

PREA Facility Audit Report: Final

Name of Facility: Turner Residential Substance Abuse Treatment Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/09/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 12/09/2022

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	10/26/2022
End Date of On-Site Audit:	10/27/2022

FACILITY INFORMATION	
Facility name:	Turner Residential Substance Abuse Treatment Center
Facility physical address:	514 S. Railroad Avenue, Sycamore, Georgia - 31790
Facility mailing address:	PO Box 17, Sycamore, Georgia - 31790

Primary Contact	
Name:	Sekeitha Beal
Email Address:	sekeitha.beal@gdc.ga.gov
Telephone Number:	229-576-4301 Ext.229

Warden/Jail Administrator/Sheriff/Director	
Name:	Jerry Blackshear
Email Address:	jerry.blackshear@gdc.ga.gov
Telephone Number:	2295674301 Ext. 226

Facility PREA Compliance Manager	
Name:	Sekeitha Beal
Email Address:	sekeitha.beal@gdc.ga.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Joan Newman
Email Address:	JMNewman@wellpath
Telephone Number:	229-567-4301 Ext. 23

Facility Characteristics	
Designed facility capacity:	204
Current population of facility:	131
Average daily population for the past 12 months:	140
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	45
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2

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

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

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

SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

6

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

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-26
2. End date of the onsite portion of the audit:	2022-10-27

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:	Lily Pad Sane Center (outside advocate) Just Detention (no information received)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	204
15. Average daily population for the past 12 months:	140
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	188
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The Georgia Department of Corrections track all groups of populations through the SCRIBE inmate database.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>45</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>9</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>(39) Security Staff (1) Administrative (4) Food Service (1) Education (3) Counselors (1) Store Clerk (1) Maintenance (3) Contract Well Path (11) Contract Spectrum RSAT</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Upon arrival to the facility the auditor requested an Inmate Alpha Roster that provided date of birth, race, and housing assignments of all Inmates housed at the facility day one of the on-site audit. The auditor selected Inmates from all housing units and cross selection by age, race, ethnicity, security level, and length of time at the facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor and qualified assist had no barriers completing random resident interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>

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

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report, the auditor determined no Inmates with physical disabilities were housed at the facility during the on- site visit.</p>
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<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report, the auditor determined no Inmates with cognitive disabilities were housed at the facility during the on- site visit.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report, the auditor determined no Inmates that was LEP were housed at the facility during the on- site visit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report, the auditor determined no Inmates that identified as gay were housed at the facility during the on- site visit.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the Inmate Profile Report, the auditor determined no Inmates that identified as transgender were housed at the facility during the on- site visit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility had no reports of sexual abuse or sexual harassment during the 12-month preceding the audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No resident disclosed prior sexual victimization during the risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No resident has been housed in segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>One (1) resident was targeted for interview that had hearing and vision disabilities. There were no other resident that met the criteria for targeted.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>A cross selection of random staff interviewed using the Staff Roster, the auditor considered length of tenure, shift assignment, work assignment, and rank.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	One (1) Contract Mental Health Spectrum One (1) Contract Medical Well Path

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor was provided complete and unfettered access to all areas of the facility. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested, it was provided expeditiously. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff, residents, and contractors. No volunteers were on-site during the audit.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The auditor requested documents for review in addition to the documents uploaded into the Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire. The auditor reviewed the GDOC Organizational Chart, the facility's Organization Chart, depicting the PREA Compliance Manager. Staffing plans for 2018, 2019, 2020, and 2022 were reviewed for updates; the facility provided unannounced rounds and training rosters for staff for review.</p> <p>The facility provided training certificates for all facility investigator, staff acknowledge statements, resident's PREA acknowledgement statements, contractors and volunteers' acknowledgements. The audited did not review any investigation files, during the 12-months preceding the audit; the facility had no allegations of sexual abuse or sexual harassment. The auditor review assessments and reassessment for residents, all documents requested was provided via email or uploaded into the Pre-Audit Questionnaire.</p> <p>The facility promptly provided whatever was asked for by the auditor and following the onsite audit, as information was requested the PREA Compliance Manager and the PREA Coordinator provided it expeditiously.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	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

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

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input 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>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>101. 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>
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<p>102. 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>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input 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>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input 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>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. 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>113. 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>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

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

2

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Georgia Department of Corrections (GDOC) Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire</p> <p>Interviews: Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, PREA Compliance Manager</p> <p>Observations: Zero Tolerance Posters prolific throughout the facility; posters were observed in living units, dining hall, visitation, hallways, bulletin boards, PREA Pamphlets posted throughout the facility. "See Something Say Something" Posters are also posted throughout the facility.</p> <p>Discussion of Policy and Documents Reviewed: Georgia Department of Corrections (GDOC) Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities.</p> <p>It appears evident that the Georgia Department of Corrections takes sexual safety seriously. This is based on a number of factors. The GDOC appointed a Director of Compliance who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards.</p> <p>Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the GDOC facilities. The Statewide PREA Coordinator has responsibility for the entire state. She is not just knowledgeable of PREA, but she brings to the table working experience.</p> <p>In adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are following the PREA Standards and that they maintain</p>

compliance. The coordinator serves as a resource for the GDOC facilities and programs.

Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. An interview with the PREA Coordinator confirmed that she has sufficient time with the assistance of her assistant PREA Coordinator, to perform her PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. An interview with the Assistant PREA Coordinator also indicated that he too is knowledgeable of PREA and having worked in a secure facility has a unique perspective of how to implement PREA in that setting.

In addition to the Agency Compliance Director, Statewide PREA Coordinator and Assistant PREA Coordinator, who also has years of experience working in correctional facilities and who has an exceptional knowledge of PREA.

The agency also has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates on the Department of Corrections PREA Hotline. He keeps excellent statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA. The auditor relies on the PREA Analyst to provide reports on inmate/detainee calls to the PREA Hotline as well as reports on disabled inmates in facilities.

Another indication of the Department's commitment to PREA was indicated in an interview with the Agency's Americans with Disabilities Act Coordinator. In an interview, she related the Department's efforts to provide inmates who are hearing impaired or limited English proficient with the tools they need to understand PREA. The Agency ADA Coordinator has had each facility identify a staff to be designated as the ADA Coordinator for their facility.

This agency appears committed to sexual safety. Evidence to support that is their proactive approach described by the PREA Coordinator and the fact that they are working with Just Detention International and the Moss Group. The grant with Just Detention covers an array of services including seeing how offenders might be used to conduct PREA Classes; working with statewide advocate groups in recruiting advocates and through training the trainer; through trauma response training. The Moss Group reviewed the Agency PREA Policy provide.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. The Agency also requires all staff to complete, in addition to their regular PREA Training, the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates." Sexual Assault Team Members attend training at least semi-annually and often complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and mental health. Healthcare staff attends training in Nursing Protocols.

This agency appears to be committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included the fact that they have been working with Just Detention International on a variety of initiatives and projects. The agency provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report dated March 2, 2018. The grant included nine (9) GDOC project pilot facilities. The initiatives included:

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

Additionally, the Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. To this end, they are required to develop a PREA Local Procedure Directive and Coordinated Response Plan for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. (PREA Local Procedure Directive and Coordinated Response Plan) will be discussed later in standard 115.65).

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards.

The Superintendent is an experienced corrections administrator who supports the compliance manager in implementing and maintaining the PREA standards and Georgia Department of Corrections PREA Standard Operating Procedures. His commitment to PREA and to Zero Tolerance was confirmed in interviews and reviewed memos to staff. In August 2017, the Superintendent, reminded all staff that Turner Residential Substance Abuse Treatment Center has a zero tolerance toward all forms

of sexual abuse, sexual harassment and any sex act among offenders.

All the prisons and community based correctional facilities have PREA Compliance Managers who relate to the PREA Coordinator. This is confirmed by interviews with the PREA Coordinator and the PREA Compliance Manager as well as reviewed Annual Reports and the Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire. The PREA Coordinator and Assistant PREA Coordinator provide training for the PREA Compliance Managers at least twice or more a year.

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters were observed in every area of the building, and in every living unit.

Detainees, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided Acknowledgment Statements confirming staff has been trained in PREA. The PREA Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDOC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

Discussion of Interviews: The interviewed Statewide PREA Coordinator and Assistant Statewide PREA Coordinator confirmed the Department's commitment to implementing PREA and improving the program on a continuous basis. Training for PREA compliance managers and Sexual Assault Response Teams were discussed as well. This training is provided and required several times a year or more.

The interviewed Agency ADA Coordinator related the Department's efforts to ensure detainees and inmates are provided PREA related information in a format they can understand and to enable disabled and limited English proficient detainees to report allegations of sexual abuse or sexual harassment.

Interviewed staff was aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment suspicions. According to the interviewed staff, allegations and reports, regardless of the source, are required to be documented and investigated. They indicated they would have to document a verbal or anonymous report or a suspicion prior to the end of their shift and following a verbal report to their immediate supervisor.

Randomly selected interviewed detainees and targeted detainees indicated they have been trained and are aware the facility and GDOC has a zero tolerance for all forms of sexual activity. They indicated that information is provided on intake and during orientation and is located on posters throughout the facility. They also indicated they have been provided that information in every facility they have been in. Detainees stated inmates have received PREA information every time they transfer from one

facility to another. They also pointed out multiple posters located throughout the facility explaining zero tolerance and how to report.

The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDOC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. Observations of the work the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, either the PREA Coordinator or Assistant Statewide PREA Coordinator makes her/him available throughout the on-site audits to provide additional information and/or clarification when needed. GDOC has also provided the PREA Unit the position of "analyst" who collects data from monthly reports sent to the PREA Unit. Additionally, he provides the auditor a report of every call to the hotline in the past 12 months as well as reports of inmates who are disabled and a report of how inmates identify and whether they report or disclosed prior victimization.

The American with Disabilities Coordinator indicated the agency is committed to providing translation services for disabled and limited English proficient detainees. The Superintendent demonstrated a commitment to PREA by designating an experienced staff person as PREA Compliance Manager. This staff has a position within the facility's management structure to ensure that PREA is implemented. He has the complete support of the Superintendent and the support of the PREA Coordinator and Assistant PREA Coordinator. Zero Tolerance PREA Related posters are posted throughout the facility.

PREA Acknowledgement Forms reiterate zero tolerance. Detainees are informed of the Zero Tolerance policy during orientation and are provided brochures are also provided during intake.

The PREA Compliance Manager is familiar with PREA and the PREA Standards. She easily described how she and the staff implement PREA and what actions they take to address any PREA related issues.

