name:	Swier, Cynthia
Email:	swierconsultants@gmail.com
Start Date of On-Site Audit:	11/04/2024
End Date of On-Site Audit:	11/05/2024

FACILITY INFORMATION	
Facility name:	Smith Transitional Center
Facility physical address:	8631 Highway 301 North, Claxton, Georgia - 30417
Facility mailing address:	PO BOX 869, CLAXTON, Georgia - 30417

Primary Contact

Name:	Lee C. Clark
Email Address:	Lee.Clark@gdc.ga.gov
Telephone Number:	912-739-2048

Facility Director	
Name:	Lee C. Clark
Email Address:	Lee.Clark@gdc.ga.gov
Telephone Number:	912-739-2048

Facility PREA Compliance Manager	
Name:	Melanie Nettles
Email Address:	melanie.nettles@gdc.ga.gov
Telephone Number:	912-739-1018

Facility Health Service Administrator On-Site	
Name:	Cordia Smith
Email Address:	CSmith18@teamcenturion.com
Telephone Number:	912-739-5391

Facility Characteristics	
Designed facility capacity:	213
Current population of facility:	208
Average daily population for the past 12 months:	209
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
<p>Age range of population:</p>	18-99
<p>Facility security levels/resident custody levels:</p>	minimum, medium, close
<p>Number of staff currently employed at the facility who may have contact with residents:</p>	48
<p>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</p>	11
<p>Number of volunteers who have contact with residents, currently authorized to enter the facility:</p>	2

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

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

Telephone Number:	
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Agency-Wide PREA Coordinator Information			
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Name:	Grace Atchison	Email Address:	grace.atchison@gdc.ga.gov
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Facility AUDIT FINDINGS

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:	
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4	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training • 115.233 - Resident education • 115.241 - Screening for risk of victimization and abusiveness
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Number of standards met:	
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37	
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Number of standards not met:	
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0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-11-04
2. End date of the onsite portion of the audit:	2024-11-05

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	213
15. Average daily population for the past 12 months:	208
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	204
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>N/A</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>51</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	N/A
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. 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 type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" 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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Selections were made randomly from each of the housing units.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The following targeted populations were not present at the facility:</p> <ul style="list-style-type: none"> LEP Physically Disabled Blind / Low Vision Deaf / Hard of hearing LGB - these are not tracked Transgender Reported Sexual Abuse Housed in Segregation for Reporting Sexual Abuse (there is no segregation housing) Risk of Sexual Victimization or Abusiveness <p>These categories were substituted with additional random resident interviews.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>40. 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>Staff indicated that there were none at the facility. The medical lists confirmed this.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff indicated that there were none at the facility. The medical lists confirmed this.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff indicated that there were none at the facility. The medical lists confirmed this.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff indicated that there were none at the facility. Interviews with staff and other residents confirmed this.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility doesn't track LGB. Interviews with staff and other residents did not indicate a knowledge of residents here who identified as such.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Staff indicated there were none at the facility. Interviews with staff, including medical staff and residents indicated that there were no transgender or intersex residents at the facility.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility advised they have had no reports of sexual abuse or sexual harassment in the previous 12 months. Staff interviews and residents interviewed corroborated this.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility database corroborated this as well as interviews with residents.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregation housing unit. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. Interviews with staff and residents as well as observations of the facility verified this.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Additional random resident interviews were conducted to augment the targeted populations who were not at the facility.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>

<p>52. 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>53. 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>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>This is a small facility, and many staff cover various areas and responsibilities in the facility. Some of these staff were also interviewed with specialized staff protocols.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. 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>

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

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>There were no volunteers at the facility as of the dates of the on-site audit.</p> <p>The mental health staff, criminal investigator do not have offices at the facility.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The following processes were observed / tested:</p> <ul style="list-style-type: none"> mail intake risk screening PREA orientation hotline access victim advocate access interpretation services signage supervision / staffing line of site cross - gender viewing
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

N/A

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	There were no reports of sexual abuse at the facility in the previous 12 months.

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reports of sexual harassment at the facility in the previous 12 months.</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. Interviews with staff and residents indicated that this has been the case. No one was aware of any incidents and the residents stated they believed the facility was safe and that if something were to happen, that staff is very responsive.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Corrections Consulting Services FKA PREA Auditors of America

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>GDOC, SOP 208.006, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>GDOC Agency Level Organization Chart</p> <p>Interviews:</p> <p>PREA Compliance Manager PREA Coordinator</p> <p>Findings (by provision):</p>

115.211 (a): The Georgia Department of Corrections has a policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The Standard Operating Procedure SOP 208.006 contains the bulk of the agency's sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency's zero-tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. The agency's policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The facility policy addresses the requirement of "Preventing" by establishing a zero-tolerance policy for sexual misconduct. The facility also has also designated a PREA Coordinator who reports directly to the Admin Operations Lieutenant. In addition, the facility conducts criminal backgrounds of both staff, contractors and volunteers and provides PREA education for inmates both through written materials as well as through an information video and signage throughout the facility. The policy addresses the requirement of "Detecting" by requiring training for staff, volunteers and contractors and intake/risk screening of inmates. The policy addresses the requirement of "Responding" by mental health and medical services, investigations, disciplinary action against staff and inmates, sexual abuse and sexual harassment reporting, incident reviews following the investigation, and victim services such as provisions for emotional support during and after investigations. This policy provides for the requirements of the PREA standard and how the agency approaches sexual safety in the facility.

115.211(b): The agency has designated an agency wide PREA Coordinator (PC) who oversees and coordinates the efforts of the agency to comply with Federal PREA standards including development and implementation of policy, staff training and inmate education. The PC coordinates the collection of data and the preparation for each three-year cycle of audits required by the standards. The auditor interviewed the PC and confirmed that she has other responsibilities, but dedicates a majority of her time in oversight of the agency's efforts to comply with the PREA standards. She has direct access to the Commission in her chain of command and will report PREA issues directly to him. She stated in her interview, that when she encounters any issues that may come up which may put the facility in non-compliance with a PREA standard, she consults with other administrators in the facility to formulate a corrective action plan in order to satisfy the standard.

115.211(c): In response to the standards, each GDOC facility has assigned a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the standards. This is specified in SOP 208.06, pp. 7-8. The PCM ensures the facility works to achieve compliance in all areas of the standards. The PCM is responsible for monitoring and providing assistance in areas such as staff training, education, reporting, documentation and investigation of PREA related allegations. This position serves as a member of the incident review team and as a contact for persons outside the agency on issues related to PREA requirements.

	<p>The facility's Standard Operating Procedure, Organization Chart, as well as the interviews with the PC and PCM confirm that the facility has PREA implementation in compliance with this standard. The preparation by the PCM for this audit and overall incorporation of institution sexual safety practices demonstrates that the PCM has the time and authority to incorporate the policies and practices for the agency. Smith TC has demonstrated a deep commitment to promoting and enforcing a zero-tolerance policy for all forms of sexual abuse and harassment. In addition to policies, the facility has displayed prominent signage, literature, and handbooks. Based on this, the standard is determined to be compliant and is rated as exceeds.</p>
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115.212 Contracting with other entities for the confinement of residents	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Private and County Facilities Contracts</p> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings (by provision):</p> <p>115.212 (a): The agency does have contracts with other agencies for the confinement of inmates. Currently, the GDOC has twenty-six (26) contracts for the confinement of inmates. These contracts require the contracted agencies to adopt and comply with the PREA standards.</p> <p>115.212 (b): The GDOC requires that the agency monitors the contractor's compliance with PREA standards. The interview with the Agency PC indicated that all of the contracts require that all contractor staff have completed required trainings which includes PREA. Annual site visits are conducted and part of the</p>

	<p>review criteria includes PREA. In addition, the PC indicated that PREA allegations are immediately addressed upon notice from the contractor. The contractors post the PREA audit certificate and reports to their website upon completion of the audit. The contractor is required to submit the complete audit report to the GDOC. The contractor facilities follow the DOJ 3-year PREA audit cycle. The contract states, "The contractor must subject itself to a Department of Justice (DOJ) PREA Audit at least once every three (3) years beginning August 20, 2013, and will be solely responsible for paying for a PREA audit as required by this contract."</p> <p>Based on the information in the PAQ, a review of the contracts, as well as the interview with the agency Contract Administrator, this standard is determined to be compliant.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDOC, SOP 208.006, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDOC, 208.06, Attachment 11, Facility Staffing Plan Facility Staffing Plan</p> <p>Interviews:</p> <p>Facility Director PREA Coordinator</p> <p>Observations:</p> <p>Site review observation of the facility staffing (staff, contractors and volunteers present including security and non-security) Staff line of sight (blind spots) Rounds in housing areas</p> <p>Findings (by provision):</p> <p>115.213 (a): The facility provided their staffing plan in the PAQ. The document is</p>

well written and provides specifics regarding staffing in the facility. The plan includes a review of the inmate population, video monitoring, physical plant and the coverage plan for staff. The Facility Director (Superintendent) was interviewed and stated that compliance with the staffing plan is checked through regular assessments and audits, comparing planned staffing levels with actual staff on duty. These assessments also include the PCM. The PCM was also interviewed and corroborated that the staffing plan is reviewed regularly. The staffing plan is documented and takes into consideration all requirements under this provision. The staffing plan is predicated on the average daily number of inmates. During the site review, the auditor observed that adequate staff appeared to be present in housing areas, work, education and other program areas. Mirrors were observed which serve to augment staffing and provide coverage for monitoring. There were no issues or concerns noted for understaffing, overcrowding or poor line of sight. Informal conversations with staff and inmates indicated that staff regularly make rounds in the housing units and program areas.

115.213 (b): The facility notes any deviations from the staffing plan and provided a memorandum stating that there have been no deviations to the staffing plan. Interviews with the Director indicated that the facility has a staffing plan and provided copies. All areas of the facility where residents are housed and work are supervised by staff at all times. The supervisors must abide by the staffing indicated in the post orders and document any changes. Supervisors may require staff to stay over from their regular shifts or call in off duty staff to ensure adequate staffing. supervision practices and staffing presence. The residents interviewed indicated that the officers make regular rounds and that they have an overall feeling of safety in the facility. Informal conversations with staff indicated that they routinely make rounds and look for incidents or abnormal behavior as well as checking blind spots and areas where inmates regularly congregate.

115.213 (c): The annual staffing plan was provided to the auditor and reviewed. The required factors of the staffing plan were included in the staffing plan. The PC confirmed in the interview that the staffing plan is reviewed annually and that she has input into assessments and adjustments to the staffing plan.

Based on a review of the PAQ, SOP 208.06, the facility staffing plan, the annual staffing plan review, interviews with the director, PCM and supervisory staff, informal interviews with supervisor staff and residents, this standard is determined to be compliant.

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

Documents:

Pre-Audit Questionnaire

GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

GDC In-service Training Records

Training Curricula - Searches

Interviews:

Random Staff

Random Residents

Transgender Residents - none at the facility

Informal conversations with staff and residents regarding search procedures, cross-gender viewing, knock and announce procedures, frequency of knock and announce and unannounced rounds conducted by supervisors

Observations:

Site review of the facility - observation of areas used to conduct strip searches, visual body cavity searches and pat-down searches

Areas where residents shower, change clothes, use toilet

Housing Units

Medical Areas

Intake Cells / Showers / transport holding areas / recreation areas

Mirrors and placement / angle of vision

Methods used to alert inmates of opposite gender staff entering housing area

Notice to Residents Postings in English and Spanish of male and female staff routinely working and visiting the housing areas

Findings (by provision):

115.215 (a): GDC SOP 208.006 prohibits staff from conducting cross gender strip searched and cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The policy also specifies the requirements for strip searches, body cavity searches and the requirement for documentation of cross-gender searches. The PAQ states that there were no cross-gender strip search conducted at the facility in the past twelve months. Interviews with staff indicates that inmates are strip searched by staff of the same gender as the resident. Interviews with residents also indicated that this was the practice. During the site review, observations were made in the intake area of locations for conducting searches of residents. The staff in this area advised that searches are done by staff of the same gender as the inmate. These searches are conducted in an area that is not visible to other residents or to staff who are not part of the search. These areas provide privacy to the residents from staff of the opposite gender as well as from other residents. Interviews with residents and staff

indicated that cross-gender strip searches are not allowed or conducted.

115.215 (b): The facility does not house female residents.

115.215 (c): GDC SOP 208.06 requires the documentation of all cross-gender strip searches, and all cross-gender visual body cavity searches of residents. The PAQ indicated that in the previous 12 months, the facility has had no cross-gender strip searches or body cavity searches. The facility does not house female residents.

115.215 (d): GDC SOP 208.06 states that the facility shall implement procedures that enables prisoners to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, all staff of the opposite gender of the inmates are required to announce their presence when entering the housing units. Interviews with random residents and random staff indicated that the residents have privacy when showering, using the restroom and changing clothes. Interviews also indicated that staff announce their presence when entering the housing units. This announcement was observed by the auditor during the site review. During the site review, the auditor observed in the housing areas that there were curtains on the showers and the showers were single person showers. Posted notices to the inmates were visible in the housing units and stated that male and female staff routinely work and visit inmate housing areas. These postings were in English and Spanish.

115.215 (e): GDC SOP 208.06 states that staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PAQ indicated that there have been no searches of this nature within the past twelve months. There were no transgender residents at the facility as of the dates of the on-site audit, therefore these residents were not able to be interviewed. Interviews with staff indicated that residents would not be searched to determine their genital status. This would be referred to medical for handling and through conversations with the resident.

115.215 (f) Security staff are required to be trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. are utilized to train security staff on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. The 2024 GDC In-Service Training record was provided which includes a section which addresses this standard. The PAQ indicated that 100% of security staff have received the PREA training. A review of a random sample of training records indicated that staff have received this training.

Based on a review of the PAQ, GDC SOP 208.06, GDC In-Service training records, observations made during the site review to include the opposite gender announcements, signage for knock and announce, privacy signage, privacy barriers, shower curtains, half walls in toilet and shower areas, the intake and medical areas, video surveillance, staffing in areas with open bar cells, as well as information from

	interviews with inmates and staff, this standard is determined to be compliant.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP 208.006, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 PREA Information Offender Guide / English and Spanish Lionbridge Telephonic Interpretation User Guide</p> <p>Interviews:</p> <p>Agency Head Residents with Disabilities Limited English Proficient (LEP) Residents - none</p> <p>Observations:</p> <p>PREA Informational Signage</p> <p>Findings:</p> <p>115.216 (a): GDC SOP 208.006 outlines the procedures which 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. Residents who are blind, low vision or who have cognitive disabilities will be read the PREA information by staff and residents who are deaf would be provided material they can read. The PREA video shown to residents is in English and Spanish and also has closed captioning. Almost all residents interviewed mentioned this video. The facility also has a contract with Lionbridge Translation Interpreting which will translate languages for residents who are limited English proficient as well as provide Video Relay Interpretation services for residents who are hard of hearing and ASL services for residents who are deaf. An interview with a resident who had cognitive disabilities indicated that he was given PREA information in a format he can understand. There were no residents at the facility at the time of the on-site audit who were physically disabled or who were deaf, blind or limited English proficient, therefore, none of these residents were interviewed. A</p>

review of the resident files indicated that they received PREA information in a format they could understand. PREA signage was also posted throughout the facility in English and Spanish. A PREA information pamphlet is provided to residents during the intake process. This pamphlet is in English and Spanish.

Documentation of electronic staff signatures was reviewed by the auditor which documents the PREA staff training for compliant practices for residents with disabilities. The interview with the Agency Head indicated that the agency ensures that communication and accessibility needs are met, enabling all residents to fully engage in sexual abuse and harassment prevention and reporting efforts and access support and resources without discrimination. The Agency Head also verified that the agency has contracts with interpreter services.

115.216 (b): GDC 208.006 addresses the policy 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, including steps to provide interpreters who can interpret effectively, accurately and impartially. 208.06 Attachment 17 and 18 PREA Offender Brochure in English and Spanish are also provided to the residents upon intake. The facility also has a contract with Lionbridge Interpreting which can be utilized to translate for residents who are LEP. Interviews with the Agency Head indicated that residents are provided PREA information in a format they can understand. There were no LEP residents housed at the facility as of the dates of the on-site audit, therefore, none were able to be interviewed. PREA signage was observed to be posted throughout the facility in both English and Spanish. The PREA Informational Brochure provided to the residents at intake is also in English and Spanish. Annual Training documentation was provided for staff on PREA-compliant practices for residents with Limited English Proficiency and disabilities.

115.216 (c): GDC 208.006 prohibits the use of resident interpreters, readers or other types of resident assistants for instances of sexual abuse or sexual harassment allegations. GDC utilizes Lionbridge Telephonic Interpretation Services for translation for LEP residents. The Lionbridge User's Guide was provided to the auditor in the PAQ. The PAQ stated that there were no instances in the previous 12 months where residents were utilized to interpret for other residents. Interviews with staff also indicated that in these situations, only staff are utilized to interpret for LEP residents. There were no LEP residents housed at the facility during the on-site audit, therefore, no LEP residents were interviewed. Interviews with a cognitively disabled resident indicated that other residents were not utilized to provide them PREA information.

Based on a review of the PAQ, GDC 208.006, The Lionbridge Translation Guidebook, the PREA Offender Guidebook (English and Spanish), interviews with the Agency Head, cognitively disabled inmate, random inmates as well as random staff and observations during the site review of PREA signage, this standard is determined to be compliant.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <p data-bbox="280 416 1465 819"> Pre-Audit Questionnaire GDC, SOP 208.006, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP 104.09, Filling a Vacancy, 5/25/2022 GDC, SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, 10/13/2020 GDC Applicant Verification, Attachment 4 Staff Personnel Files Contractor Files Volunteer Files </p> <p data-bbox="280 904 437 940">Interviews:</p> <p data-bbox="280 981 600 1016">Human Resource Staff</p> <p data-bbox="280 1088 612 1124">Findings (by provision):</p> <p data-bbox="280 1160 1458 1778"> 115.217 (a): GDC 208.006 states that the agency will not hire or promote anyone who may come in contact with residents and will not enlist the services of any contractor who may have contact with resident who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did no consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described. GDC SOP 104.09 specifies the application process and the review and reference checks for applicants. The GDC Applicant Verification contains questions which ask if the applicant has engaged in sexual abuse, been convicted, civilly committed and the outcomes of any such allegations. A review of staff personnel files indicated that all staff are asked about these incidents in their application. All staff, volunteers and contractors have a background completed prior to authorization to begin working at the facility. </p> <p data-bbox="280 1818 1458 2020"> 115.217 (b): GDC 208.006 indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with residents. An interview with Human Resource staff indicated that incidents of sexual harassment is considered when hiring or promoting staff or enlisting the services of any contractors. </p> <p data-bbox="280 2056 1474 2092"> 115.217 (c): GDC 208.006 and 104.09 state that the facility is required to conduct a </p>

criminal background check and 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 before hiring new employees who may have contact with residents. The PAQ stated that 12 persons were hired in the past twelve months and have received a criminal background check and prior institutional employers were contacted. A review of the provided clearances indicated that 100% had a criminal background check conducted prior to hire. An interview with Human Resource Staff indicated that all staff are required to have a criminal background check before they are hired. All law enforcement agencies are contacted related to any information on any prior substantiated allegations of sexual abuse or resignations while under investigation. Applicants are required to complete a questionnaire with self-reporting questions. HR also completes a questionnaire on applicants regarding other crimes in addition to the required PREA questions.

115.217 (d): GDC 208.006 states that the facility is required to perform criminal background records checks before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there have been 11 contractors who have had a criminal background check conducted in the previous twelve months. A review of random contractor files indicated that criminal background checks were completed prior to working at the facility.

115.217 (e): GDC 208.006 and SOP 104.18 outline the system that is in place to capture criminal background information. The agency policy requires that criminal background records checks will be conducted on all current employees, volunteers and contractors who may have contact with residents before hiring and at least every five years thereafter. The interview with the HR manager indicated that HR staff conduct criminal history checks for all employees every year. Documentation of these checks was provided and reviewed by the auditor.

115.217 (f): GDC 208.006 states that the agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of staff applications indicated that all staff were asked about these incidents in their supplemental applications. The interview with a staff member in Human Resources confirmed that these questions are contained on the employment application supplement which is required for all applications.

115.217 (g): GDC 208.006 and SOP 104.09 state that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The interview with Human Resource staff confirmed that any false information would result in an employee or contractor being terminated.

115.217 (h): GDC 208.006 states that the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such

	<p>employee has applied to work. Human Resource staff confirmed in their interview that this information would be provided when requested.</p> <p>Based on a review of the PAQ, GDC 208.006, SOP 104.09, SOP 109.18, Attachment 4, staff, contractor and volunteer files, as well as information received from the interview with Human Resources staff, this standard is determined to be compliant.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>Agency Head Director</p> <p>Findings (by provision):</p> <p>115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. During the site review, the auditor did not observe any substantial modifications to the existing facility. The interview with the facility director indicated that the facility has not made expansions and modifications since the last PREA audit. The interview with the Agency Head stated that the safety and security of all citizens, GDC facilities, staff and offenders is the number one priority. Any time there are substantial modifications, designing or an acquirement of a new facility, the agency's PREA Coordinator is consulted. The sexual safety of the offenders is considered throughout the modification process. Staff walk the area and consider minimizing blind spots, cross-gender viewing, camera placement, etc.</p> <p>115.218 (b): Per the PAQ, no additional cameras have been installed. The interview with the facility director indicated that staffing is always considered along with the need for video monitoring. The Agency Head stated in the interview that the agency recognizes the importance of monitoring technology and the impact it has on the sexual safety of the GDC offenders. The agency is constantly researching, designing or installing upgraded technologies throughout the facilities statewide.</p>

	Based on the PAQ, interviews with the Agency Head and the Director and observations of the physical plant, this standard is determined to be compliant.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP 208.006, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP 208.006 Attachment 5, Procedure for SANE Evaluation / Forensic Collection GDC, SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders, 08/11/2022 GDC, SOP 103.10, Evidence Handling and Crime Scene Processing, 03/23/2018 GDC Contract with Sexual Assault Response Team MOU with The Teal House MOU with Mary's Place PREA Staff Victim Advocacy Certification</p> <p>Interviews:</p> <p>Random Staff PREA Compliance Manager Residents Who Reported a Sexual Abuse - none Investigative Staff</p> <p>Observations:</p> <p>Site Review</p> <p>Findings (by provision):</p> <p>115.221 (a): GDC SOP 208.006 outlines the uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The GDC conducts their own administrative and criminal investigations, in conjunction with the Criminal Investigations Division</p>

(CID) who conducts an investigation of all criminal allegations of sexual abuse. The local Sexual Abuse Response Team (SART) is responsible for the administrative investigation of all allegations of sexual abuse and sexual harassment. A checklist is completed for all PREA allegations. At the conclusion of each SART investigation, a PREA investigative summary is completed. GDC SOP 103.06 specifies the detailed requirements for conducting sexual abuse investigations. Interviews with Investigators indicate that they follow a uniform evidence protocol. Interviews with random staff indicate that they do not collect evidence, but they do preserve the scene so that any usable evidence can be obtained by investigators.