This standard is rated "exceeds" because of the agency and this facility's commitment to zero tolerance and to PREA. The facility has had no allegations of either sexual abuse or sexual harassment during the past twelve months and this was confirmed by reviewing the monthly PREA Report sent to the Agency's PREA Unit, interviews with specialized and randomly selected staff, a "Hotline" report documenting there was no call to the PREA Hotline form this facility during the past 12 months.

Recently, the Georgia Department of Corrections received a grant through BJA-2020-17233, the agency reached-out to the PREA Auditors of America (PAOA), to review investigations completed by facilities SART investigators. The PAOA provided train-the-trainer training to the GDOC PREA Unit who subsequently conducts a series of eight training session to facility's PREA Compliance Managers and SART

investigators.

In addition to training, several recommendations were incorporated into the recent updates to GDOC SOP 208.06 in order to make investigations consistent throughout the agency.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1452 501">Policy and Document Review: Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts; Pre-Audit Questionnaire</p> <p data-bbox="256 542 871 577">Interview: Agency Contractor Administrator</p> <p data-bbox="256 618 1473 936">Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts for the confinement of its inmates with private agencies or other entities, including governmental agencies, includes in any new contract or contract renewal the entity's obligation to adopt and comply with the Any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.</p> <p data-bbox="256 976 1444 1137">The Turner Residential Substance Abuse Treatment Center does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator, Superintendent, PREA Compliance Manager, and the reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire.</p>

115.13	Supervision and monitoring
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1437 622">Policy and Documents Reviewed: Turner Residential Substance Abuse Treatment Center Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Reviewed Comprehensive Staffing Plan for 2018, 2019, 2021, and 2022; Logbook pages documenting unannounced rounds; Shift Rosters; Shift Reports</p> <p data-bbox="256 663 1307 698">Interviews: Superintendent, PREA Coordinator, PREA Compliance Manager</p> <p data-bbox="256 739 1477 1021">Policy and Document Review: The reviewed Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster.</p> <p data-bbox="256 1061 1469 1429">Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems. .Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks and staff is prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Logbook.</p> <p data-bbox="256 1469 1433 1666">Shift rosters confirmed the minimum staffing required. All priority one posts was staffed as required without deviations. "Priority One Posts" are manned by correctional officers twenty-four hours a day, seven days a week. Officers assigned will remain stationed at these posts until they are relieved by another officer or relieved by the immediate supervisor.</p> <p data-bbox="256 1706 1477 1993">Staffing Plan Review: The staffing plan for the Turner Residential Substance Abuse Treatment Center is addressed in their local operating procedure. PREA Standard 115.13, Staffing Plan. The staffing plan format provides a clear picture of the agencies staffing levels as well as the deployment of video monitoring to supplement staff supervision and unannounced PREA rounds to deter sexual activity. The staffing plan is predicated upon a maximum population of up to 204. There are four (4) housing units, designed in open bay style.</p> <p data-bbox="256 2033 1445 2069">Unannounced PREA Rounds are discussed in the Staffing Plan. The plan asserts that</p>

all upper-level staff conducts unannounced PREA rounds are documented in the area logbooks.

Discussion of Interviews: Interviews with the PREA Compliance Manager and Superintendent confirmed the staffing plan is developed based on the staffing allocated by the State GDOC. All the items required by the PREA Standards are considered. The staffing plan is developed based on several factors, including the PREA Standards. Consideration is made regarding the detainee population, the priority one posts, consideration of posts that are gender specific. The PREA Compliance Manager stated priority one posts are covered 24/7. Interview with the Superintendent indicated he and his staff are committed to a safe environment. The facility attempts to remain fully staffed according to the Superintendent. The facility reports the reasons for deviations are staff call-in, hospital details, staff training, staff on extended leave, and special details.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire, GDOC Website</p> <p>Interview: Superintendent</p> <p>Observations: Youthful offenders were not observed during a tour of the entire facility. Nor were youthful offenders among the randomly selected inmates who were interviewed.</p> <p>Policy Review: The Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, requires that youthful offenders are sight and sound separated from adults.</p> <p>Document Reviews: The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented that youthful offenders are not housed at Turner Residential Substance Abuse Treatment Center Facility. Information provided related to the Mission of Al Burrus Prison is included on their website.</p> <p>Discussion of Interview: The Superintendent affirmed that the Turner Residential Substance Abuse Treatment Center does not house youthful inmates. Offenders placed at this must be 18 years of age and over.</p> <p>Observations: Youthful offenders were not observed during a tour of the entire facility. Nor were youthful offenders among the randomly selected inmates who were interviewed.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: Georgia Department of Corrections (GDOC) Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDOC Policy 226.01, Searches, 1.d; Training Module for In-Service Training Rosters for 2022; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Reports from the PREA Analyst</p> <p>Interviews: Random staff, Specialized Staff, Random Inmates</p> <p>Observations: The auditor did not see any female staff conducting any form of search during the onsite portion of the audit.</p> <p>Policy Review: Department of Corrections (DOC) Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.</p> <p>GDOC Policy 226.01, Searches, 1.d., requires that strip search of females will be conducted by female correctional officers and that males will be strip searched by male correctional officers absent exigent circumstances (escapes, riot, etc.) and only if a same gender officer is not available. Cross gender searches in exigent circumstances are required to be conducted with dignity and professionalism. Search policy requires in the event of exigent circumstances searches of the opposite gender conducted under exigent circumstances must be documented on an incident report.</p> <p>Paragraph 2. Frisk or Pat Search, requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisk or pat searched by both male and female security staff. Instructions for conducting pat searches, including using the back of the hand and edge of the hand. Although there are no females at this facility, policy prohibits male staff from conducting pat searches of female inmates absent exigent circumstances that are documented.</p> <p>Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.</p> <p>GDOC requires facilities to implement procedures enabling inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.</p> <p>Policy requires that inmates should shower, perform bodily functions and change</p>

clothing in designated areas. Interviews with staff confirmed residents can shower, perform bodily functions and change clothing without being viewed by staff.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announces their presence before entering the housing area. Signs are also located in each dorm and in other areas stating the male staff routinely works these areas and that video surveillance is occurring in each dorm. During the tour the auditor did not observe cameras in any restroom area or in any cell.

Documents Review: The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented that there has been no cross- gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module reminds them that inmates are less resistant when staff treats them with dignity. Staff are trained to conduct cross-gender searches in exigent circumstances. This was confirmed by interviews with staff and the training officer.

Discussion of Interviews: The Turner Residential Substance Abuse Treatment Center houses only male detainees. Interviewed random staff confirmed that female staff is not permitted to conduct a strip search of a male detainee. All the staff indicated they have been trained to conduct cross-gender pat searches.

Female staff may conduct a pat search only if a male is not available. Search training is conducted at the facility, at Basic Correctional Officer Training for all new employees and in annual in- service and during shift briefing. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner.

Staff members are trained to conduct searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. Interviewed staff reported they have been trained to conduct cross-gender pat searches. The reviewed training module for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff members are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report.

Staff indicated, in their interviews, that staff of the opposite gender announces their presence when entering the living unit. The interviewed detainees stated that female staff announces their presence when entering the living unit.

Interviewed residents confirmed that detainees have privacy while showering and that detainees are never naked in full view of staff while changing clothes, showering or using the restroom.

<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Lionbridge; and PREA Brochures in English and Spanish; Instructions for Accessing Lionbridge; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign and Lionbridge for Hearing</p> <p>Interviews: Georgia Department of Corrections ADA Coordinator, Random Staff, Random Resident, Resident with Hearing and Vision Disabilities</p> <p>Observations: Posting of PREA Brochures in English and Spanish; Dialing instructions for Reporting sexual abuse and sexual harassment.</p> <p>Policy and Document Review: Department of Corrections Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.</p> <p>The facility has access to Lionbridge via a contract through Georgia's Department of Administrative Services to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. The Agency provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Lionbridge. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish. The auditor reviewed a training roster documenting staff have been trained in how to access Lionbridge.</p> <p>Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient Resident needing translation services the facility has access to Lionbridge (866.874.3974), and if on-site interpreters were needed, she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed.</p> <p>Interviews with staff stated they would not rely on another Resident to interpret for</p>	

another Resident. A few mentioned they would use Lionbridge. Most said they would rely on another staff to interpret in Spanish.

There were no limited English proficient Residents at the facility during the onsite portion of the audit. There were no Residents with limited reading skills or who were deaf or visually impaired. This was confirmed through interviews with staff and Residents.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Review: Department of Corrections Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDOC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; “Georgia Department of Corrections, Professional Reference Check, IV003- 0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for newly hired employees; promoted staff; Regular Employees Annual Background Checks; and contractors; Integrity Test Results</p> <p>Interviews: Human Resources</p> <p>Observations: None that applicable to this standard.</p> <p>Policy Review: Department of Corrections Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too, policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contactor who may have contact with inmates. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. GDOC Policy 104.09, Filling a Vacancy, Paragraph I. Hiring and Promotion, 3. Requires that before hiring anyone who may have contact with offenders, GDOC will perform a criminal background check and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of any allegation of sexual abuse. Verification of that check must be documented on the GDOC Professional Reference Check.</p> <p>Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Officers must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also has an affirmative duty to report and disclose any such misconduct. GDOC Policy 208.06 requires in Paragraph e. that material</p>

omissions regarding misconduct or the provision of materially false information will be grounds for termination. The agency's PREA Coordinator requested, as a best practice, that the facilities conduct annual background checks of all employees to ensure that a five-year check did not fall through the cracks.

As part of the interview process potential employees and employees being promoted; applicants are asked about any prior histories that may have involved PREA related issues prior to hire and approval to provide services. Human Resources staff related that the PREA Questions are given to applicants and required to be completed.

GDOC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDOC requires supporting documentation must be obtained prior to the applicant being hired. Applicants are told to inform the committee at this time if they "have anything against them." The Clerk II questions asks, "What is PREA?" and asks if the applicant has ever had a substantiated claim of sexual misconduct and asks if the applicant is aware they must disclose any substantiated claims about sexual misconduct.

GDOC policy requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse. The hiring process at the Turner Residential Substance Abuse Treatment Center is as follows (according to the HR staff):

- Applicant is called in for an interview.
- Committee selects the top three candidates.
- Background checks conducted on these prior to interview with the Superintendent.
- Selected applicants take the on-line Integrity Test.
- A check of all social media associated with the potential employee is conducted.
- Applicant completes the Applicant Verification Form affirming the PREA related questions.
- Professional References are checked.
- Electronic Fingerprints are taken and submitted.

Note: The background check through the NCIC/GCIC has already been conducted.

For promotions, the HR staff stated the top three selected by the interview panel will have another background check completed and another Applicant Verification Form completed documenting their responses to the PREA related questions once again.

Volunteer background checks are completed at the state level and badges are issued from there. Volunteers with badges are admitted to the facility. Badges document the volunteer has completed all the background checks and training to be a volunteer.

100% of the reviewed new hire personnel files contained the following:

- PREA Acknowledgment Statement

- NCIC/GCIC Background Check
- Applicant Verification Forms
- Professional Reference Checks
- Integrity Test
- Social Media Check

Promoted staff personnel files contained the required background checks.

One hundred percent of the regular employee files contained the background checks and PREA Acknowledgment Statements.

One hundred percent of reviewed contractor files contained PREA Acknowledgement Statements and Background Checks.

Document Review: The auditor reviewed documentation to indicate that background checks were completed staff and contractors.

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 18

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

In examining the personnel files for the newly hired staff, the auditor confirmed each file contained the PREA Questions asked of applicants, Professional References, when applicable, PREA Acknowledgment Statements, and background checks, including fingerprint checks and driver's history. The PREA Questions are documented on the GDOC Form, Applicant Verification. The form affirms that the GDOC must adhere to the United States Department of Justice Final Rule on the "National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act Standards. It then asserts that GDOC may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answer 'yes" to any of the PREA related questions. These questions were: 1) have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you ever been civilly or adjudicated to have engaged in the activities described?

The GDOC Applicant Verification form contains an acknowledgement that the applicant understands that if they do become subject to those prohibitions in their current or subsequent positions involving contact with persons in confinement or under supervision, they have an affirmative duty to report that within 24 hours. They also are acknowledging that if they become involved in such activity, they are subject to termination and if they falsely certify their eligibility for employment, they are

subject to termination or disqualification for employment for this falsification.

In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Human Resource Staff attempt to secure information from former employees related to the applicant. The form entitled, "Georgia Department of Corrections, Professional Reference Check, IV003-0001, and Attachment 5. After advising the former employer about the requirements to conduct background checks, the employer is asked to answer the following:

1) Are you aware of your employee of being involved in any allegation of sexual abuse that was found to be true or resigning during a pending investigation of any allegation of sexual abuse of sexual abuse before the investigation was finished?
Multiple Professional Reference

Checks were reviewed by the auditor confirming the attempt by the facility to inquire about an applicant's involvement in sexual abuse or resigning during a pending investigation.

The agency now requires prospective employees to take an on-line "Integrity Test" designed to determine a potential employee's responses to ethical and moral questions based on presented situations presented to the applicant. Additionally, a part of the hiring process includes "social media" checks as well.

Volunteers are processed through either the Agency headquarters or at one of the GDOC Regional Offices. The volunteer is background checked there as well. Background Checks were documented, currently all Volunteer services have been restricted due to Covid 19 concerns.

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

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution. The GDOC maintains, in all its facilities, a bulletin board called the "Wall of Shame" and photos of former employees who were arrested and/or terminated for violating their oath of office, brought in contraband or who engaged in sexual misconduct with an inmate.

Discussion of Interviews: The Human Resources staff was very knowledgeable of the hiring and background check process and maintains the required documentation in an easily accessible manner. Interviews with the Human Resources staff indicated that all persons selected for employment or contractor, and volunteers that provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to hiring the applicant. The manager also stated that all newly hired staff have background checks that include Fingerprints. She also indicated these checks are conducted annually on all staff whether they are security officers or not.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Department of Corrections Policy 208.06, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8</p> <p>Interviews: Superintendent, PREA Compliance Manager, and Agency Head Observations: None</p> <p>Policy Review: Department of Corrections Policy 208.06, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire indicated there were no modifications to the existing facility. It did reflect there were additional cameras added to the facility during the past twelve months.</p> <p>The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented that there have been no modifications or surveillance system upgrades in the past twelve months or since the last PREA Audit.</p> <p>Discussion of Interviews: Interviews with the Superintendent and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA Audit.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDOC Policy, 208.06, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders; GDOC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Contract with the Sexual Assault Response Team; SANE Call Roster/List;.IK01-0005, MOU from Lily Pad SANE Center; Crime Scene Preservation</p> <p>Interviews: SANE; PREA Compliance Manager; Random Staff; Resident who Report Sexual Abuse - NA Observations: Review of SANE log onsite.</p> <p>Discussion of Policy and Document Review: DOC Policy, 208.06, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDOC’s response to sexual assault follows the US Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner’s protocol initiated.</p> <p>The GDOC Policy, IK-005, Crime Scene Preservation, establishes the agency’s policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff is required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed GDOC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee, requires that medical care initiated by the facility is exempt from health care fees.</p> <p>The Department has promulgated a PREA Local Procedure Directive and Coordinated Response Plan encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.</p> <p>Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual</p>

assault, the SART leader informs the Superintendent who (or his designee) contacts the Office of Professional Standards (OPS) Investigator who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived. The OPS investigator may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Health Services Administrator/designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam. The list, entitled, "SANE Nurse Call Roster" with contact information for SANE Nurse was posted, provided to the auditor and reviewed. Upon completion of the exam the "rape kit" would be turned over to the OPS investigator. If the OPS investigator has not arrived, the SART leader secures the rape kit and initiates the chain of custody following a forensic exam.

The auditor reviewed the Medical PREA Log documenting actions taken when inmates alleged sexual abuse. The PREA Log documented, and the Health Services Administrator acknowledged there have been no cases involving the services of a sexual assault nurse examiner during the past twelve months.

GDOC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS).

The facility has an MOU with the Lily Pad SANE Center to provide an Advocate. The agreement outlines the services the center would provide for Residents who are victims of sexual abuse or who just want to talk with a victim advocate.

The auditor contacted the director of the Lily Pad SANE Center. The director described the services her center offers the residents of the Turner Residential Substance Abuse Treatment Center. They also offer free, confidential counseling and support groups for victims and family members. Additionally, the MOU affirms the center will provide an advocate to accompany the resident throughout the investigative process, including interviews, the forensic exam process, crisis intervention, information and emotional support. The director affirmed residents may access the 24/7 hotline to talk with a victim advocate or to report sexual abuse.

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. This team consists of an investigator, medical and the PREA Compliance Manager.

The number of forensic medical exams conducted during the past 12 months: 0

Reviewed documentation and interviews with the Superintendent, Assistant Superintendent, random and specialized staff as well as with Residents, confirmed the facility has not had any allegations of either sexual abuse or sexual harassment

during the past twelve months.

Discussion of Interviews: The sexual assault response team conducts the initial investigation into allegations of sexual abuse or sexual assault. In conducting those investigations, they utilize the PREA Local Procedure Directive and Coordinated Response Plan. Interviews with members of the SART indicated that the SART facility-based investigator would initiate an investigation as soon as they received notification of an allegation of sexual abuse and within 24 hours if the allegation was sexual harassment. A previous interview with a SANE who is contracted to perform Sexual Assault Forensic Exams for the Georgia Department of Corrections, confirmed the process for conducting a forensic exam. She indicated she often brings a male nurse with her who also serves as an advocate for the inmate undergoing the exam. She follows a uniform protocol for conducting those exams. The Lily Pad SANE Center confirmed the services her agency will provide victims of sexual assault. An interview with a Special Agent confirmed the investigative process when an incident at the facility appears to be criminal. Special Agents, he indicated, complete 600 hours of training by the Georgia Bureau of Investigation.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Review: GDOC Policy, 208.06, Prison Rape Elimination Act; GDOC Standard Operating Procedure, IK01- 0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; IK01-005, Crime Scene Preservation Document Review: Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; Initial Notification Form; GDOC 90 Day Offender Sexual Abuse Review Checklist; GDOC Incident Report; NIC Certificates (National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings)</p> <p>Interviews: Facility-Based Investigator; Special Agent; Agency Head</p> <p>Discussion of Policy and Documents Reviewed: GDOC Policy, 208.06, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member, nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations.</p> <p>Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the</p>

investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

GDOC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. This policy asserts that allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contactors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff is required to cooperate with the investigation and GDOC policy is to ensure that investigations are conducted in such a manner as to avoid threats, intimidation or future misconduct. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report. Failure to report allegations of sexual contact, sexual abuse or sexual harassment may result in disciplinary action, up to and including dismissal.

This policy also affirms the Office of Professional Standards will investigate allegations of sexual contact, sexual abuse and sexual harassment by employees, contractors, volunteers, or vendors. The investigations may include video or audio recorded interviews and written statements from victims, alleged perpetrator and any witnesses as well as all other parties with knowledge of any alleged incident, as well as known documents, photos or physical evidence.

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns during an investigation. The time limit for completing investigations is 45 days from the assignment of the case.

The auditor conducted previous interviews with one Office of Professional Standards (OPS) investigator as well as an interview with an OPS Special Agent and with the on-site facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete 600 hours of training provided by the Georgia Bureau of Investigations. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. The agent related that once an allegation is made, the Regional Office Staff is notified, after which it goes to the Special Agent in Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, and witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

Facility-based investigations are conducted by a team of staff including a staff whose primary responsibility is to investigate, a staff whose primary role is mental health to serve as an advocate, if needed, and medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

An interview with the facility-based investigator confirmed she has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings as well as training from the PREA Compliance Manager. She described the investigative process and the evidence she would be collecting, including witness statements, reviewing any available camera footage, and physical evidence as applicable.

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates, or it is obvious that a criminal act is likely to have occurred, the investigator contacts the Office of Professional Standards who will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

There has been no allegation of sexual abuse or sexual harassment during the past twelve months requiring administrative investigations. This was confirmed through a variety of sources including the Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire and the PREA report to the Agency's PREA Unit; Reviewed Compstat Reports; a report from the PREA Unit PREA Analyst.

The agency's investigation policy is provided via the agency website and provides information on how to report any PREA related allegation or complaint on line. Third parties may also report via the Fraud and Abuse Hotline, with contact information provided on the website as well.

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0 In the past 12 months, the number of allegations resulting in an administrative investigation: 0

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

Discussion of Interviews: Randomly selected staff interviewed during the site review stated they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, or any knowledge of an allegation. They are required to report immediately to their immediate supervisor and document the report with a written statement prior to the end of shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. Most of them could name the members. An interview with the SART Leader confirmed they are very knowledgeable of the investigation process. Interviewed Residents during the site review knew ways to report sexual abuse and sexual harassment internally and externally.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy and Document Review: Georgia DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed Training Rosters documenting Day 1 of Annual In-Service Training, Certificates documenting completion of the on-line course from the National Institute of Corrections, Communicating Effectively and Professionally with LGBTI Offenders; PREA Acknowledgment Statements; Reviewed personnel files containing PREA Acknowledgment Statements</p> <p>Interviews: Random Staff</p> <p>Observations: None applicable for this audit.</p> <p>Discussion of Policies and Documents: Georgia DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department’s zero- tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate’s right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receives annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.</p> <p>The facility provided the training curriculum covering the topics required by the PREA Standards and more.</p> <p>The auditor reviewed training rosters documenting 2022 Annual In-Service, Day 1, PREA training staff. Reviewed personnel files representing newly hired staff all contained PREA Acknowledgment Statements indicating staff are PREA Trained. The auditor reviewed PREA Acknowledgment Statements in personnel files. An additional PREA Acknowledgment Statements uploaded into the PAQ documenting PREA training. Staff had a complete understanding of the agency’s zero tolerance policy of the Department’s Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDOC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including</p>

termination, or that they will be banned from entering any GDOC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one or more, than 25 years, a fine of \$100,000 or both.