115.221 (b): The GDC follows a uniform evidence protocol as outlined in SOP 103.06 and SOP 103.10. The PAQ indicated that the protocol is developmentally appropriate for youth as well as adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult / Adolescents."

115.221 (c): The facility conducts forensic medical examinations on-site. The GDC has a contract with the Sexual Assault Team to conduct forensic exams by SANE licensed nurses who possess SAFE or SANE credentials. Per the SOP 208.06 Attachment 5, these exams would be conducted without financial cost to the inmate victim. The PAQ indicated that in the past twelve months, there were no forensic exams conducted by SAFE/SANE.

115.221(d): The facility has two MOUs to make available a victim advocate from a rape crisis center. The PAQ indicated that these MOUs are with the Teal House and Mary's Place. A Victim Advocate Training Certificate was also provided for a staff member - the PCM. During the site review, the advocacy information was observed on PREA signage throughout the facility and in the housing units. Interviews with the PREA Compliance Manager indicated the services offered by the facility staff. There were no residents at the facility as of the dates of the on-site audit who had reported a sexual abuse.

115.221 (e): Interviews with the PCM indicated that victim advocate services are provided. The facility provided in the PAQ documentation of the PCM's victim advocacy training certification as well as MOUs for two (2) Victim Advocacy providers in the community. The interview with the PCM indicated that victim advocacy services are offered and provided. There were no residents at the facility during the dates of the on-site audit who had reported a sexual abuse.

115.221 (f): This section is not applicable since the agency is responsible for investigating all administrative and criminal allegations of sexual abuse. These investigations are conducted by the facility investigator and/or the CID. The Criminal Investigations Division and the facility investigator conduct criminal cases, and the facility investigator conducts the administrative investigations.

115.221 (g): This section does not apply. The agency conducts all administrative and criminal investigations. The facility investigator conducts both administrative and criminal investigations and the CID conducts the criminal investigations.

	<p>115.221 (h): The facility has MOUs with two (2) outside victim advocacy services. Advocacy services are also provided by trained facility staff.</p> <p>Based on a review of the PAQ, SOP 208.006, SOP 208.006, Attachment 5, SOP 103.06, SOP 103.10, the GDC contract with SART, a staff training certificate, MOUs with victim advocacy organizations and information from interviews with staff and residents, as well as observations made during the facility site review which included posting of advocacy information, and confirmation of communication ability by residents, this standard is determined to be compliant.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>GDC, SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders, 8/11/2022</p> <p>Agency Web Page</p> <p>Interviews:</p> <p>Agency Head Investigative Staff</p> <p>Findings (by provision):</p> <p>115.222 (a): GDC SOP 208.06 specifies the administrative and criminal investigation process. The policy requires that all allegations will be investigated. The PAQ along indicated that all reported allegations of sexual abuse and sexual harassment would be investigated, however, there have been no reports in the previous 12 months. The interview with the Agency Head stated that the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and also stated that an</p>

administrative SAR investigation is completed for all offender alleged victims of sexual abuse and sexual harassment. Allegations that have criminal components are forwarded to the GDC, Office of Professional Standards for criminal investigation. He further stated that an administrative or criminal investigation for allegations of sexual abuse or harassment involves several steps. Once a sexual abuse or sexual harassment allegation is received, the facility SART investigator is notified immediately, and first responder protocols are initiated. If the allegation meets the criteria for a criminal investigation, the Office of Professional Standards, Special Agent in charge, is simultaneously notified and assigns the case immediately to a qualified criminal investigator. The Criminal Investigator will have authority over the SART investigator if the case meets the criteria for criminal investigation. All allegations involving sexual assault are immediately reported to the facility and Executive Leadership immediately. The PAQ indicated that there were no allegations received at the facility in the past twelve (12) months.

115.222 (b): GDC SOP 208.06 and SOP 103.06 outline the administrative and criminal investigation process. The policy directives ensure that allegations of sexual abuse or sexual harassment are referred to investigation. The agency investigators have the legal authority to conduct criminal investigations. The interview with the facility investigator confirmed that all allegations of sexual abuse and sexual harassment are referred for investigation. There were no reports of sexual abuse or sexual harassment in the previous 12 months and no referrals made for criminal investigations.

115.222 (c): This provision is not applicable. The GDC conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator.

115.222 (d): This provision is not applicable. The GDC conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator.

115.222 (e): This provision is not applicable. The GDC conducts criminal and administrative investigations, however the Criminal Investigations Division (CID) is the agency responsible for solely investigating criminal allegations of sexual abuse. This was confirmed by review of the agency website and interviews with the Agency Head and investigator.

Based on a review of the PAQ, SOP 208.06, SOP 103.06, the agency website, and information from interviews with the facility investigator and the Agency Head, this standard is determined to be compliant.

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>PREA Training Curriculum</p> <p>Employee PREA Training Acknowledgement</p> <p>LGBTI Training Certificates</p> <p>GDC 2024 In-Service Training Record</p> <p>Interviews:</p> <p>Random Staff</p> <p>Findings (by provision):</p> <p>115.231 (a): GDC SOP 208.06 indicates that all staff are trained on a yearly basis. A review of the PREA Training Curriculum confirms that the agency trains all employees who may have contact with residents on: the zero-tolerance policy, dynamics of sexual abuse in Detention, signs of sexual abuse (abuse awareness), handling disclosures (confidentiality/reporting), common reactions, responding to victimized residents, professional communication, coordinated response review, maintaining boundaries, staff duty to report. These trainings include training on PREA prevention, detection, reporting and response policies and procedures. The GDC also trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. This is included in the PREA Training Curriculum. This curriculum that the agency trains 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 and the dynamics of sexual abuse and sexual harassment in confinement, the common reactions 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-nonconforming residents and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with random staff indicated that staff recall being trained on these topics. A review of a sample</p>

of staff training records indicated that they have received PREA training on the previous mentioned topics. The facility also provided a listing of electronic training rosters.

115.231 (b): GDC SOP 208.06 states that training is tailored to the gender of the residents in the facility. The facility houses only male residents. According to the PAQ, training is mandatory for all staff regarding male residents. A review of the sample of staff training records indicate that all staff receive the same training which addresses male residents. If a staff member is transferred to a facility housing female residents, they will then receive additional training.

115.231 (c): The GDC SOP 208.06 specifies that the Department shall provide each employee with refresher training annually to ensure employees know the Department’s policies and procedures. The PAQ also indicated that the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The agency documents that employees understand the training they have received through employee signature or electronic verification. Interviews with staff confirm that they have all received PREA training and that they receive this training through the formalized annual training.

115.231 (d): The PAQ indicated that all staff are required to electronically sign an acknowledgment that they have read and understood the PREA training. A review of a sample of staff training records indicated that all of those reviewed and electronically signed that they understood the training they had received.

Based on a review of the PAQ, SOP 208.06, the PREA Training Curriculum, staff training records, training acknowledgement electronic signatures, as well as interviews with staff and the PCM, this standard is determined to be compliant and is rated as exceeds. Smith TC has taken intentional steps to exceed the training requirements by ensuring all staff complete PREA training during annual in-service sessions, via the NIC website, and through ongoing reinforcement in shift briefings and departmental meetings. The facility maintains certifications and rosters as evidence of regular, thorough training, which reinforces both PREA standards and professionalism in staff interactions with offenders.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

Pre-Audit Questionnaire

GDC Volunteer / Contractor PREA Training

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Volunteer Training Records

Contractor Training Records, Attachment 13

Volunteer / Contractor Training Curriculum

Interviews:

Volunteers

Contractors

Findings (by provision):

115.232 (a): GDC SOP 208.06 states that all volunteers and contractors, who have contact with residents, will be trained on their responsibilities under the agency's Prison Rape Elimination Act (PREA) policy. The type and level of training is based on the services they provide and level of contact they have with residents. The PAQ indicated 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. The PAQ further indicated that in the past year, 13 volunteers and contractors have received PREA training. The PCM advised that the GDC Volunteer / Contractor PREA Training is used to train all contractors and volunteers. A sample of volunteer and contractor training records indicate that they have signed an acknowledgement of training. There were no volunteers at the facility during the on-site portion of the audit, therefore, no volunteers were able to be interviewed. Interviews with contractors indicated that they have received PREA training and that they receive this training at least annually.

115.232 (b): The GDC SOP 208.06 requires that all volunteers and contractors who have contact with residents be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed regarding how to report such incidents. The PAQ indicated that all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. They are notified of this policy in the PREA training they are required to attend when they are first hired or approved to enter the facility, and annually every year thereafter. During the site review, PREA signage was observed throughout the facility reminding all staff and volunteers of the zero-tolerance policy. A review of the training records for contractors and volunteers indicated that they have received training on the zero-tolerance policy. Interviews with contract staff indicate that they were all received this training. There were no volunteers at the facility

	<p>during the on-site portion of the audit, therefore, no volunteers were able to be interviewed.</p> <p>115.232 (c): The PAQ indicated that all volunteers and contractors sign off for the training they have received on. A review of a sample of training records for both volunteers and contractors indicate that they have received training on PREA. This documentation included signed acknowledgements. Interviews with contract staff also verified they had received training. Three volunteers were interviewed during the on-site audit. There were no volunteers at the facility during the on-site phase of the audit, therefore, there were no volunteers who were able to be interviewed.</p> <p>Based on a review of GDC SOP 208.06, the GDC Volunteer/Contractor PREA Training, volunteer and contractor training records, and interviews with contractors this standard is determined to be compliant.</p>
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Resident PREA Training Acknowledgements (Brochure and Education and Orientation)</p> <p>PREA Offender Brochure (Attachment 17 - English and Attachment 18 - Spanish) (Braille)</p> <p>PREA Poster (English and Spanish)</p> <p>Dialing Instructions (English and Spanish)</p> <p>Smith TC Handbook</p> <p>Interviews:</p>