Staff are required to complete “Communicating Effectively and Professionally with LGBTI Inmates” training. One hundred percent of the interviewed random staff confirmed they completed the online NIC PREA Training, Communicating Professionally with LGBTI Inmates.

Investigative staff completes the NIC on-line training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings. The facility-based staff advocate completes the two-day training conducted by the Georgia Network to End Sexual Assault. Staff also completes the NIC online training, “Your Role in Responding to Sexual Abuse.”

PREA Compliance Managers attend training at least twice a year.

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

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are placed neatly and conspicuously in frames and on neatly maintained bulletin boards.

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

Discussion of Interviews: Interviews with random staff, confirmed they receive PREA Training annually during annual in- service training on Day 1. Staff, indicated, in their interviews, that they receive PREA training as newly hired employees both at the facility and at the academy (BCOT). They stated they then receive PREA Training during annual in-service and that sometimes that training is in a class and sometimes on-line.

Staff stated they receive annual training in PREA and that that training is either in a class or online depending on the year. This year they received Day 1 In-Service Training that was conducted in a class setting. Day 1 training includes PREA. Staff indicated, as well, in their interviews, that they were trained in each of the topics required by the PREA Standard and the GDOC Policy.

This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteers and Contractors Training; PREA Acknowledgement Statements</p> <p>Interview: Contractor</p> <p>The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 11</p> <p>Observations: There were no volunteer activities during the on-site audit.</p> <p>Discussion of Policies and Documents that were reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors are required to be notified of the Department's zero- tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements; the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the regional training. Too it provides consistency in the training provided. Once the regional office issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.</p> <p>A memo from the GDOC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training previously was submitted to the facility. In the training, the Coordinator, asserted volunteer training includes: 1) zero- tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; 4) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims;7) How to detect and respond to signs of threatened and</p>

actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; and 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The trainer indicated they use the Power Point presentation provided by the agency PREA Coordinator. Regional Training is now being provided. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and contractors who have contact with offenders are notified of the Department's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Documentation of that training is on the Contractor/Volunteer Acknowledgment Statement.

The auditor reviewed PREA Acknowledgment Statement for contractors. The GDOC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and if they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

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

Discussion of Interview: A Contractor related during an interview she is required to complete the same training required for DOC staff.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDOC PREA pamphlet; Issuance of Resident Handbook/Completion of Handbook Orientation and Acknowledgment Statements, Intake PREA Education</p> <p>Interviews: Intake Staff; PREA Compliance Manager; Residents</p> <p>Discussion of Policy and Documents: Reviewed: DOC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education, requires notification of the GDOC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every resident upon arrival at the facility. It also requires that in addition to verbal notification, offenders are required to be provided a GDOC PREA pamphlet.</p> <p>Within 15 days of arrival, the policy requires inmates receive PREA education. The education must be conducted by assigned staff members to all inmates and includes the gender appropriate “Speaking Up” video on sexual abuse. The initial notification and the education are documented in writing by signature of the inmate.</p> <p>In the case of exigent circumstances, the training may be delayed, but no more than 30 days, until such time is appropriate for delivery (i.e. Tier Program, medical issues etc.). This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.</p> <p>The PREA Education must include: 1) The Department’s zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) Notice that male and female routinely work and visit housing area.</p> <p>PREA Education is required to be provided in formats, accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.</p> <p>Education, according to GDOC policy requires the facility to maintain documentation of offender participation in education sessions in the offender’s institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department’s zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.</p>

Residents confirm their orientation on several documents:

1) Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment).

2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video).

If an inmate is non-English speaking, the Lionbridge is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If a Resident requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator.

At intake, Residents are given a PREA Pamphlet and the basic information in the pamphlet is discussed giving incoming Residents information on Zero Tolerance and how to report allegations of sexual abuse.

During the random Residents interviews the intake process was discussed in detail. Staff discusses PREA during the intake process as well as orientation. Residents receive a brochure, view a video and participate in a discussion. An acknowledgement form is signed. PREA information is also found posted through- out each housing unit.

The reviewed Resident Handbook addresses the agency/facility's Zero Tolerance for any form of sexual activity, how to avoid sexual abuse; what to do if one becomes a victim; and how to report, including ways to report to outside entities and that they can remain anonymous. The address to the Ombudsman is included. Residents are advised they have the right to be free from sexual abuse and sexual harassment, that they have the right to be free from retaliation.

The auditor reviewed PREA Acknowledgements Statements.

Posters containing PREA related information, including Zero Tolerance, See Something Say Something, and how to report, with contact information provided.

The number of inmates admitted during past 12 months who were given this information at intake: 188

The percentage of inmates admitted during past 12 months who were given this information at intake: 100%

The facility has PREA videos in English, Spanish and close captioned. Training logs for Residents were provided for review by the auditor.

Discussion of Interviews: The staff member providing PREA related information at intake was very knowledgeable of PREA and presented that information to newly arriving Residents in an effective and professional manner.

An interview with a staff responsible for conducting orientation indicated that orientation is conducted not later than the day following intake. The staff responsible for conducting orientation is a Counselor, the PREA Compliance Manager. In addition to describing a thorough process for informing Residents about PREA the auditor observed that process and it appeared to be thorough and effective.

Interviewed Residents stated they received PREA information at intake. They said they had received oral information as well as the PREA brochure. They also said they received that information upon admission and the next day they received a more in-depth orientation and watched the PREA Video. Residents were knowledgeable about PREA, zero tolerance and their rights related to PREA. They also were informed about multiple ways to report.

This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations: Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings</p> <p>Interviews: Superintendent; Agency PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator, Special Agent; Facility-Based Investigator; SART Members</p> <p>Discussion of Policies and Documents: DOC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings.</p> <p>That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.</p> <p>In GDOC Facilities, the Sexual Assault Response Team is charged with conducting the initial investigation into issues related to PREA. Their role is to determine if the allegation is indeed PREA related. If the allegation appears to be criminal in nature, the Office of Professional Standards investigators will conduct the investigation with support from the SART.</p> <p>Investigative staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificates documenting the specialized training and through interviews with the investigators. Sexual Assault Response Team members are provided training conducted by the GDOC PREA Unit at least twice a year.</p> <p>Discussion of interviews: The auditor interviewed an Office of Professional Standards, Special Agent, from the Regional Office. The agent articulated the investigative process and the role of the Special Agent in investigating PREA related allegations. He indicated he or other agents would be dispatched by the Regional Office in the event of a sexual assault. He also related that in addition to the NIC Specialized Training taken on-line, (PREA: Investigating Sexual Abuse in Confinement Settings) he attended 600 hours of training provided by the Georgia Bureau of Investigation to become a Special Agent with arrest powers. The facility-based investigators confirmed receiving the NIC training “Investigating Sexual Abuse in Confinement Settings”. Certificates were provided documenting completing the NIC specialized</p>

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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire, Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings</p> <p>Interviews: Medical Staff</p> <p>Observations: None applicable at this time to this standard.</p> <p>Discussions of Policy and Documents: The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented one hundred percent of medical staff completing the required specialized training. Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDOC medical and mental health staff and GCHG staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDOC's annual PREA in-service training.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 2</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 100%</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing Reviewed Assessments; Reviewed Re- Assessments</p> <p>Interviews: Superintendent; Staff Responsible for Risk Screening</p> <p>Discussion of Policies and Documents: DOC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens and Superintendents are required to designate a safe dorm (s) for those inmates (residents) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the Department requires the facility to consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate are to be reassessed at least twice a year.</p> <p>Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in GDOC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the offender will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.</p> <p>The facility’s living units are all open bay style. Residents are assigned initially based on their program status and in their unit based on their victim/aggressor results. Safe beds are designated in dorms and there are generally the closest to view from the Control Room and closest to camera view.</p> <p>Intake officers initially assign the dorm and bed. Typically, according to staff, they await the results of the victim/aggressor assessment. The classification committee meets and considers the available information on the Resident to determine the best housing assignment, as well as program and detail assignments, if any.</p> <p>Discussion of Interviews: Interviews with staff indicated residents are assessed for potential to be a victim or an aggressor during the admission process. Residents are</p>

	<p>assigned to an open bay dorm depending on the victim/aggressor rating but also based on the Residents' court orders as either sentenced to the RSAT or to complete the program. Intake staff makes the initial housing assignment. Staff stated if the resident was a potential victim, he would be placed in a safe bed in dorm C. The safe bed is usually a bed closest to the Control Room and in view of a camera, aggressors are housed in dorm A.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing Reviewed Assessments; Reviewed Reassessments; PREA Local Procedure Directive and Coordinated Response Plan</p> <p>Interviews: Superintendent; Staff Responsible for Risk Screening</p> <p>Discussion of Policies and Documents: DOC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens and Superintendents are required to designate a safe dorm (s) for those inmates (residents) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the Department requires the facility to consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate are to be reassessed at least twice a year.</p> <p>Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in GDOC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the offender will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.</p> <p>The facility’s living units are all open bay style. Residents are assigned initially based on their program status and in their unit based on their victim/aggressor results. Safe beds are designated in dorms and there are generally the closest to view from the Control Room and closest to camera view.</p> <p>Intake officers initially assign the dorm and bed. Typically, according to staff, they await the results of the victim/aggressor assessment. The classification committee meets and considers the available information on the Resident to determine the best housing assignment, as well as program and detail assignments, if any.</p> <p>Discussion of Interviews: Interviews with staff indicated residents are assessed for</p>

<p>potential to be a victim or an aggressor during the admission process. Residents are assigned to an open bay dorm depending on the victim/aggressor rating but also based on the Residents' court orders as either sentenced to the RSAT or to complete the program. Intake staff makes the initial housing assignment. Staff stated if the resident was a potential victim, he would be placed in a safe bed in dorm C. The safe bed is closest to the Control Room and in view of the control operator and cameras, aggressors are housed in dorm A.</p>

115.43	Protective Custody
	<p data-bbox="256 188 986 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1449 456">Policy and Document Review: Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Georgia GDOC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; PREA Local Procedure Directive and Coordinated Response Plan</p> <p data-bbox="256 497 1075 533">Interviews: Superintendent; Staff supervising segregation</p> <p data-bbox="256 573 1461 936">Discussion of Policy and Documents: The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff was aware of the requirements of GDOC policy which is consistent with the PREA Standards.</p> <p data-bbox="256 976 1477 1469">The Georgia GDOC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate’s safety is noted in SCRIBE case notes documenting the concern for the offender’s safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.</p> <p data-bbox="256 1509 1474 1666">When possible, the Resident would be placed in a safe bed in a different dorm and placed in segregation as a last resort. Safe beds in this facility, according to a staff conducting victim/aggressor screenings, are in each dorm and generally would be the top bunk in a bed closest to the control room and in view of camera.</p> <p data-bbox="256 1706 1449 1989">If Residents are assigned to involuntary segregated housing it is only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed a period of 30 days. If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate’s safety and the reason why no alternative means of separation can be arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="256 2029 1430 2065">The number of inmates at risk of sexual victimization who were held in involuntary</p>

segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

Discussion of Interviews: Interviews indicated there has been no Resident placed in involuntarily segregation or protective custody during the past 12 months preceding the audit however, the Superintendent indicated he would place a Resident in involuntary Protective Custody if warranted to keep the Resident safe. None of the interviewed Residents stated they had reported a PREA allegation and stated they have never been placed in involuntary segregated housing as a result of threats of or actual sexual abuse. The Superintendent has a designated Dorm with assigned safe beds for potential victims of sexual abuse.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDOC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDOC Policy IIA23-0001, Consular Notification; Email from the GDOC PREA Unit PREA Analyst documenting that there were no PREA calls to the hotline from this facility in the past 12 months; Review of the Georgia Department of Corrections Website - Reporting Sexual Abuse.</p> <p>Interviews: PREA Compliance Manager, Residents, Random Staff</p> <p>Discussion of Observation: Phones were observed on the walls of each dorm. Posted at the phones were instructions for dialing the PREA Hotline. The auditor also confirmed the agency's website provides information on how to report allegations of sexual abuse.</p> <p>Discussion of Policy and Documents: Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided).</p> <p>Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDOC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity. This information is posted next the phones providing dialing instructions. The auditor observed the dialing instructions next to the phone for reporting sexual abuse.</p> <p>Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases, and an investigation begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both</p>

random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

The Georgia Department of Corrections provides Residents multiple ways to report sexual abuse and sexual harassment privately. To make a report outside the facility Residents can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the GDOC Tip Line (and remain anonymous); write or call the GDOC PREA Coordinator.

The GDOC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial redress after exhausting administrative remedies. The procedures governing grievances are addressed in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

Inmates also have access to outside confidential support services including those identified in the PREA Brochure given to inmates during the admission process and posted throughout the prison. The following ways to report are provided: Call PREA, 7732; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman (phone number provided), to the Director of Victim Services (mailing address provided).

GDOC Policy IIA23-0001, Consular Notification affirms it is the policy of GDOC that the Consulate General of an inmate's native country is kept informed as the inmate's custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at <http://www.state.gov/s/cpr/ris/fco> This policy prescribes the GDOC's responsibility for notification and that the inmate is informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Warden approves a shorter time period.

Residents may call anyone on their approved call list. They may also call their attorney's if they have one. Emergency phone calls may be made through the Resident's counselor.

The reviewed Resident's Handbook mentions multiple ways to report sexual abuse and sexual harassment, tell a staff member; call the PREA Hotline; through the Office of Victim Services; the Ombudsman; call any of the numbers on the PREA flyer, and outside victim advocacy support services agency, the Lily Pad SANE Center.

Inmates have multiple ways to report allegations of sexual abuse or sexual

harassment internally and externally. They may report by calling the PREA Hotline, write the Ombudsman, write the State Board of Pardons and Parole, Victim Services, report to the Agency's PREA Coordinator, write staff, friends, family and inmates, report via the grievance process, the GDOC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff. Residents may report to family via phone, during visitation, and via mail. They may report to their attorney's either via mail, phone or through visits with them.

Discussion of Observation: Phones were observed on the walls of each dorm. Posted at the phones were instructions for dialing the PREA Hotline. The auditor also viewed and reviewed the agency's website providing information on how to report allegations of sexual abuse.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explain that residents have the right to report, stressing the facility wants to keep the resident safe and that an investigation will be conducted for reported incidents and the perpetrator will be held accountable. Multiple ways to report are listed on the poster. These include:

- Call the PREA Hotline 7732.
- Report to any staff, volunteer, contractor or medical staff.
- Submit a grievance or sick call slip.
- Report to the PREA Coordinator or PREA Compliance Manager.
- Tell a family member, friend, legal counsel or anyone else outside the facility.
- Submit a report on someone else's behalf or someone at the facility can report for you (the resident).
- Victim Support Services for emotional support and to report (contact information provided).

Residents are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells Residents they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided).

Methods of reporting include the PREA Hotline; in writing anonymously to the State Board of Pardons and Parole, Office of Victim Services; Emotional Support Services and Victim Advocacy through the Lily Pad SANE Center (phone and address provided); and through Third Party Reports by calling the Ombudsman's Office (number provided).

	<p>Discussion of Interviews: Interviews with Residents confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. Analysis of the responses to the question of how Residents would report, most often responses were report to an officer and using the hotline and tell a relative or another Resident who could report for them.</p>
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115.52	Exhaustion of administrative remedies
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1453 584">Policy and Documents Reviewed: The Turner Residential Substance Abuse Treatment Center Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; GDOC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2</p> <p data-bbox="256 622 1038 658">Interviews: Randomly Staff; PREA Compliance Manager</p> <p data-bbox="256 696 916 732">Observations: Not applicable for this standard.</p> <p data-bbox="256 770 1474 1133">Discussion of Policies and Documents: The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented there were no grievances alleging sexual harassment during the past twelve (12) months; therefore, there were no grievances requiring a final decision within 90 days (115.52 (d)-3) nor were there any grievances involving extensions because a decision was not reached within 90 days. If a grievance alleged sexual abuse or sexual harassment it is turned over to the Sexual Assault Response Team for investigation and ceases being processed as a grievance. This was also confirmed through interviews with the grievance officer, interviews with the PREA Compliance Manager and reviewed grievances.</p> <p data-bbox="256 1171 1453 1330">GDOC Policy explains the agency and facility grievance process. Upon entering the GDOC, each offender is required to receive an oral explanation of the grievance procedure and receive a copy of the Resident Handbook, which includes instructions about the procedure.</p> <p data-bbox="256 1368 1469 1615">GDOC Policy, 227.02, Statewide Grievance Process, specifies the areas where grievance forms may be accessed. It also affirms that offenders are not prohibited from assisting other offenders from filling out any forms related to the process. Policy provides that an offender may file a grievance on behalf of another inmate if the allegation involves sexual abuse. The Policy and local operating procedures allow another inmate to file a grievance on behalf of another inmate.</p> <p data-bbox="256 1653 1465 2063">Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Page 5 of the Statewide Grievance Policy, Paragraph 4., Asserts that the offender is not required to attempt an informal resolution before filing a grievance; 2) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 3) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 4) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 5) If the inmate declines to have the request processed on his behalf, GDOC will document the inmate's decision as part of the SART or Internal Investigation report. Staff will also assist offenders who need special</p>

help (because of such things as barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

Emergency Grievance procedures, as discussed in, requires that emergency grievances must be immediately referred to the Grievance Coordinator (or Duty Officer if after hours), such as allegations of sexual abuse and other PREA Concerns. The Grievance Officer/Duty Officer must determine if the Grievance fits the definition of an emergency grievance. If it does, the Grievance Officer/Duty Officer must immediately take whatever action necessary to protect the health, safety or welfare of the offender, and provide an initial response within 48 hours. This information is required to be documented and DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, requires the facility to allow inmates a full and fair opportunity to file grievances regarding sexual abuse to preserve their ability to seek judicial redress after exhausting administrative remedies.

In situations where an inmate uses the grievance process to report an allegation of sexual abuse, the Department does not require the inmate to attempt to resolve the incident informally before filing a grievance the offender must be given a written response to his Emergency Grievance within 5 calendar days.

In the past 12 months, the number of grievances filed that alleged sexual abuse: 0

Discussion of Interviews: Interviews with staff indicated if a Resident filed a grievance that reported sexual abuse, sexual harassment or retaliation; the grievance would be turned over to the SART for investigation. Interviewed Residents named multiple ways to report sexual abuse and sexual harassment.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, PREA, MOU between the Turner Residential Substance Abuse Treatment Center and the Lily Pad SANE Center; Turner Residential Substance Abuse Treatment Center Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; GDOC Policy IIA234-0001, Consular Notification; PREA Related Posters; Training Certificate: Georgia Network to End Sexual Violence</p> <p>Interviews: Residents who reported Sexual Abuse - NA</p> <p>Discussion of Policies and Documents Review: GDOC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with inmates. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.</p> <p>The agency provided a Memorandum of Understanding between the Turner Residential Substance Abuse Treatment Center and Lily Pad SANE Center. In the MOU, the executive director of Lily Pad SANE Center agreed to provide victim advocacy services to facility's Residents in the event of a PREA incident. If requested by a victim, a qualified Lily Pad SANE Center Victim Advocate will be provided. The advocate will accompany and support the victim throughout the investigative process to include interviews, forensic exams, crisis intervention, and information and emotional support.</p> <p>Residents also have access to the GDOC Ombudsman and GDOC Tip Line. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to inmates.</p> <p>GDOC Policy IIA23-0001, Consular Notification; affirms it is the policy of GDOC that the Consulate General of an inmate's native country be kept informed as the inmate's custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Consular Offices in the United States. This information is available for download at http://www.state.gov/s/cpr/ris/fco This policy prescribes the GDOC's responsibility for notification and that the inmate is informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country.</p> <p>Discussion of Interviews: The PREA Compliance Manager confirmed the facility has a MOU with the local rape crisis center, Lily Pad SANE Center. An interview with the executive director confirmed the agency will provide services to the facility's</p>

<p>Residents. Services include providing an advocate to accompany a Resident victim of sexual abuse during the forensic exam and any other interviews if the Resident requested it. She confirmed that they operate a 24/7 hotline for Residents to call for counseling or to report an allegation of sexual abuse.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.06, PREA; The Turner Residential Substance Abuse Treatment Center Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; GDOC Policy, 227.02, Statewide Grievance Process; The Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?”; The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It”; Reviewed PREA Related Brochures (An Overview for Offenders – Do You Know Your Rights and Responsibilities?); PREA Related Posters</p> <p>Interviews: Residents, PREA Compliance Manager</p> <p>Observations: Review of the Agency’s Website.</p> <p>Discussion of Policy and Documents: The Georgia Department of Corrections and the Turner Residential Substance Abuse Treatment Center provide multiple ways for inmates to access third parties who may make reports on behalf of an inmate. GDOC provides contact information enabling Third Party reports may be made to the GDOC Ombudsman’s Office, to the GDOC TIP Line and to the agency’s PREA Coordinator. Information is provided to inmates that allow them to call or write the Ombudsman’s Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate’s pin is not required to place a call using the “hotline”. The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.</p> <p>The Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?” These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email PREA.report@GDOC.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided. The agency also has a TIP Line accessible to third parties.</p> <p>The PREA brochure, An Overview for Offenders, Do You Know Your Rights and Responsibilities? Provides contact information for the GDOC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman’s Office.</p>

Another poster provides the following information regarding reporting to outside entities: Resident Hotline; State Board of Pardons and Parole, Office of Victim Services, Lily Pad SANE Center (for emotional support services and victim advocacy) and the Ombudsman's Office. Contact information is provided for each of those entities. Others, including family members, friends and other residents, may make a report for a resident. They may also assist a resident in filing a grievance or file one for him.