Intake Staff
Random Residents
Limited English Proficient (LEP) Residents
Deaf / Hard of Hearing Residents
Cognitive Impaired Residents
Vision / Blind Residents
Physically Disabled Residents
Informal conversations with staff
Informal conversations with residents

Observations:

Intake Area
Intake Process
PREA Signs in English and Spanish
Comprehensive PREA Education Process (video and in-person) (video in English and Spanish and close captioned)

Processes Tested:

Intake Process
Facility process for securing interpretation services on-demand
Residents' ability to access interpretation services and anonymous reporting ability

Findings (by provision):

115.333 (a): The GDC SOP 208.06 outlines the requirement for residents to receive PREA education. This policy states that all residents, during intake, will receive orientation explaining the facility zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition to verbal information, offenders are provided either an Attachment 17, PREA Offender Brochure (English) or an Attachment 8, PREA Offender Brochure (Spanish) is provided to each inmate in the resident's property bag during dress out with information on self-protection and prevention techniques, treatment and counseling and reporting methods. Posters containing sexual assault awareness and reporting information are posted in the intake vestibule. This signage was observed by the auditor on-site. An informational video which contains PREA educational information is shown to the residents upon their arrival to the facility. This video is in English, Spanish and closed captioned. The PAQ indicated that in the previous 12 months 361 residents have received information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This is equal to 100%. The resident handbook also provides information on the zero-tolerance policy as does the PREA Informational Brochure given to residents at intake. The auditor observed the intake process and was given an overview by staff. Residents are provided with the Resident Handbook and given PREA information brochure which is read by the residents and if,

necessary, read to the resident by staff. PREA information is posted in the intake area and is readily visible. Interviews with residents indicated that they were provided PREA information the same day they arrived at the facility. Interviews with intake staff also indicated that they provide this information to the residents upon arrival at the facility. Mental health staff, program staff and security staff are involved in providing the information to residents with cognitive or functional disabilities. For residents who do not speak English or are unable to read in their native language, the facility can utilize the interpretation service for translations and staff who are designated as translators are also utilized to read and explain the PREA information. These systems were tested and demonstrated to the auditor by staff. LEP residents were given information in Spanish and shown the PREA informational video in Spanish. A resident with a cognitive disability was interviewed and he indicated that he was presented the PREA information in a manner that he could understand and that staff explained policies, etc. to him. Intake records of residents were reviewed and corroborated that they received the information at intake (signatures). The policies, video and other materials provided by the facility were reviewed by the auditor to ensure that relevant information was covered.

115.333 (b): GDC SOP 208.06 states that the facility will provide comprehensive education to residents within 30 days of intake, either in person or via video regarding the residents' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ indicated that in the past twelve months, there were 361 residents who received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those remaining at the facility for longer than 30 days. A review of resident files indicated that there was documentation of the completed PREA training within 30 days of intake (signatures). The video is played for the residents with staff who can answer any questions or concerns. Interviews with staff indicated that they provide comprehensive inmate education regarding PREA within 30 days of their intake. Random residents were interviewed and they indicated that they had received PREA education via the video. They stated that this information is also in the brochures they are given. Interviews with intake staff indicated that the video is played in the intake area during the intake process, also. The video was reviewed by the auditor and does contain the required information as outlined in the PREA standards. This video is in English, Spanish and has closed captioning options. The inmate PREA brochure was also reviewed by the auditor to ensure that relevant information is covered.

115.333 (c): The PREA standards were effective as of 2013 and all residents were required to be trained as of 2014. Current residents have all received PREA education as indicated by a review of a sample of resident files. Interviews with residents and with intake staff also indicate that the inmates receive the PREA information at intake and comprehensive PREA education within 30 days of their arrival.

115.333 (d) GDC SOP 208.06 specifies the procedure to provide PREA education in

formats accessible to all residents, including those who are limited English proficient (LEP), deaf, visually impaired otherwise disabled, as well as to residents who have limited reading skills. The policy states that if residents are blind or with low vision or have a cognitive disability, the PREA information would be read to them.

Residents who are deaf or hard of hearing would be provided with reading material and the ability to view the PREA video with closed captioning and/or American Sign Language. LEP residents would be provided the PREA information (brochure and video) in Spanish or a staff member would translate for them. If a translator was unavailable at the facility, the translation service would be utilized. There were no LEP residents interviewed on-site, since there were none at the facility at the time of the on-site audit. There were also no deaf, visually impaired or physically impaired residents at the facility as of the dates of the on-site audit, therefore, none were able to be interviewed. A review of the resident files indicated that they were given information in a format they could understand. During the site review of the facility, PREA signage was observed in English and Spanish, with large font. The auditor reviewed the PREA Offender Brochure in English and Spanish) and determined that these documents covered the information required by the PREA standards. Deaf residents are given the documents to read and if they are unable to read, ASL will be provided to them via the language service. Residents who are visually impaired would be read the information and would be able to listen to the PREA video. PREA education is also available in Braille.

115.333 (e): GDC SOP 208.06 requires that the agency maintains documentation of resident participation in PREA education sessions. This is documented on the Handbook Acknowledgment Form, the PREA Training Acknowledgement and the PREA Orientation Video Acknowledgement Form. Review of these documents verified that the agency maintains documentation of resident participation in these education sessions.

115.333 (f): The PAQ indicated that PREA information is continuously and readily available or visible to residents through posters, resident handbooks and other written formats. This is accomplished by the PREA Offender Brochure (Attachment 17 and 18) in English and Spanish. The facility makes PREA information available to the resident population through PREA signage throughout various locations in the facility, and the PREA brochure. During the site review, the auditor observed the PREA signage and was able to view the PREA information on posters. Residents interviewed also indicated that they had received a PREA brochure and handbook and had seen the video.

Smith TC has made significant efforts to educate the offender population on PREA policies and practices. Upon arrival, each offender is provided with educational materials. The offenders also attend a classroom session of PREA training by the end of the same week as their arrival which reinforces PREA standards, offering an opportunity to ask questions. In addition to the initial education, staff continue to remind the offenders of the practices and policies through regular house meetings, offender-staff communication committee meetings and individual monthly

	<p>counseling sessions. Based on a review of GDC SOP 208.06, the PREA education video, the offender training acknowledgements, the PREA Offender brochures, and a sample of resident records, observations of the intake area, PREA signage and information obtained through interviews with intake staff, random residents, and a cognitively disabled inmate, this standard is determined to be compliant and is rated as exceeds.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>NIC Curriculum</p> <p>Investigator Training Certificates</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (by provision):</p> <p>115.234 (a): GDC SOP 208.06 requires that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training in conducting such investigations in confinement settings. The training is completed utilizing the National Institute of Corrections online course “Your role in responding to sexual abuse”.</p> <p>115.234 (b): GDC SOP 208.06 requires that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training which shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NIC Curriculum and the GDC SART Training were used for investigator training and contained the required topics. The investigator training records were reviewed and</p>

	<p>verified that the investigators had received the required training. The interview with facility investigator indicated that the previous mentioned topics were covered as part of the training they had received.</p> <p>115.234 (c): The PAQ indicated that there is one (1) facility investigator who has completed the specialized training. The training is conducted utilizing NIC Curriculum. A review of the training documentation confirms that staff have completed the specialized training and received a certificate of completion. The interview with the PCM indicated that the investigators who investigate sexual abuse and sexual harassment complete this training.</p> <p>115.234 (d): The GDC investigation team investigates criminal allegations of sexual abuse for the agency. This was confirmed by interviews with the PCM as well as by review of the PAQ, and the agency website.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, the NIC Curriculum, the investigator training records, and interviews with the PCM and investigator, this standard is determined to be compliant.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Medical and Mental Health Staff Training Records</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Findings (by provision):</p>

	<p>115.235 (a): GDC SOP 208.06 requires that all medical and mental health care staff are to complete training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The PAQ states that 1 medical and mental health staff has completed the required training which is equivalent to 100%. A review of the curriculum for the specialized training indicates that the required topics are covered. A review of the training record for the medical and mental health staff indicated that she had received the required training. Interviews with medical and mental health staff also verified that they had received the training.</p> <p>115.235 (b): This provision does not apply. Forensic exams are not conducted by facility staff, but by contracted SART, which has SAFE/SANE staff. These specially trained staff conduct the forensic medical exams. Interviews with medical and mental health staff confirm that they do not perform forensic medical exams.</p> <p>115.235 (c): GDC SP 208.06 requires that medical and mental health staff have completed the required training and that the training will be documented. The PAQ and a review of training documents for medical and mental health care staff confirm that they have received the required training and that the facility also maintains this documentation.</p> <p>115.235 (d): The facility provided documentation that medical and mental health staff receive the same PREA education as all other staff. The documentation provided to the auditor verified that medical and mental health staff have received PREA training. Interviews with medical and mental health staff also confirmed that they had received the same PREA training that is required for all other staff at the facility.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, medical and mental health training documentation, as well as interviews with medical and mental health staff indicate that this standard is compliant.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents:

Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Resident Risk Assessment and Reassessment Documentation

GDC, SOP 208.06 Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument

GDC, SOP 208.06 Attachment 14, GDC PREA Counseling Referral Form

Interviews:

Staff Responsible for Risk Screening

Random Residents

Informal Conversations with Staff

Informal Conversations with Residents

Observations:

Intake Area (screenings)

Physical Storage Area for Risk Screening Documents

Electronic Safeguards of Information Collected

Testing Processes:

Risk Screenings for Residents

Findings (by provision):

115.241 (a): GDC SOP 208.06 requires that all residents will be screened during intake using an objective screening instrument for their risk of being sexually abused by other residents or sexually abusive toward other residents. The SOP specifies this process and that an initial PREA assessment to determine the resident's potential risk of sexually assaultive behavior or sexual vulnerability will be conducted and will ensure appropriate housing based on the assessment. Information as to whether or not the resident is found to be a sexually violent predator will also be used as criteria in this assessment. The risk screening is conducted by counseling staff and is conducted in a setting which ensures as much privacy as possible and in a manner that fosters comfort and elicits responses. All information obtained during the PREA assessment and the initial classification interview process will be used to determine appropriate housing assignment of residents which could include administrative segregation. The SCRIBE Attachment 2, PREA Sexual Victim / Sexual Aggressor Classification Screening Instrument is the form used for these assessments. Per the policy, the assessment is to be completed

on all offenders during intake and upon transfer and will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival. During the site review of the facility, the auditor observed the intake area and was walked through the intake process by staff. The initial risk screening is conducted one-on-one with each resident as they are received into the facility. Staff ask the incoming residents questions which are on the questionnaire. This is completed the same day the resident arrives or the next day. An interview with staff who conduct the risk screenings indicated that the questions asked of the residents are conducted in a manner that fosters comfort and elicits responses. The screening staff utilize an instrument to collect information during the risk screening process and affirmatively ask residents about their sexual orientation and gender identify by directly inquiring if they identify as LGBTI in addition to making a subjective determination about perceived status. The screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive. Resident interviews indicated that they were asked the initial screening questions the same day they arrived at the facility.