Discussion of Interviews: Staff when asked to name the ways inmates could report allegations of sexual abuse consistently named third parties as a way, Residents, could report. Staff related that they would accept a report through or from any source and that they would report it immediately to their supervisor and follow-up with a written report before the end of the shift.

When Residents were asked to name multiple ways to report internally and externally, one of the ways they mentioned was through third parties. They did not all refer to them as third parties but most mentioned that family members or relatives as well as other Residents could report for them.

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1465 539">Policy and Document Review: Department of Corrections Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement</p> <p data-bbox="256 580 1398 651">Interviews: Superintendent, PREA Coordinator; PREA Compliance Manager; SART Leader</p> <p data-bbox="256 692 1477 1016">Discussion of Policy and Documents Reviewed: Department of Corrections Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct.</p> <p data-bbox="256 1057 1465 1341">The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the PREA Local Procedure Directive and Coordinated Response Plan. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation.</p> <p data-bbox="256 1382 1477 1666">Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response.</p> <p data-bbox="256 1706 1477 2031">Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff is not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.</p>

This facility does not house youthful offenders; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

Policy requires that staff be aware of and attempt to detect to attempt to prevent sexual abuse, sexual harassment or sexual misconduct, through offender communications, comments to staff members, offender interactions, changes in offender behavior, and isolated or vulnerable areas of the institution.

There was no allegation of sexual abuse or sexual harassment made during the past 12 months.

Discussion of Interviews: Random Staff named multiple ways Residents could report. When Residents were asked specifically about the ways they could report, Residents typically said to a staff or using the hotline. When asked if inmates could report anonymously or through third parties, staff consistently reported they would take a report from any source and they would take all allegations seriously and report it. All staff stated they would complete a statement before the end of their shift.

115.62	Agency protection duties
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1422 582">Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2, Facility Protection Duties; SOP 209.06, Administrative Segregation; the Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire</p> <p data-bbox="256 622 628 658">Interview: Superintendent</p> <p data-bbox="256 698 1481 1518">Discussion of Policy and Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation.</p> <p data-bbox="256 1559 1469 2056">If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence</p>

of sexual assault, staff ensures closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and updates the victim's offender file with incident information.

Residents identified as at risk, according to staff, will be placed in the bunks that are closest to the control room where they can be more easily monitored. The Superintendent has designated E Dorm as a "safe" dorm for residents whose screening identifies the residents as potential victims of sexual assault.

The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented there have been no incidents in which an inmate was at substantial risk of imminent sexual abuse during the past twelve months.

Discussion of Interview: Interview with the Superintendent, confirmed there were no resident at risk of imminent sexual abuse in the 12 months preceding the audit.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Reviewed Incident Reports</p> <p>Interview: Superintendent</p> <p>Discussion of Policy and Reviewed Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non- Department secure facilities, the Warden/ Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non- Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p>The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented that there have been no allegations received from another facility reporting that a Resident reported to another facility that he was sexual abused while at Turner Residential Substance Abuse Treatment Center and no reports of a Resident at this facility reporting having been abused at another facility. This was confirmed through reviewed incident reports alleging sexual abuse/sexual harassment, incident reports for the past 12 months.</p> <p>Discussion of Interview: Interview with the Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. Interviews indicated the SART at Turner would cooperate with the investigation and if the inmate at Turner reported sexual abuse at another facility, Turner Residential Substance Abuse Treatment Center would initiate an immediate investigation.</p> <p>There have been no reports of a Resident alleging sexual abuse at another facility, or at Turner RSAT.</p>

115.64	Staff first responder duties
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1445 539">Policy and Documents Review: Georgia DOC Policy, 208.06; local protocol, “PREA Reporting Process”; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; SANE’s List; PREA Medical Log; Turner Residential Substance Abuse Treatment Center PREA Local Procedure Directive and Coordinated Response Plan; SART Team Member List; PREA Employee Checklist</p> <p data-bbox="256 580 1382 656">Interviews: Security Staff and Non-Security Staff First Responders, Inmates who Reported a Sexual Abuse - NA</p> <p data-bbox="256 696 1465 1395">Discussion of Policy and Documents: Georgia DOC Policy, 208.06, describes, in detail, actions to take upon learning that a resident has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately.</p> <p data-bbox="256 1435 1469 1592">The Sexual Assault Response Team will be notified and will implement the local protocol. The facility has a PREA Local Procedure Directive and Coordinated Response Plan designating the members of SART team. They included security, mental health, medical and retaliation monitor.</p> <p data-bbox="256 1632 1477 1874">The local protocol, PREA Employee Checklist, identifies actions to take upon a receiving a report of sexual abuse. A general statement affirms and requires that staff will be required to assume all reports of sexual victimization, regardless of the source of the report, are credible and respond accordingly First Responders are charged with the following responsibilities, as described in the PREA Local Procedure Directive and Coordinated Response Plan:</p> <p data-bbox="256 1915 1382 1991">SECURITY STAFF FIRST RESPONDERS: Intervene in any in-progress assaults and separate:</p> <ul data-bbox="256 2031 711 2065" style="list-style-type: none"> · The alleged victim and abuser.

- Detain the abuser.
- Call for emergency medical care for the victim, if needed.
- Immediately notify the shift supervisor and remain on the scene until relieved by responding personnel.
- Preserve and protect the crime scene.
- Request the victim not take any actions that could destroy physical evidence.
- Ensure that the alleged abuser not take any actions that could destroy physical evidence.
- Do not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident.
- Document a detailed description of the Victim and abuser locations, affect; wounds and where they are, and anything the victim or abuser report to you.

NON-SECURITY FIRST RESPONDERS:

- Request the alleged victim not take any actions that could destroy physical evidence.
- Request the alleged abuser not take any actions that could destroy physical evidence.
- Report to designated supervisors.
- Do not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident.
- Document a detailed description of the Victim and abuser locations, affect; wounds and where they are, and anything the victim or abuser report to you.

Coordinated actions are described in the same document and will be discussed in Standard 115.65, Coordinated Response. In the past 12 months, the number of allegations that an inmate was sexually abused: 0

Discussion of Interviews: Interviews with staff confirmed they are knowledgeable of their roles as first responders. One hundred percent of the staff stated the steps they would take as first responders. They stated they would separate the alleged victim and aggressor, call the shift supervisor, tell the alleged victim and abuser not to change clothes, shower, brush their teeth or take any actions that might interfere or destroy potential evidence, secure the crime scene and document anyone going in or out of the scene. Most staff included taking the alleged victim to medical. Non-security staff articulated the same steps, including separating the victim and abuser and securing the crime scene.

The facility has a PREA Local Procedure Directive and Coordinated Response Plan designating the members of SART team. They included security, mental health, medical and retaliation monitor. Contact information for all members is provided on

	the PREA Local Procedure Directive and Coordinated Response Plan to include, the Superintendent.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDOC Sexual Abuse Response Checklist (GDOC 208.06, Attachment 6); PREA Employee Checklist</p> <p>Interviews: Superintendent, First Responders</p> <p>Discussion of Policies and Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the PREA Local Procedure Directive and Coordinated Response Plan in a document entitled: PREA Employee Checklist.</p> <p>The local PREA Local Procedure Directive and Coordinated Response Plan is detailed in the Facility's PREA Employee Checklist. In addition to the duties of the first responders, both security and non-security, the plan describes the responsibilities of the shift supervisor, including the required notifications; Sexual Assault Response Team Leader responsible for conducting sexual abuse and sexual harassment investigations.</p> <p>There has been zero (0) incidents or allegations of sexual harassment in the past twelve months. This was confirmed through the reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire, and the Georgia Department of Corrections PREA Compliance Unit.</p> <p>Discussion of Interviews: All interviewed staff articulated their roles in responding to an allegation of sexual assault. The facility has a PREA Local Procedure Directive and Coordinated Response designating the members of SART team. They included the PREA Compliance Manager, security, mental health, medical and retaliation monitor. Contact information for all members is provided on the PREA Local Procedure Directive and Coordinated Response Plan to include the Superintendent. The Coordinated Response Plan also identifies the safe beds for the facility where at risk residents are housed.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining.</p> <p>Interviews: Superintendent; Statewide PREA Coordinator; Statewide Assistant PREA Coordinator; PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).</p> <p>Discussion of interviews: Interviews with the Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, Superintendent; PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head's Designee confirmed that Georgia is a Right to Work State and employees are all non-union and none involved in any form of collective bargaining. The Warden/ Superintendent can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: DOC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; 90 Day Offender Sexual Abuse Review Checklist (GDOC Form)</p> <p>Interviews: Agency Head, Superintendent, Designated Staff Member Charged with Monitoring Retaliation, Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) - NA, Inmates who Reported a Sexual Abuse - NA</p> <p>Discussion of Policy and Documents Review: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fears retaliation.</p> <p>Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation.</p> <p>Monitoring includes review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.</p> <p>The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>There was no allegation of sexual harassment; this was confirmed through the reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire and the Georgia Department of Corrections PREA Unit analyst.</p> <p>Discussion of Interviews: The retaliation monitor indicated that she would contact the Resident following an allegation of sexual abuse or sexual harassment. She stated she would make sure the Resident knows she is the person to contact with any</p>

retaliation issues.

She stated once an allegation is made, she would ensure that if the allegation was against a staff she would separate the staff from the Resident until an investigation could be conducted. The staff would be placed on "no contact" status. If the allegation is Resident on Resident, she indicated she could move the Resident to another dorm if that would keep them safe, possibly transfer the resident to another facility to ensure his safety.