115.241 (b): GDC SOP 208.06 states that all residents will be assessed during intake for their risk of being sexually abused by other residents as well as for their risk of being sexually abusive towards other residents within 24 hours of their arrival at the facility. The PAQ indicated that residents are screened within this time frame and that in the past 12 months, 361 residents were received at the facility. The PAQ indicated that 100% of these residents were screened within 72 hours. A review of a sample of resident records indicated that they were all screened at intake within 72 hours of arrival at the facility. Interview with staff who perform the intake screening also confirm that the screening is completed the same day the resident arrives at the facility or the next day. Interviews with residents also indicated that they remember being asked the screening questions the same day they arrived at the facility. Documentation of the screenings were provided to the auditor by the facility.

115.241 (c): A review of the GDC 208.06 Attachment 2 confirms that the required questions are asked utilizing an objective screening instrument. The questions are asked in yes and no format and are followed up by staff reviewing the documentation resident's electronic file.

115.241 (d): A review of the GDC 208.06 Attachment 2 confirms that the intake screening considers the following criteria to assess inmates for 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 previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions 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 they are detained solely for Immigration purposes. An interview with staff who performs risk screening indicated that all of these items are reviewed and included in the risk screening.

115.241 (e): A review of the GDC 208.06 Attachment 2 confirms that 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. Interviews with staff who perform risk screening confirm that these criteria are considered and are used to determine housing.

115.241 (f): GDC SOP 208.06 states that within 30 days from the resident's arrival at the facility, residents would be reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An interview with the PCM indicated that all residents are evaluated within 30 days for classification reassessment. Interviews with staff also indicated that residents are re-assessed within 30 days while incarcerated at the facility. Interviews with random residents also indicated that they were asked the risk screening questions and that other staff (counselors, medical, mental health) also ask these questions periodically. Those residents who were referred to mental health as a result of their initial answers to the risk screening questions were asked the screening questions again, but in a more informal format. Any time there is a change in the criteria on which the original classification was based; the resident's status may change requiring re-evaluation of custody and housing.

Changes in criteria may include conviction of charges, new information regarding detainer, pre-sentence reports, etc. The counselor shall make all changes in a resident's classification. Criteria for re-classification shall consist of, but not be solely limited to the following: inability to handle a particular situation, request from the resident request from staff, legal status change of the resident, adjustment problems at his/her current status, involvement in a serious infraction of facility rules and needs placement in administrative segregation or disciplinary confinement, victim of sexual assault, perpetrator of sexual assault, psychological instability." A review of the risk screening and re-assessments for a random sample of residents indicated that these were completed within the 30-day time frame.

115.241 (g): GDC SOP 208.06 states that residents would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Attachment 14, GDC PREA Counseling Referral Form was provided for review. Per the PAQ, 361 residents entered the facility in the past 12 months whose length of stay was 30 days or more and were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival. An interview with the staff responsible for risk screening indicated that residents are re-assessed within 30 days of their arrival at the facility and are reassessed whenever new information arises or if there are incidents occurring which may indicate a change is needed. Interviews with random residents indicated that they were asked the risk screening questions and many stated that they were asked these questions more than twice. A review of a sample of resident files indicated that they are being reassessed. There were no residents at the facility as of the dates of the on-site audit who had reported a sexual abuse, however, interviews with staff indicated that residents who alleged sexual abuse would be reassessed after their allegation

was made. Documentation was provided by the facility of residents with referrals for risk of victimization as well as for residents with risk of aggressive behavior. Interviews with staff who perform risk screening also indicated that this is the standard practice which helps them ensure that inmates are housed appropriately.

115.24 (h): GDC SOP 208.06 indicates that residents will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked in the risk screening tool. The PAQ also indicated that residents are not disciplined for refusing to answer any of these questions. Interviews with staff who perform risk screening indicated that residents are not disciplined for refusing to answer any of these questions or for not disclosing complete information in response to the questions. Interviews with random residents also confirmed that they are not disciplined for refusing to answer any of the screening questions.

115.241 (i): Interview with the PCM and the staff responsible for risk screening indicated that the facility has implemented appropriate controls on the dissemination within the facility of the responses to the risk screening questions pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. These staff stated that the information in the risk screening is only accessible to certain staff who are authorized based on their position in the facility. These staff include those who use this information to inform their decisions on housing assignment, and work/ programs. The information on the data base can only be accessed based on the security profile of these staff.

Smith TC has made significant efforts to ensure the offender population is appropriately screened for risk of sexual victimization and also for sexual abusiveness. Upon arrival, each offender is screened to assess their risk for abusiveness or victimization. A follow-up screening takes place within thirty days. Offenders have continued communication with staff through regular house meetings, offender-staff communication and individual monthly counseling sessions. Based on a review of GDC SOP 208.06, Attachment 2, Attachment 14, assessment and reassessment documentation, interviews with the PCM, staff who perform risk screening, random residents, observations of the intake area (screenings), electronic safeguards of information collected, and a walk-through explanation by intake staff of the intake and risk screening process, indicates that this standard is compliant and is rated as exceeds.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

PREA Staffing Plan 2024

GDC, SOP 220.09, Classification and Management of Transgender and Intersex Offenders

Resident Housing Assignments

Interviews:

PCM

Staff Responsible for Risk Screening

Transgender Residents - none at the facility

Lesbian, Gay, Bisexual (LGB) Residents - none at the facility

Observations:

Site review observations of shower areas

Findings (by provision):

115.242 (a): GDC, SOP 208.06 indicates that the facility utilizes information from the risk screening to determine housing, bed, work, 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. Interviews with the PCM and staff responsible for risk screening indicate that the information from the risk screening is used to make housing determinations and job and program determinations. Residents who are deemed to be at risk of being abused are housed separately from those residents deemed to be at risk of abusiveness.

The Staffing Plan was also provided which takes into account housing of residents to ensure sexual safety and the staffing of the housing units. The housing units have clear walls / windows which face the officers' station which enables visibility.

Residents who are need a higher level of supervision are placed near the front of the housing unit in order for staff to be able to supervise their safety.

115.242 (b): GDC, SOP 208.06 residents that the facility makes individualized determinations about how to ensure the safety of each inmate. The interview with staff responsible for the risk screening indicated that decisions are made regarding housing and that staff review the risk assessments to determine the safest housing assignments and work/program assignments. The interview with the PCM indicated that the counselors are involved in the housing of inmates based on the inmates' risk assessment.

115.242 (c): GDC, SOP 208.06 states that in deciding housing for transgender or

intersex residents, these decisions are made on a case-by-case basis, considering whether the placement decision would ensure the resident's health and safety and whether the placement would present management or security problems. GDC SOP 220.09 specified the process for reviewing transgender, Gender Nonconforming and Intersex residents for housing assignments. The interview with the PCM indicated that housing determinations for these residents would be considered on a case-by-case basis, factoring in whether a placement would present management or security problems. There were no transgender residents at the facility as of the dates of the on-site audit, therefore no transgender residents were interviewed.

115.242 (d): GDC, SOP 208.06 states that placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to the safety experienced by the inmate. The interview with the PCM indicated that all residents are reassessed at least every 6 months. The interview with staff responsible for risk screening indicated that the residents are seen by staff at least 2 times per year to review their housing assignments and to determine if any changes need to be made based on any other information. There were no transgender residents at the facility as of the dates of the on-site audit, therefore no transgender residents were interviewed.

115.242 (e): GDC, SOP 208.06 states that transgender and intersex resident's own views with respect to her or her own safety shall be given serious consideration. The Interview with the PCM indicated that this is considered in the housing determinations. The staff responsible for risk screening also stated that this is considered in housing decisions. There were no transgender residents at the facility as of the dates of the on-site audit, therefore no transgender residents were interviewed.

115.242 (f): GDC, SOP 208.06 states that transgender and intersex residents are given the opportunity to shower separately. A review of the housing units determined that each housing unit has showers which provide the opportunity for separate showering. Residents interviewed did not indicate that the showers were an issue and agreed that they had reasonable privacy in the facility. The interview with the PCM and the staff responsible for risk screening indicated that inmates all have privacy while showering and transgender residents are also given consideration for using a shower in a separate area which allows even further privacy, if they request this. Residents interviewed indicated that they had privacy when showering. The showers were observed in the housing units and the single showers were present along with other showers with half walls or curtains. There were no transgender residents at the facility as of the dates of the on-site audit, therefore not transgender residents were interviewed.

115.242 (g): GDC, SOP 208.06 states that residents who identify as lesbian, gay, bisexual, transgender, or intersex will not be placed in a dedicated facility, unit, wing or established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such resident. A review of the housing assignments for residents who identify as LGB are assigned to various housing units around the facility. These residents are not housed in a specific pod. Interviews

	<p>with the PCM also indicated that LGB residents are not housed in specific pods, but rather, they are housed according to their risk assessment and custody level. There were no residents identified or who had disclosed LGB identification as of the dates of the on-site audit, therefore, no LGB residents were interviewed. Random residents interviewed stated that they were in a housing unit with different types of residents and not solely for LGB and transgender residents. There were no transgender residents at the facility as of the dates of the on-site audit, therefore no transgender residents were interviewed.</p> <p>Based on the review of the PAQ, GDC SOP 208.06, GDC SOP 220.09, the PREA staffing plan, documentation of housing assignments, interviews with the PCM, staff responsible for risk screening, random residents, and observations made of the housing units, including shower areas, this standard is determined to be compliant.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Resident Handbook Attachment 17 PREA Offender Brochure - English Attachment 18 PREA Offender Brochure - Spanish Attachment 19 PREA Staff Brochure</p> <p>Interviews:</p> <p>Random Staff Random Residents PCM</p> <p>Observations:</p> <p>PREA Signage Testing of processes - phones, mail, legal mail Storage areas for PREA related reports and other subsequent documents</p>

Findings (by provision):

115.251 (a): GDC 208.06 outlines the multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These methods include: verbally reporting to any staff member, contractor or volunteer, written request or note placed in a locked drop box, or calling the PREA hotline number. During the site review, the auditor observed that PREA information was posted in signage throughout the facility, which included reporting information. The observed signage is clear and easy to understand and is provided in English and Spanish.

This information on the signage is also easy to read for residents with vision issues as it is in large font and with bold print. The informational signage was observed in multiple locations throughout the facility and the information is accurate and consistent. The information is located in areas where staff can view it, also. The signage included information regarding how to report externally and internally and was in areas frequented by person confined in the facility, including housing units, programming areas, work areas, education areas, etc. Interviews with random residents confirm that they were aware of the various methods of reporting these incidents. Interviews with random staff also confirm that there are multiple ways for residents to report sexual abuse and sexual harassment.

The auditor conducted test calls to the hotline number and confirmed that this reporting mechanism worked as posted and verified how the facility receives these reports. The residents have reasonable privacy when making phone calls. The auditor observed the mail drop boxes and resident interviewed stated that they have access to writing materials. Mailboxes in the facility are accessible to residents and are in areas where a resident could drop written communication anonymously. These mail boxes are not used exclusively for reporting sexual abuse and sexual harassment. Mail drop boxes are kept locked and secured and are only accessible for a designated staff member. The auditor informally mailroom staff who were collecting legal mail during the site review. This staff member stated that any mail going to an external reporting entity or outside emotional support service provider could be sent via legal mail and kept private, confidential and /or privileged. The auditor observed during the site review the area where PREA reports and related information is stored which is in a locked filing cabinet in a locked office. This office and cabinet are only accessible to those staff who work in this office under the supervision of the PREA Compliance Manager. Electronic information is secured and only visible to staff with privileged access based on their position.

115.251 (b): GDC SOP 208.06 indicates that the facility has a way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The auditor reviewed these documents which confirm that the resident population are provided information and a phone number to report incidents of sexual abuse and sexual harassment to an outside entity. The outside entity is the State Board of Pardons and Paroles, Office of Victim Services.

An address is provided for this agency. Interviews with random residents confirm that they have seen the information posted and are aware of how to contact this organization. The PAQ states that GDC does not detain residents solely for civil immigration purposes.

115.251 (c): GDC SOP 208.06 states that staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The PREA signage was observed in the facility and the resident handbook. The Attachment 19, PREA Staff Brochure was provided to the auditor which includes information for staff to report a PREA allegation. Interviews with random staff confirm that when they receive a verbal report from a resident is it immediately documented or documented as soon as possible after they have made sure the resident is safe and separated from the perpetrator. Interviews with random staff confirm that they are aware that they can make reports verbally and the resident stated that they believed that staff would follow up with action on verbal reports. Many of these residents stated that they had reported other incidents not PREA related in the past and that staff took immediate action so they stated they had no reason to believe it would not be handled if it were a PREA incident. Resident interviews indicated that many of them would contact family or friends to make third-party reports if necessary.

115.251 (d): GDC SOP 208.06 states that staff will report sexual abuse to his/her supervisor as soon as possible or may report it to another supervisor outside their immediate chain if necessary or directly to the PCM. Staff may privately report sexual abuse and sexual harassment allegations by contacting the PREA Coordinator, the Ombudsman or the Director of Victims Services. Staff are informed of these procedures in the following ways: classroom training, shift briefings, training bulletins, training, policies and Attachment 19 - PREA Staff Brochure. Interviews with staff confirmed that they are aware of how and to whom to report and how to privately report.

Based on a review of the PAQ, GDC SOP 208.06, Attachment 19, Attachment 17, Attachment 18, the resident handbook, Sexual Abuse Posters, observations during the site review, testing of the reporting process, and interviews with the PCM, random inmates and random staff, this standard is determined to be compliant.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Interviews:</p> <p>Residents Who Reported Sexual Abuse - none Informal interviews with staff Informal interviews with residents</p> <p>Findings (by provision):</p> <p>115.252 (a-g): The GDC does not allow the administrative remedy or grievance process to be used to report sexual abuse and sexual harassment. GDC SOP 208.06, p.27 states that "Allegations of Sexual Abuse and Sexual Harassment are not grievance issues. They should be reported in accordance with methods outlined in this policy." These are treated as written reports and forwarded immediately for investigation. Residents can submit allegations on any form / paper.</p> <p>Based on a review of GDC SOP 208.06, information obtained from interviews with the PCM and informal conversations with staff this standard is determined to be compliant.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 12, GDC PREA Victim Advocate Request Form MOU Mary's Place MOU The Teal House Smith TC Handbook</p>

Memo – Reporting Options
PREA Offender Brochure (English and Spanish)
STC PREA Reporting Signage (English and Spanish)
STC Victim Advocacy – Emotional Support Signage (English and Spanish)

Interviews:

Random Residents
Residents Who Reported a Sexual Abuse - none
PCM

Observations:

PREA Signage

Testing Processes:

Mail

Findings (by provision):

115.253 (a): GDC SOP 208.06 Attachment 12 states that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is no available to provide victim advocate services, the agency shall make available provide these services, a qualified staff member from a community-based organization a qualified agency staff member. The PAQ indicates that residents are provided access to outside victim advocates by providing them mailing addresses and phone numbers and enabling reasonable communication with these services in as confidential a manner as possible. The facility provided documents / signage which provides victim advocacy emotional support services for The Teal House and for Mary's Place. There providers have a 24-hour crisis line which is free and confidential. There were no residents at the facility as of the dates of the on-site audit who had reported a sexual abuse. Interviews were conducted with random residents who indicated that they were aware of the victim services available. The hotline number is toll-free and on a non-monitored line. Most of the residents have not utilized these services, but were aware that they existed and referenced information provided to them via the handbook and PREA signage in the housing units and around the facility. Residents are not detained at this facility solely for civil immigration purposes, therefore, that provision does not apply. The PCM confirmed that the facility does not house residents solely for civil immigration purposes. During the on-site portion of the audit, the auditor was able to observe signage throughout the facility containing information related to this standard. This information was clear and easy to understand and relayed information on emotional support services and external reporting. The language on this signage clearly detail what services are available and for what purposes. This information is provided in

English and Spanish and accommodates most readers of average height, low vision / visually impaired or physically disabled / in a wheelchair, etc. The signage was not obscured by graffiti or missing due to damage. The contact information listed was consistent for the service provider / organization name, addresses and phone number. The signage and information were observed and available in inmate handbooks, pamphlets and posted on walls in housing units, programming areas, work areas, education areas, etc. The mail process was observed during the onsite audit and was noted to have mail drop boxes located in areas accessible to all persons confined in the facility. The locations are also in areas where a person could drop a form, letter or note in passing. The receptacles are not used specifically to collect reports for sexual abuse and sexual harassment. The receptacles were locked and accessible only by a designated staff member. Interviews with residents indicated that they do not have any issues with the mail process and use it regularly.

115.253 (b): The signage posted around the facility informs residents of the extent to which communication will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PAQ indicated that residents are informed about confidentiality and that all calls made to the outside victim support service are not recorded. Interviews with random residents indicated that victim advocates were available to them.

115.253 (c): The signage for both the Teal House and Mary’s Place specifies the services provided for the residents at the facility. This signage is provided to the resident population and is visible throughout the facility and in the housing units. The signage indicates that services are available for emotional support. The emotional support number is indicated as free, unmonitored, unreported, anonymous and with an outside counselor. The address to write to this provider is also included. The auditor made contact with staff at this organization who verified the services provided.

Based on a review of GDC SP 208.06, Attachment 12, the victim advocacy and emotional support signage, interviews with random residents, the PCM and the staff at the advocacy center, testing processes of mail and the phone call to the advocacy center and observations during the site review of the PREA signage with this information posted throughout the facility, this standard is determined to be compliant.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Observations:

Agency Website

Testing Process:

Third Party Reporting

Findings (by provision):

115.254 (a): GDC SOP 208.06 states that the agency provides for third party reporting which may be made to the Ombudsman’s Office and includes the address and phone number. The PAQ indicated that the information is publicly distributed on how to report sexual harassment and sexual abuse on the behalf of a resident. A review of the agency website confirms that third parties can report on behalf of a resident. Phone numbers are provided on this website for PREA confidential reporting, the Ombudsman and Intimate Affairs Office, and the Pardons and Parole Victims Services Office. Third parties can also report to the investigator / PCM and to the hotline and in writing to the agency address. PREA signage throughout the facility also provides third party reporting information. Signage was observed in multiple locations in the facility which contained the information for third party reporting. A test call was made to the third-party reporting number verifying the number is valid.

Based on a review of the agency website, the PAQ, GDC SOP 208.06, the PREA signage, observations of the locations of the signage and a test call of the third-party reporting number, this standard is determined to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Interviews:

Random Staff

Medical Staff

Mental Health Staff

Facility Director

PCM

Findings (by provision):

115.261 (a): GDC SOP 208.06 specifies the staff and facility reporting duties. The policy states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident and any staff neglect or violation that may have contributed to an incident or retaliation. The policy also specifies the requirement of staff to report any knowledge or suspicion of sexual abuse or sexual harassment of residents as well as any knowledge or suspicion of retaliation against residents or staff who reported such an incident. The PAQ and random staff interviews confirm that staff take all allegations seriously and that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Staff also stated that incidents of retaliation would be reported.

Staff stated to the auditor that incidents are reported by staff either verbally to their supervisors and then followed up by a written incident report. Staff stated that residents can report to them at any time when they are making rounds or at any other point of contact. Staff stated that they can report to their supervisor or, if necessary, they can go directly to the PCM or higher-level administration.

115.261 (b): GDC SOP 208.06 states that staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The PAQ and interviews with random staff confirmed that staff will report to their immediate supervisors and that incident reports would be completed documenting the incident. Supervisors, generally, would then be the staff that would contact other necessary staff for response (medical, mental health) as necessary. No other staff that were not necessary for response would be included in the information distribution.

	<p>115.261 (c): GDC SOP 208.06 states that all staff including medical and mental health are required to report sexual abuse pursuant to provision (a) and they are also required to inform residents of their duty to report, and the limitations of confidentiality at the initiation of services. Interviews with medical staff and mental health staff confirm that they would immediately report any incident as they become aware of them and that they advise residents of the limitations of confidentiality and their duty to report. They would report both verbally as well as documenting the report.</p> <p>115.261 (d): GDC SOP 208.06 indicates that if the alleged victim is under the age of 18, or is considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable reporting laws. Interview with the Director indicated that in the event that they received a report such as this, it would be reported to the designated state or local service agency. The interview with the PCM indicated that she would report this the same as other allegations and that she would follow the protocol. The facility has not had a report of this nature in the previous twelve months.</p> <p>115.261 (e): GDC SOP 208.06 states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility’s designated investigators. The interview with the Director confirmed that this is the standard practice at the facility. The facility investigator will conduct an investigation and if the case appears to be criminal in nature, will refer it as required. A review of the facility investigations supported the process described in the SOP.</p> <p>Based on a review of GDC SOP 208.06 the PAQ, as well as interviews with random staff, the Director, the PCM, medical staff, and mental health staff, this standard is determined to be compliant.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p>

	<p>Interviews:</p> <p>Agency Head Director Random Staff</p> <p>Findings (by provision):</p> <p>115.262 (a): GDC SOP 208.06 states that when the facility learns that a resident is subject to imminent risk of sexual abuse, it shall take immediate action to protect the resident. The PAQ indicated that in the previous twelve months, there have been no instance where residents were determined to be at imminent risk of sexual abuse. There were no investigations of sexual abuse in the previous 12 months. Attachment 7 provides specific local procedures and the coordinated response plan for the facility. Interviews with the Agency Head and the Director indicated that the agency takes immediate protective action, which may include separation, increased supervision, alerting relevant staff, providing support services, involving law enforcement, and encouraging confidential reporting. The goal is to ensure the resident’s safety and well-being while complying with PREA standards. Interviews with random staff indicated that they would contact their supervisor and remove the resident from the imminent threat and keep them in visual contact.</p> <p>Based on a review of GDC SOP 208.06, the PAQ, and interviews with random staff, the agency head and the Director, this standard is determined to be compliant.</p>
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115.263 Reporting to other confinement facilities	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Interviews:</p> <p>Agency Head Director PCM</p>

	<p>Findings (by provision):</p> <p>115.263 (a): GDC SOP 208.06 states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that in the previous twelve months, the facility had no reports that a resident was abused while confined at another facility.</p> <p>115.263 (b) GDC SOP 208.06 states that notification as noted in provision (a) shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility.</p> <p>115.263 (c): GDC SOP 208.06 states that the facility shall document that it has provided notification of allegations as noted in the previous provisions. The PAQ indicated that in the previous twelve months, the facility had no reports that a resident was abused while confined at another facility.</p> <p>115.263 (d): GDC SOP 208.06 states that staff are required to notify the warden (Director) and the warden (Director) is required to notify the warden at the facility where the alleged abuse occurred. The Director is required to ensure allegations received from other facilities / agencies are investigated in accordance with the PREA standards. The PAQ indicated that in the previous twelve months, the facility has no report of sexual harassment from other facilities/agencies. Interviews with the Agency Head and the Director indicated that when an allegation was received from another facility, it would be documented and referred to the facility investigator.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, and interviews with the Agency Head, Director and the PCM confirm that this standard is compliant.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention</p>

and Intervention Program, 6/23/2022
Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan

Interviews:

Security and Non-Security Staff First Responders
Residents Who Reported Sexual Abuse - none

Findings (by provision):

115.264 (a): GDC SOP 208.06 states that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating. The PAQ indicated that during the previous twelve months, there has been no allegations of sexual abuse. Interviews with security staff and other random staff who may be first responders indicated that all of these staff were familiar with the appropriate steps to take in order to collect usable evidence if an incident of sexual abuse occurred.