Things the staff would monitor would be disciplinary reports, grievances, movements and detail changes. If it was a staff fearing retaliation, the monitor would look at things like work assignments, shifts, details and performance reports.

The monitor would contact with the Resident/Staff every 30 days, 60 days, 90 days and more if needed. The monitoring would be documented on the GDOC Retaliation Form.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody</p> <p>Interviews: Agency Head, Superintendent, Staff who Supervise Inmates in Segregated Housing, Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) - NA, Inmates who Reported a Sexual Abuse - NA</p> <p>Discussion of Policy and Documents: Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody, prohibits placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, SCRIBE, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with SOP HN09-0001, Administrative Segregation.</p> <p>The reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented there has been no incidents resulting in a Resident being placed in involuntary segregated housing during the past twelve (12) months. This was confirmed by reviewing grievances filed during the past 12 months, incident reports made during the past 12 months and interviews with the SART, the Superintendent, PREA Compliance Manager and random and targeted Residents.</p> <p>Discussion of Interviews: Interviews with staff indicated that residents at risk of sexual abuse are placed in Dorm C, (designated safe dorm), aggressors are housed in Dorm A. If there were no options to keep a resident safe, he could be placed in a holding cell until staff assessed the situation and determined the best place to keep the resident safe.</p> <p>If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, visits from medical and the counseling staff, recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the</p>

	logbook.
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115.71	Criminal and administrative agency investigations
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1474 707">Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.06, G. Investigations; PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDOC 90 Day Offender Sexual Abuse Review Checklist; GDOC Incident Report; Reviewed NIC Certificates; PREA Local Procedure Directive and Coordinated Response Plan; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire</p> <p data-bbox="256 748 1474 819">Interviews: Superintendent, Investigative Staff, Inmates who Reported a Sexual Abuse - NA</p> <p data-bbox="256 860 1474 1899">Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections (GDOC) requires all allegations of sexual abuse and sexual harassment to be investigated. The policy requires that even a suspicion is investigated. The GDOC requires that each facility has a Sexual Assault Response Team (SART) composed of staff who serves primarily as the “investigator” along with a representative from medical and a mental health or counseling staff. The SART’s role is to conduct an initial investigation into the allegation, unless there is obvious penetration or an assault, making it apparent that a potential criminal act has occurred. When it appears that an act or allegation is criminal in nature the Superintendent will contact the Regional Office who will dispatch a Special Agent to conduct the investigation. The Special Agent has the authority and responsibility to conduct criminal investigations and has “arrest” powers. Special Agents receive training to become investigators by the Georgia Bureau of Investigations. They also complete the online training provided by the National Institute of Corrections, “PREA: Conducting Sexual Abuse Investigations in Confinement Settings.” The SART will continue to investigate all other allegations including allegations of sexual harassment however if the Superintendent decides to, he may ask the District Office to determine if the allegation can be resolved at a local level or if the Special Agent needs to be involved. The SART investigator has completed the Specialized Training and the team, after reviewing all the evidence collected, determines, based on a preponderance of the evidence if the allegation is substantiated, unsubstantiated, or unfounded. Written reports document administrative investigations conducted by the SART. The Special Agent is responsible for reports of criminal investigations. Notification is made to the resident at the conclusion of the investigation to inform the resident of the outcome of the investigation.</p> <p data-bbox="256 1939 1474 2056">Georgia Department of Corrections Policy, 208.06, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual al</p>

harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse.

Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

The facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, retaliation monitor, medical staff, and mental health staff.

There was no investigation conducted in the past 12 months.

The Residents are notified of the outcome. Investigations contained the following:

- PREA Initial Notification

- Incident Report

- Witness Statements

- Evidence Reviewed

- Supplemental Report
- Notice to resident
- Retaliation Monitoring Sheet
- Incident Review (Where required)

Discussion of Interviews: A previous interview with an Office of Professional Standards Special Agent indicated he and the other Special Agents have completed the Specialized on-line training from the National Institute of Corrections as well as Specialized Training to become

Special Agents. That training was extensive and conducted by the Georgia Bureau of Investigation. He described the investigation process and indicated that if there was penetration, he would come on out to the facility and probably be here when the Sexual Assault Nurse Examiner arrives and conducts the forensic exam. After the exam the "rape kit" would be turned over to the Special Agent who would take the kit to the Georgia Bureau of Investigations for testing.

A facility-based investigator also described in detail, the role of the Sexual Abuse Response Team when conducting investigations of sexual abuse and sexual harassment at the facility. He stated he would begin an investigation immediately. Evidence he would secure would be witness statements from the alleged victim and aggressor, as well as any other witnesses. He would review any camera footage that might be available and any other documentation that might be reviewed in an investigation. If the allegation appeared to be criminal in nature he would ensure the scene is secured and evidence protected until the Special Agent arrived.

Then his role would be to support the Special Agent in whatever ways he/she needed. Interviews with facility staff confirmed they all knew the SART team conducts sexual abuse/harassment investigations in this facility.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1461 456">Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14</p> <p data-bbox="256 497 794 533">Interviews: Facility-Based Investigator</p> <p data-bbox="256 573 1481 770">Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="256 810 1445 927">The Lead Sexual Assault Team Member and facility-based investigator affirmed that the standard of evidence to substantiate an allegation of sexual abuse is “the preponderance of the evidence”.</p>

115.73	Reporting to inmates
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1422 501">Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Pre- Audit Questionnaire</p> <p data-bbox="256 542 1481 613">Interviews: Superintendent, Investigative Staff, Inmates who Reported a Sexual Abuse - NA</p> <p data-bbox="256 654 1481 1146">Discussion of Policy and Documents Review: Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.06), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into an offender’s allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances.</p> <p data-bbox="256 1187 1458 1348">Notifications are required to be documented. If an inmate is released from the Department’s custody the Department’s obligation to “notify” the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and DOC Policies.</p> <p data-bbox="256 1388 1406 1500">If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the resident of the outcome of the investigation.</p> <p data-bbox="256 1541 1481 1908">A member of the SART is required to notify the resident when a staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="256 1948 1481 2060">The notification form would document, for the resident, if the investigation was determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the</p>

resident is notified of any of the following if applicable:

- Staff member is no longer posted within the inmate's unit.
- Staff member is no longer employed at the facility.
- Staff member has been indicted on a charge related to sexual abuse with the facility.
- Staff member has been convicted on a charge related to sexual abuse within the facility.
- The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility.
- The alleged abuser (offender) has been convicted on a charge related to sexual abuse within the facility.
- Other: Include explanation of why "other:" was checked.

There was no allegation of sexual abuse or sexual harassment in the 12-month preceding the audit..

Discussion of Interviews: Interviews with the SART Leader indicated that a member of SART and/or PREA Compliance Manager would be responsible for notifying the Residents of the outcome of the investigation.

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1449 582">Policy and Documents Reviewed: Department of Corrections Policy, 208.06, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDOC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre- Audit Questionnaire; Reviewed Grievances; Incident Reports</p> <p data-bbox="256 622 1094 658">Interviews: PREA Compliance Manager and Superintendent</p> <p data-bbox="256 698 1469 936">Discussion of Policy and Document Review: Department of Corrections Policy, 208.06, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires staff who engages in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.</p> <p data-bbox="256 976 1474 1173">The presumptive disciplinary sanction for sexual touching is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="256 1214 1453 1411">Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST).</p> <p data-bbox="256 1451 1437 1608">Substantiated cases of non-consensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution. This was confirmed through interviews with the PREA Compliance Manager and Superintendent.</p> <p data-bbox="256 1648 1469 2065">Staff, as a part of their PREA training signs a GDOC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that an offender cannot consent to sexual activity. The auditor</p>

reviewed PREA Acknowledgment Statements signed by employees and contractors.

In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Discussion of Interviews: Interviews with Superintendent and the PREA Compliance Manager indicated that if a staff were involved in an allegation of sexual abuse the staff would be placed on no-contact with that resident or placed on administrative leave. If the allegations were substantiated, the staff would be banned from all GDOC facilities and the presumptive disciplinary action is termination.

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDOC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire</p> <p>Interviews: Superintendent</p> <p>Discussion of Policies and Reviewed Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.</p> <p>The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Contractors and Volunteers, as a part of their PREA training sign a GDOC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that an offender cannot consent to sexual activity.</p> <p>The Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed through reviewing incident reports from the past 12 months; monthly PREA reports; Monthly Medical PREA Logs, monthly report and from the PREA Unit Analyst.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0</p> <p>Discussion of Interview: The Superintendent affirmed that if they did have a volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the prison and would have no</p>

	<p>contact at all with any Resident. He also stated that an investigation would be conducted and if the allegations were substantiated the volunteer or contractor would be referred for prosecution.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDOC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Reviewed Incident Reports; Resident Handbook</p> <p>Interview: Superintendent</p> <p>Discussion of Policy and Documents Reviewed: GDOC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.</p> <p>Policy requires that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.</p> <p>Policy affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.</p> <p>Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline.</p> <p>The reviewed resident handbook contains sanctions for Residents violating sexual abuse policies and procedures. Sanctions would range, depending on the severity of the offense, from restriction, extra duty, disciplinary isolation to extended time, revocation and criminal prosecution.</p> <p>In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0</p> <p>In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate</p>

sexual abuse that have occurred at the facility: 0

Discussion of Interview: The Superintendent confirmed that an inmate who violated a sexual abuse policy would be charged with a crime by the Office of Professional Services Investigator, who has arrest powers, and refers to the prosecutor for prosecution for the offense. If the violation was less than sexual abuse it would be treated as a rule violation and the inmate would be provided a “due process” hearing. Prior to sanctions being imposed the officers are required to consider past history as well as any mental or developmental issues.

115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; Victim/Aggressor Assessment; Health Screening Form</p> <p>Interviews: Medical and Mental Health Staff</p> <p>Observations: Intake Process; Victim/Aggressor Assessment Process.</p> <p>Discussion of Reviewed Policy and Documents: GDOC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDOC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDOC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDOC Standard Operating Procedures.</p> <p>Residents are screened upon admission to the facility by medical staff. During the initial health screening upon intake, Residents are asked about previous sexual abuse. If the Resident discloses that he was a prior victim, the Resident must be offered a follow-up with mental health.</p> <p>Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>Additionally, if a Resident discloses prior victimization during the initial intake victim/aggressor assessment, the Resident will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The Resident may choose to refuse the offer and if so, the refusal will be documented.</p> <p>If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensures that the offender is offered a follow- up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>The facility documented on their Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire that there have been no allegations of either sexual abuse or sexual harassment during the past 12 months therefore they have not had any in the past 12 months to refer to mental health for follow-up. This was confirmed through review of the Pre- Audit Questionnaire, reviewed victim/aggressor assessments, and interviews with staff. If the facility had such a disclosure the Resident would be offered a follow-up with the mental health.</p>

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. Interviews with medical and mental health staff indicated that they obtain and document informed consent from Residents before reporting information about prior sexual victimization that did not occur in an institutional setting.