115.264 (b): GDC SOP 208.06 and Attachment 7 outlines the first responder duties for staff. The policy specifically states that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated there was not an incident in the previous 12 months where a non-security staff member was the first responder for a sexual abuse incident. Interviews with security staff and non-security staff indicated that staff were aware of their duties and the steps to take in order to preserve any physical evidence.

Based on a review of the PAQ, GDC 208.06, Attachment 7, and interviews with random staff, security staff and non-security staff, this standard is determined to be compliant.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan</p> <p>Interviews:</p> <p>Director</p> <p>Findings (by provision):</p> <p>115.265 (a): The PAQ provided documentation of a written facility plan (GDC SOP 208.06, Attachment 7) which coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners and facility leadership. The auditor reviewed this plan and noted that specific duties for staff were listed which included staff first responders (security and non-security), medical and mental health practitioners, investigators and facility leadership. The interview with the Director confirmed that the facility has a coordinated response plan which includes all of the staff as required by the standard.</p> <p>Based on a review of the PAQ, the GDC SOP 208.06, Attachment 7 and the interview with the Director, this standard is determined to be compliant.</p>
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<p>115.266</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (by provision):</p>

	<p>115.266 (a): The State of Georgia does not enter into collective bargaining. The interview with the Agency Head verified this.</p> <p>115.266 (b) N/A</p> <p>Based on the PAQ, and the interview with the Agency Head, this standard is determined to be compliant.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Document Designating Retaliation Monitor Attachment 8, Retaliation Monitoring Checklist</p> <p>Interviews:</p> <p>Agency Head Director Designated Staff Member Charged with Monitoring Retaliation Residents who Reported a Sexual Abuse - none</p> <p>Findings (by provision):</p> <p>115.267 (a): GDC SOP 208.06 states that the 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 will be protected from retaliation by other residents and staff. The facility has designated staff responsible for retaliation monitoring. Retaliation is monitored for up to a 90-day period or for as long as needed. Attachment 8 is used to document monitoring efforts.</p> <p>115.267 (b): GDC SOP 208.06 specifies the facility’s protection of staff and residents against retaliation for reporting sexual abuse and sexual harassment. The policy states that the agency has established multiple protection measures which</p>

include housing changes or transfers for inmate victims or abusers, removal of the alleged staff or inmate 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. Interviews with the Agency Head, Director and the Staff Member Charged with Retaliation indicated that protective measures would be taken to ensure the safety of the resident or staff member from possible retaliation. All of these staff interviewed indicated the steps they would take to ensure safety. These steps included the requirements specified in the standard. There were no reports of sexual abuse or harassment at the facility in the previous 12 months, therefore, no residents for this were able to be interviewed.

115.267 (c): GDC SOP 208.06 states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. The policy further states that the facility will monitor disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff. The facility shall continue monitoring beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that in the previous twelve months, there have not been any incidents of retaliation. The interview with the Director and the Designated Staff Member Charged with Retaliation indicated that when concerns of retaliation arise, the facility promptly implements actions to guarantee the safety and well-being of individuals at risk. This could entail heightened supervision, separation and the provision of emotional support, as well as appropriate discipline according to agency policy. These staff also stated that retaliation monitoring would continue for 90 days unless the resident transferred or was released from their custody and would also continue beyond 90 days, if necessary. They both also stated that the monitoring would include a review of resident's disciplinary reports, housing changes and/or program changes. Staff would be monitored for performance reviews and post assignment changes. Attachment 8 was provided for review.

115.267(d): GDC SOP 208.06 states that the retaliation monitoring will include periodic status checks. All residents at the facility are reviewed by their counselors every 30 days and are able to indicate to staff at that time if they have any concerns related to retaliation. The interview with the monitoring staff member indicated that the resident would be reviewed for retaliation for at least 90 days and that periodic status checks would be completed with the resident in person.

115.267 (e): GDC SOP 208.06 indicates that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. The PAQ indicated that in the previous twelve months, there has not been an incident of any reported fear of retaliation. Interviews with the Agency Head, the Director and the PCM indicated that they would employ the same protective measures as previously stated to monitor retaliation for inmates and staff.

	<p>115.267 (f): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, Attachment 8, the retaliation monitoring documentation, interviews with the Agency Head, the Director and the staff charged with retaliation monitoring, this standard is determined to be compliant.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Interviews:</p> <p>Investigative Staff Residents Who Reported a Sexual Abuse - none Director PCM</p> <p>Findings (by provision):</p> <p>115.271 (a) GDC SOP 208.06 states that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. All investigators have received specialized training to conduct sexual abuse investigations. The local SART is responsible for the administrative investigation of all allegations of sexual abuse or sexual harassment. If the allegation is criminal in nature, the allegation will be reported to the Regional Director, Regional SAC and the Department's PREA Coordinator. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. The interviews with investigative staff confirmed that the investigations are completed promptly, thoroughly and objectively.</p> <p>115.271 (b): Documentation was provided to the auditor of the specialized training for facility investigators who conduct sexual abuse investigations. This training is specialized for investigators in compliance with PREA standard 115.234. Interviews</p>

with investigation staff indicated that they had received specialized training.

115.271 (c): GDC SOP 208.06 specifies the investigative process. The policy states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. There were no reports of sexual abuse or harassment at the facility in the previous 12 months. Interviews with investigative staff confirmed that an investigator would respond and investigate allegations of sexual abuse and sexual harassment immediately and all available evidence would be collected, reviewed and retained.

115.271 (d): GDC SOP 208.06 describes the investigation process. The policy states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. The interview with the investigative staff confirmed that if the case appeared to support criminal prosecution, the Regional SAC would conduct any compelled interviews.

115.271 (e): GDC SOP 208.06 describes the criminal and administrative investigation process. The policy states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. The policy further states that no resident who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigation staff indicated that the facility does not use polygraphs or any such device in the process of the investigation. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 month.

115.271 (f): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. Investigation staff indicated that information related to staffing and staff actions are also reviewed and considered and included in the report. They indicated that staffing levels are reviewed, cameras are reviewed and interviews are conducted and the totality of the evidence would be collected, processed and analyzed. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months.

115.271 (g): Criminal investigations are completed by the Regional SAC. All of the sexual abuse and sexual harassment allegations are reported to the facility investigator who then will refer a criminal case to the Regional SAC who will assign an agent or investigator who has received special training in Sexual Abuse investigations. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. The interview with the investigator who conducts the criminal investigations confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution, however, this is the decision of the Regional SAC. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit and no reports of sexual abuse or sexual harassment in the previous 12 months. The interview with the investigator confirmed that if solid evidence was available and the elements were met for prosecution, that the case would be referred.

115.271 (i): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. A review of the older investigative files indicated that the facility maintains files pursuant to this standard's requirement.

115.271 (j): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if the residents depart the facility or agency's custody.

115.271 (k): The agency is responsible for conducting administrative investigations while the Regional SAC is responsible for conducting criminal investigations. Interviews with the Director, PC, PCM and investigative staff confirmed this information.

115.271 (l): The agency is responsible for conducting administrative investigations while the Regional SAC is responsible for conducting criminal investigations. Interviews with the Director, PC, PCM and investigative staff confirmed this information. Interviews also indicated that they cooperate fully with the Regional SAC to provide any information needed and to stay abreast of the status of the investigations.

Based on a review of the PAQ, GDC SOP 208.06, the PREA investigation training curriculum, record retention and information from interviews with the Agency Head, Director, PREA Coordinator, PCM, and investigative staff, this standard is determined to be compliant.

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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (by provision):</p> <p>115.272 (a): GDC SOP 208.06 states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were no reports of sexual abuse or sexual harassment in the previous 12 months. Interviews with investigative staff confirmed that a preponderance of evidence is the standard used to justify a substantiated finding.</p> <p>Based on the PAQ, GDC SOP 208.06, and interviews with investigative staff, this standard is determined to be compliant.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p>

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Attachment 3, PREA Disposition Offender Notification Form

Interviews:

Director

Investigative Staff

Inmates Who Reported a Sexual Abuse - none

Findings (by provision):

115.273 (a): GDC SOP 208.06 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into a resident's sexual abuse allegation, the facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Attachment 3 is the form documenting the notification to the resident. The PAQ indicated that there were no allegations of sexual abuse or sexual harassment at the facility in the previous 12 months. The interviews with the Director and the Investigative staff confirmed that residents are informed of the outcome of the investigation into their allegation.

115.273 (b): GDC SOP 208.06 states that the assigned investigator shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations. In the past 12 months, there were no investigations completed by an outside agency.

115.273 (c): GDC SOP 208.06 describes the process for reporting investigative information to residents. Specifically, it states that following an investigation into a resident's sexual abuse allegation against a staff member, the agency will inform the resident as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if 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. Attachment 3, PREA disposition Offender Notification form is used to document the notification of the investigation outcome to the resident. There were no allegations of sexual abuse or sexual harassment at the facility in the previous 12 months.