Discussion of Interviews: Interviews with medical and counseling staff, as well as staff responsible for intake screening and screening for risk of victimization and/or abusiveness, indicated inmates are screened for prior victimization. Policy requires, and staff, stated in interviews, if the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner usually the same day or next and well within 14 days of the intake screening. The medical staff related that if a Resident, during the intake screening, discloses prior victimization, their role is to offer that Resident a follow- up with mental health.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; PREA Local Procedure Directive and Coordinated Response Plan; Lists of SANEs; Reviewed Investigation Packages; Orientation to Health Care Document, Consents for Release of Information</p> <p>Interviews: Medical and Mental Health Staff, Inmates who Reported a Sexual Abuse - NA</p> <p>Discussion of Reviewed Policies and Documents: GDOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the health services administrator. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence.</p> <p>The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff is charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiates all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDOC PREA Policy requires that If the facility does not have a</p>

designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

If a Resident was sexually assaulted the Resident would have a forensic exam performed by Sexual Assault Response Team. Additionally, the local Rape Crisis Center, Lily Pad SANE Center, is available to provide an advocate, who would meet the Resident at the facility or at Wilcox State Prison and serve as a victim advocate.

Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility provided the Medical PREA Log maintained by medical staff. This document logs the date of the incident, reported within 72 hours, Transport to ER, Inmate consent signed, SANE notified, Time notified, Date Exam scheduled, Date exam completed, time SANE arrived, Sane Conducting the Exam, Company Chain of Command for Rape Kit, and Date the rape kit is accepted by security.

There were no Residents who required a forensic exam during the past twelve (12) months.

The Department has a written form entitled "Orientation to Health Care". The section, "Emergency Care" tells Residents if they are having symptoms of a serious medical condition, they should notify the correctional officer immediately and the officer will notify medical and that they will be evaluated.

Discussion of Interviews: The facility nurses do not perform forensic exams. Residents victim of sexual assault would remain onsite or be transported to Wilcox State Prison for the SANE exam. The facility/agency has a contract with Sexual Assault Response Team to perform SANE exams. The facility has a MOU with the Lily Pad SANE Center who would provide an advocate to accompany the victim.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDOC "Procedure for Sane Nurse Evaluation/Forensic Collection: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, PREA Reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire</p> <p>Interviews: Medical and Mental Health Staff</p> <p>Discussion of Policy and Documents Reviewed: The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific PREA Local Procedure Directive and Coordinated Response Plan that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDOC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDOC PREA Policy as well as interviews with medical staff. GDOC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.</p> <p>The facility offers medical and mental health evaluation as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Evaluation and treatment of victims includes, 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.</p> <p>The facility provides victims with medical and mental health services consistent with the community level of care.</p> <p>If the Resident to go to the hospital for a forensic exam, the hospital would offer the Resident STI prophylaxis. Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>Treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Discussion of Interview: The nurse confirmed the process for providing ongoing physical and mental healthcare services for victims of sexual assault. All victims of sexual assault are offered a follow-up with mental health, and ongoing treatment as</p>

	necessary.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy and Documents Review: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire</p> <p>Interviews: Warden or Designee, PREA Compliance Manager, Incident Review Team</p> <p>Discussion of Policies and Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts.</p> <p>The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.</p> <p>The incident review team consists of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Superintendent or PREA Compliance Manager. The facility will implement the recommendations for improvement or document the reasons for not doing so.</p> <p>The reviews are conducted at the end of the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review</p>

Checklist (Sexual Abuse Incident Review Checklist).

This facility had zero allegations of sexual abuse in the past twelve months. This has been confirmed through multiple sources. These included the reviewed Monthly PREA reports to the Agency's PREA Unit; reviewed Monthly PREA Medical Logs; reviewed Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire; and interviews with the Superintendent; the PREA Compliance Manger; and the Nurse.

Discussion of Interviews: The facility has a process for conducting incident reviews following an investigation; interviewed staff could articulate the process. The process was articulated by the SART team members and was in compliance with Policy. The PREA Compliance Manager described the things the SART team would be looking at during the incident review and how to prevent other sexual assaults.

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

In addition, a portion of the funding was utilized to reach-out to the PREA Auditors of America (PAOA) to review the agency's investigations processes; the PAOA developed a training program to assist the agency in addressing identified areas of concerns. PAOA provided train-the-trainer training to the GDOC PREA Unit. This unit is responsible for providing training for Agency PREA Compliance Managers and SART investigators.

115.87	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policies and Documents Review: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDOC PREA Unit; Monthly Operational Report; Profile Reports from the GDOC PREA Analyst; Reports of Calls to the PREA Hotline.</p> <p>Interviews: Statewide PREA Coordinator, Assistant Statewide PREA Coordinator (previous interviews)</p> <p>Discussion of Policies and Documents: The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident- based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.</p> <p>DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department’s PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator’s office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.</p> <p>The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDOC Website. The auditor reviewed 2018, 2019, 2020, and 2021 Georgia Department of Corrections Prison Rape Elimination Annual Reports. The reports were detailed and comprehensive. The reports indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. Overall, the FY 2020 report indicated</p>

there was a 3% decrease in the number of allegations compared to last year and substantiated cases decreased by 32%. This decrease in percentage is likely due to several factors: 1) Increased education in the definitions of what does, and does not meet the definition of PREA; 2) A significant decrease in the use of the PREA Hotline to report false allegations; 3) Process improvements and prevention training; and 4) Improvements in investigative procedures. Georgia Department of Corrections dedication to constant improvement and continual monitoring will allow the agency to continue to achieve its goal of protecting all offenders from sexual harassment and sexual abuse. Statistics are provided for each GDOC facility.

The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency maintains, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.

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

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

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

This standard is rated exceeds because of the sophisticated reports the PREA Analyst can generate. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled Residents/inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months.

115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy and Documents Review: Reviewed Georgia Department of Corrections Annual Report; Turner Residential Substance Abuse Treatment Center Pre- Audit Questionnaire; Reviewed Agency’s Website, FY 2021 Annual PREA Report</p> <p>Interviews: Agency Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, PREA Compliance Manager</p> <p>Discussion of Policies and Documents Reviewed: The Georgia Department of Corrections requires each facility to conduct incident review after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes, requests for additional video monitoring technology or other actions to help prevent similar incidents in the future.</p> <p>Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDOC. The department has a dedicated staff person whose job it is to collect and analyze the data.</p> <p>The reviewed annual report for 2021 affirms the agency is continuously improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The report also states the Georgia DOC continues to improve the processes of how PREA allegations are reported, investigated and tracked. The development, testing and implementation of a PREA allegation tracking method allowed for further breakdowns of allegations, along with detailed reporting from all GDOC facilities, as compared to last year. The report includes a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p>The reviewed 2021 annual report identified initiatives at each GDOC facility to improve and enhance the facility and agency’s approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Annual reports are posted on the Georgia Department of Corrections website. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The agency has contracted with Just Detention and other Organizations to assist with policies; securing Rape Crisis Centers who can provide outside advocacy services, and to help the Department to develop a transgender policy. The other initiatives</p>

	developed with Just Detention are discussed in standard 115.11.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy</p> <p>Interviews: Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, (previous interviews); PREA Compliance Manager; Superintendent</p> <p>Discussion of Policies and Documents: Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDOC Website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. GDOC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise. The agency ensures that data collected pursuant to § 115.87 are securely retained.</p> <p>The agency has added a module to the SCRIBE, the GDOC offender data management system that allows each facility’s SART investigator to upload PREA investigations for the PREA Unit’s review. Items can be uploaded to include photos and multiple document formats; this will allow for better central office review. Using this storage method also ensures a centralized and permanent retention of investigations.</p> <p>DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program,</p> <p>VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.</p> <p>Criminal investigation data files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater.</p> <p>Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 542">Policy and Documents Reviewed: GDOC Policy, 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit GDOC Policy, 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/, 114.401-405</p> <p data-bbox="280 577 1436 734">During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="280 775 1453 891">During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p data-bbox="280 931 1477 1048">Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator. Turner Residential Substance Abuse Treatment Center was last audited on November 20, 2019 with 100% compliance.</p> <p data-bbox="280 1088 1469 1370">The agency also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion.</p> <p data-bbox="280 1411 1481 1653">The auditor was provided complete and unfettered access to all areas of the facility. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested, it was provided expeditiously. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff, residents, and contractors. No volunteers were on-site during the audit.</p> <p data-bbox="280 1693 1469 1935">The auditor requested documents for review in addition to the documents uploaded into the Turner Residential Substance Abuse Treatment Center Pre-Audit Questionnaire. The auditor reviewed the GDOC Organizational Chart, the facility's Organization Chart, depicting the PREA Compliance Manager. Staffing plans for 2018, 2019, 2020, and 2022 were reviewed for updates; the facility provided unannounced rounds and training rosters for staff for review.</p> <p data-bbox="280 1975 1321 2092">The facility provided training certificates for all facility investigator, staff acknowledge statements, resident's PREA acknowledgement statements, contractors and volunteers' acknowledgements.</p>

The audited did not review any investigation files, during the 12-months preceding the audit; the facility had no allegations of sexual abuse or sexual harassment. The auditor review assessments and reassessment for residents, all documents requested was provided via email or uploaded into the Pre-Audit Questionnaire.

The facility promptly provided whatever was asked for by the auditor and following the onsite audit, as information was requested the PREA Compliance Manager and the PREA Coordinator provided it expeditiously.

The PREA Audit Notice was observed throughout the facility. The notice contained contact information for the auditor. The auditor did not receive any correspondences from residents, staff, visitor, or outside interested parties as a result of the notice posting.

During the site-tour, the auditor observed PREA signage posted throughout the facility. None of the Residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews. The audit was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The GDOC Statewide PREA Coordinator ensures that all PREA Reports are published on the agency’s website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency’s website and easily accessible to the public. Turner Residential Substance Abuse Treatment Center was last audited on November 20, 2019; the facility was compliance with all standards.</p> <p>The auditor reviewed the Agency’s website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.</p>

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

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

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

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

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

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b) Evidence protocol and forensic medical examinations		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c) Evidence protocol and forensic medical examinations		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d) Evidence protocol and forensic medical examinations		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b) Inmate education		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

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

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

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

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

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

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

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

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	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.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	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.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

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

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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

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