115.273 (d): GDC SOP 208.06 describes the process for notification of investigative outcome to residents. Specifically, it states that following an investigation into a resident's sexual abuse allegation by another resident, the agency will inform the resident as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which a resident has been indicted on a charge related to

	<p>sexual abuse within the facility in the previous twelve months. There has also not been an incident in which a resident has been convicted on a charge related to sexual abuse within the facility in the previous twelve months.</p> <p>115.273 (e): GDC SOP 208.06 describes the process for notification of investigative outcome to residents. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months.</p> <p>115.273 (f): This provision is not required to be audited.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, Attachment 3 forms (notifications to residents) and information from interviews with the Director and investigative staff, this standard is determined to be compliant.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Findings (by provision):</p> <p>115.276 (a): GDC SOP 208.06 describes the process for disciplinary sanctions against staff. Specifically, it indicates that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.</p> <p>115.276 (b): GDC SOP 208.06 indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies within the previous twelve months.</p> <p>115.276 (c): GDC SOP 208.06 describes the process for disciplinary sanctions against staff. And specifically states that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. There were no staff members who violated the sexual abuse and sexual</p>

	<p>harassment policies in the previous twelve months.</p> <p>115.276 (d): GDC SOP 208.06 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months. The PAQ indicated that there were no staff members reported to law enforcement or relevant licensing bodies.</p> <p>Based on a review of the PAQ and GDC 208.06 this standard is determined to be compliant.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p> <p>Interviews:</p> <p>Director</p> <p>Findings (by provision):</p> <p>115.277 (a): GDC SOP 208.06 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.</p> <p>115.277 (b) GDC SOP 208.06 states that facility will take remedial measures and prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ stated that there were no sexual abuse incidents involving any contractor or volunteer during the previous 12 months. The interview with the Director indicated</p>

	<p>that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked.</p> <p>Based on a review of the PAQ, GDC SOP 208.06 and information from the interview with the Director, this standard is determined to be compliant.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP 209.01, Offender Discipline, 11/6/2017</p> <p>Interviews:</p> <p>Director Medical Staff Mental Health Staff</p> <p>Findings (by provision):</p> <p>115.278 (a): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. Specifically, it states that residents will be 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 following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of sexual abuse nor have there been any criminal findings of guilt for sexual abuse within the previous twelve months.</p> <p>115.278 (b): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the residents' disciplinary history and sanctions imposed for comparable offenses by residents with similar histories. The PAQ indicated there have been no administrative findings of sexual abuse nor have there been any criminal findings of guilt for sexual abuse within the</p>

previous twelve months, therefore there has not been any discipline. The interview with the Director indicated that disciplinary sanctions are determined case-by-case and will be in accordance with the agency's disciplinary guidelines.

115.278 (c): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. Specifically, it indicates that the disciplinary process will consider whether the resident's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of sexual abuse nor have there been any criminal findings of guilt for sexual abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Director indicated that the resident abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.278 (d): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. GDC SOP 208.06 states that mental health services shall be provided to residents designed to address and correct underlying reasons or motivations for abuse. The PAQ indicated there have been no administrative findings of sexual abuse nor have there been any criminal findings of guilt for sexual abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the resident's participation as a condition of access to programming and other benefits.

115.278 (e): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. Specifically, it indicates that the agency may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where residents have been disciplined for sexual contact with staff.

115.278 (f): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. Specifically, it indicates that residents will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where residents have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.278 (g): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for residents. Specifically, it indicates that residents are prohibited from all sexual activity and as such can be disciplined. The agency will only deem such activity to constitute sexual abuse if it determines that the activity is coerced.

Based on a review of the PAQ, GDC 208.06, GDC SOP 209.01, and information from interviews with the Director, medical and mental health care staff, this standard is determined to be compliant.

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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 5, Procedure for SANE Evaluation-Forensic Collection GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault, 2/01/2022</p> <p>Interviews:</p> <p>Medical Staff Mental Health Staff Inmates Who Reported a Sexual Abuse - none Security and Non-Security First Responders (there were no non-security first responders to a PREA incident)</p> <p>Observations:</p> <p>Medical offices and emergency room and exam rooms</p> <p>Findings (by provision):</p> <p>115.282 (a): GDC SOP 208.06 states that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners and that employees shall provide appropriate and timely response to medical emergencies consistent with the employee’s training and the use of universal precautions. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. There have been no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. During the site review, the auditor noted that the medical and mental health area had adequate staffing for both medical and mental health staff. Staff were observed conducting routine services and there was an emergency room which is available for immediate response. Interviews with medical and mental health care staff confirm that residents receive timely services, typically immediately or within 24 hours, based on</p>

the nature of the allegation. Medical and mental health staff advised that services are based on their professional judgement.

115.282 (b): This PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse is made, that security staff first responders would take the preliminary steps to protect the victim pursuant to standard 115.62 and would notify the appropriate medical and mental health practitioners. The interview with the PCM indicated that medical and mental health staff are available at the facility at all times, however, security staff would always take steps to protect the victim and notify the appropriate medical and mental health staff and the victim would be transported to the local hospital for a forensic exam. Interviews with first responders indicated that the victim would be separated from the alleged abuser and would remain with the staff member.

115.282 (c): GDC SOP 208.06 states that victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Female prisoner victims of sexual abuse shall be offered a pregnancy test. The facility only houses male residents. Victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Attachment 5 is the form utilized for SANE Evaluation / Forensic Collection. There have been no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. STD testing would be done at the local hospital. Interviews with medical and mental health care staff confirm that residents receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.282 (d): GDC SOP 208.06 states that victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. This is also specified in SOP 507.04.91.

Based on a review of the PAQ, SOP 507.04.91, SOP 208.06, Attachment 5, and information from interviews with medical and mental health care staff, and first responder staff, as well as observations of the medical / mental health area at the facility, this standard is determined to be compliant.

115.283

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault

GDC, SOP, 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment

Attachment 5, SANE Evaluation - Forensic Collection

Interviews:

Medical Staff

Mental Health Staff

Inmates Who Reported Sexual Abuse - none

Security Staff and Non-Security Staff First Responders

Observations:

Medical Treatment Areas

Findings (by provision):

115.283 (a): GDC SOP 208.06 states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse. During the site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health staff utilize the same area. All areas were private and allowed for adequate confidentiality.

115.283 (b): GDC SOP 208.06 states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months.

115.283 (c): GDC SOP 208.06 states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the contracted SART for forensic medical examinations. Interviews with medical and

	<p>mental health care staff confirm that the services they provide are consistent with the community level of care.</p> <p>115.283 (d): This provision does not apply as the facility does not house female offenders.</p> <p>115.283 (e): This provision does not apply as the facility does not house female offenders.</p> <p>115.283 (f): GDC SOP 208.06 states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Attachment 5, Procedure for SANE Evaluation- Forensic Collection indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B.</p> <p>115.283 (g): GDC SOP 208.06 states that victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no residents at the facility as of the on-site audit who had reported a sexual abuse, therefore, no residents were able to be interviewed. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. Staff interviewed stated that residents who reported sexual abuse were not charged for any services they received.</p> <p>115.283 (h): GDC SOP 208.06 states that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical and mental health staff confirm that offender-on-offender abusers would be offered mental health services.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, SOP, 507.04.91, SOP, 508.22, Attachment 5 and information from interviews with medical and mental health care staff this standard is determined to be compliant.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Attachment 9, Sexual Abuse Incident Review Checklist

Interviews:

Director

PCM

Member of the Incident Review Team

Findings (by provision):

115.286 (a): GDC SOP 208.06 states that the facility will 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. Attachment 9, Sexual Abuse Incident Review Checklist is the form utilized for the documentation. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months.

115.286 (b): GDC SOP 208.06 states that the facility will conduct sexual abuse incident reviews within 30 days of the conclusion of the investigation. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months.

115.286 (c): GDC SOP 208.06 states that the review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. The interview with the Director confirmed that these reviews would be included by upper management officials.

115.286 (d): GDC SOP 208.06 states that the review team will: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the adequacy of staffing levels; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings to include, but not necessarily limited to determinations or recommendations for improvement. A review of the sexual abuse review form (Attachment 9) indicated that all requirements are included and discussed during the review and documented on the form. There were no reports of sexual abuse or sexual harassment at the facility in

	<p>the previous 12 months. Interviews with the Director, PCM and Incident Review Team Member confirmed that these reviews would be completed and would include all the required elements. Interviews indicated that the team will make adjustments to the staffing if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.</p> <p>115.286 (e): GDC SOP 208.06 states that the facility will implement the recommendations for improvement or document the reasons for not doing so. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months. Interviews with staff indicate that if there were recommendations that the PCM would be the lead on ensuring they were implemented.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, Attachment 9, and information from interviews with the Director, the PCM and a member of the sexual abuse incident review team, this standard is determined to be compliant.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Incident Demographic Information Aggregated Data - SSV 2021; 2022 PREA Agency Annual Reports</p> <p>Findings (by provision):</p> <p>115.287 (a): GDC SOP 208.06 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards.</p> <p>115.287 (b): The Annual Report was provided. A review of collected data confirmed that the facility aggregates sexual abuse data at least annually.</p> <p>115.287 (c): GDC SOP 208.06 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of</p>

	<p>Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards.</p> <p>115.287 (d): GDC maintains Incident Demographic Information which was provided in the PAQ.</p> <p>115.287 (e): GDC SOP 208.06 states that the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of inmates. This is captured on the Incident Demographic Form.</p> <p>115.287 (f): The PAQ indicated that the facility provides information to the Department of Justice on the SSV form.</p> <p>Based on a review of the PAQ, the GDC Annual Reports and aggregated data, this standard is determined to be compliant.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire Annual Report: 2022</p> <p>Interviews:</p> <p>Agency Head PC</p> <p>Observations:</p> <p>Agency Website</p> <p>Findings (by provision):</p> <p>115.288 (a): The PAQ indicated that the facility reviews data annually in order to asses and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the</p>

	<p>investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.</p> <p>115.288 (b): The PAQ indicated that the facility’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.</p> <p>115.288 (c): The PAQ indicated that the facility’s annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that he reviews the report and approves it annually. The report is then is placed on their website. A review of the agency website confirmed that the current annual report as well as previous reports are available to the public online.</p> <p>115.288 (d): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.</p> <p>Based on a review of the PAQ, the annual reports, the agency website, as well as information obtained from interviews with the Agency Head, and the PC this standard is determined to be compliant.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</p>

	<p>Interviews:</p> <p>PC</p> <p>Findings (by provision):</p> <p>115.289 (a): GDC SOP 208.06 states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PC confirmed that data is securely retained and that all electronic data is maintained in a centralized system. All paper files are under lock and key at the facility and Central Office.</p> <p>115.289 (b): GDC SOP 208.06 states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, is available to the public online.</p> <p>115.289 (c): The facility does not include sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.</p> <p>115.289 (d): The PAQ indicates that the facility maintains sexual abuse data that is collects for at least ten years after the date of initial collection. A review of the Agency’s website confirmed that data is available from 2014 to present. This information is also maintained in the SCRIBE database.</p> <p>Based on a review of the PAQ, GDC SOP 208.06, annual reports, the website, observation of electronic storage of documentation and information obtained from the interview with the PC, this standard is determined to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a). The facility is part of the Georgia Department of Corrections. All GDC facilities were audited in the previous three-year cycle.</p> <p>115.401 (b): The facility is part of the Georgia Department of Corrections. The GDC has a schedule for all of their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the audit cycle 4, year three.</p> <p>115.401 (h) - (n): The auditor had access to all areas of the facility; was permitted</p>

	<p>to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/ correspondence from inmates. The audit notice was posted and was available for viewing at various locations around the facility. This notice was posted six weeks prior to the on-site audit. This notice was observed by the auditor and the information was accurate. Any documentation sent to the address posted was allowed to be sent through the legal mail process. This was verified through an informal conversation with mail room staff who were conducting legal mail processing during the time of the onsite audit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f): The agency has published final audit reports on its website for the previous three years and prior.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

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

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes