

# PREA Facility Audit Report: Final

**Name of Facility:** West Central Integrated Treatment Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/06/2025

## Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Mable P. Wheeler

**Date of Signature:** 03/06/2025

## AUDITOR INFORMATION

**Auditor name:** Wheeler, Mable

**Email:** wheeler5p@hotmail.com

**Start Date of On-Site Audit:** 01/08/2025

**End Date of On-Site Audit:** 01/09/2025

## FACILITY INFORMATION

**Facility name:** West Central Integrated Treatment Facility

**Facility physical address:** 1070 County Farm Road, Zebulon, Georgia - 30295

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Jacqueline Fanning
<b>Email Address:</b>	Jacqueline.Fanning@gdc.ga.gov
<b>Telephone Number:</b>	7705670531

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Lesley Medlock
<b>Email Address:</b>	Lesley.medlock@gdc.ga.gov
<b>Telephone Number:</b>	770-567-0531

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jacqueline Fanning
<b>Email Address:</b>	jacqueline.fanning@gdc.ga.gov
<b>Telephone Number:</b>	(770) 567-0531 x214

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Andreas Smith
<b>Email Address:</b>	Asmith25@teamcenturion.com
<b>Telephone Number:</b>	770-567-0531

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	194
<b>Current population of facility:</b>	134
<b>Average daily population for the past 12 months:</b>	100
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Womens/girls

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	19-60
<b>Facility security levels/inmate custody levels:</b>	minimum-medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	51
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	21
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	30

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

<b>Agency Chief Executive Officer Information:</b>
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<b>Name:</b>	Tyrone Oliver
<b>Email Address:</b>	tyrone.oliver@gdc.ga.gov
<b>Telephone Number:</b>	

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

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

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

**1. Start date of the onsite portion of the audit:**

2025-01-08

**2. End date of the onsite portion of the audit:**

2025-01-09

#### 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?**

☒ Yes

☐ No

<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>Just Detention International was contacted and responded their database did not reflect any contact from the facility, inmates or staff. Southern Crescent Sexual Assault and Child Advocacy Center was contacted and confirmed they have a MOU with the facility. They provide a victim advocate when requested to accompany residents to forensic examinations. Southern Crescent Sexual Assault and Child Advocacy Center Inc.'s confidential hotline (770.477.2177) made available to West Central Integrated Treatment Facility inmates at no cost to them. Confidential mail correspondence to P.O. Box 1788, Jonesboro, GA 30237, and in-person crisis counseling sessions between incarcerated victims and Southern Crescent Sexual Assault and Child Advocacy Center Inc. personnel as deemed necessary. They provide a 24/7 crisis line for residents to call for emotional support regarding sexual abuse, past or present. They provide a 24/7 crisis line for residents to call to report sexual abuse while at the facility. S.A.R.T. was contacted and confirmed they conduct forensic examinations, when requested by the facility. They report to the facility and conduct the examinations on-site. They have three SANE nurses. One SANE nurse is always available to conduct forensic exams when needed.</p>
<p><b>AUDITED FACILITY INFORMATION</b></p>	
<p><b>14. Designated facility capacity:</b></p>	<p>194</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>100</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>4</p>

<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<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)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	123
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0



<b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	<p>The institutional count the first day of the on-site audit was 123. Eighteen random inmates were interviewed and two targeted inmates meeting the interview protocol.</p> <p>The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from varying housing units to interview, ensuring diversity in age and race. The facility identified targeted inmate populations using the profit report from their database SCRIBE.</p>
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	51
<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	30
<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	20
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>The facility reports 30 volunteers and 21 contractors approved to enter the facility and have contact with inmates. The volunteers and contractors are provided specific PREA training as it relates to volunteers, in addition to the GDC specific PREA training.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

**34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:**

18

**35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)**

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☐ Length of time in the facility
- ☒ Housing assignment
- ☐ Gender
- ☐ Other
- ☐ None

**36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?**

The institutional count the first day of the on-site audit was 123. Eighteen random inmates were interviewed and two targeted inmates meeting the interview protocol. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from varying housing units to interview, ensuring diversity in age and race. The facility identified targeted inmate populations using the profit report from their database SCRIBE.

**37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?**

- ☒ Yes
- ☐ No

<p><b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>According to the PREA Auditor Handbook this requires a minimum of 20 inmates (10 random and 10 targeted) to be interviewed. Eighteen random inmates were interviewed. These were inmates that were not part of the targeted inmate interviews.</p> <p>The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicity, and races.</p> <p>The Auditor randomly chose inmates to interview, ensuring diversity in age, race, and length of sentence.</p> <p>During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.</p> <p>At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked if the inmate wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions.</p> <p>All random inmates willingly participated in the interview process. All responses were recorded by hand.</p> <p>During the random interviews, no PREA issues were revealed; no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident; they felt they could report anonymously, they knew they had a right to be free from retaliation.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>2</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".

<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The facility identified targeted inmate populations using the profit report from their database SCRIBE.
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The facility identified targeted inmate populations using the profit report from their database SCRIBE.
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The facility identified targeted inmate populations using the profit report from their database SCRIBE.
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The facility identified targeted inmate populations using the profit report from their database SCRIBE.</p>
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The facility identified targeted inmate populations using the profit report from their database SCRIBE.</p>
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	<p>1</p>

<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0
<b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The facility identified targeted inmate populations using the profit report from their database SCRIBE.
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	0
<b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility identified targeted inmate populations using the profit report from their database SCRIBE.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No inmate was housed in segregated housing/isolation for the risk of sexual victimization during the 12-months preceding the audit.</p>



<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The facility population day one of the on-site audit was 123. According to the PREA Auditor Handbook this requires a minimum of ten targeted inmate interviews.</p> <p>The Auditor interviewed two targeted inmates. Gay or Bisexual (1)</p> <p>The inmates reported being treated fairly. They reported the staff were appropriate with them. They reported other inmates interacted appropriately with them.</p> <p>Transgender or Intersex (1)</p> <p>The inmates reported being treated fairly. They reported the staff were appropriate with them. They reported other inmates interacted appropriately with them. The inmate stated, staff consistently asks about any safety issues or concerns.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>During the on-site tour, the Auditor had informal, conversational encounters with staff regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of twelve formal random staff interviews were conducted.</p> <p>As a result of the audit notice posting the Auditor did not receive any correspondence from staff.</p> <p>At the beginning of each interview the Auditor made clear to the staff why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the staff's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the staff member if he/she wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions. All random staff willingly participated in the interview process. All responses were typed directly onto the protocol form. During the random interviews, no PREA issues were revealed; no other interview protocols were accessed. All random staff responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could accept verbal reports, they knew they had a right to be free from retaliation, and they felt the leadership took PREA issues very seriously.</p> <p>Regarding personal safety, the staff member interviewed stated they felt safe from sexual harassment and sexual abuse.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>18</p>

<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

<p><b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>There were no issues in selecting specialized staff. Specialized staff were selected from the staff roster, who were available during the on-site audit who were also not a staff member interviewed as a random staff member. Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers which were based on the line of questioning on the specific interview protocols for their position and responsibilities. Some individuals filled more than one responsibility and were interviewed using multiple protocols.</p> <p>During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: "confidential" letters can be mailed out of the facility, contacting the Office of Inspector General, calls to the PREA Ombudsman, written notes given to trusted staff, verbal reports, or through third party reporting. Additionally, any inmate or staff member may write a note, letter or any other type of correspondence and place it in any locked correspondence box located throughout the facility. When PREA correspondence is found inside the grievance box, the mailbox, the box for legal mail, etc. it is immediately directed to the PCM and is documented and addressed according to PREA Standards.</p>
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## **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.

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>Informal interviews were conducted with both inmates and staff.</p> <p>The following functions were observed / tested:</p> <p>Reporting phone numbers. Phone access / operation. Staffing levels.</p> <p>Signage with PREA information (reporting, victim advocacy).</p> <p>Phone numbers for victim advocacy / emotional support.</p> <p>Intake process.</p> <p>Risk screening process.</p> <p>Inmate PREA information at intake.</p> <p>Inmate comprehensive PREA education.</p> <p>Placement of mailboxes and accessibility.</p> <p>Segregation (5 temporary holding cells).</p> <p>Privacy of showers and toilet areas.</p> <p>Camera placement, capability, retention.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>N/A</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.

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

0

**78. Explain why you were unable to review any sexual abuse investigation files:**

The facility had zero allegations of sexual abuse or sexual harassment during the 12 months preceding the audit.

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

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

<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility had zero allegations of sexual abuse or sexual harassment during the 12 months preceding the audit.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☒ Yes

☐ No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other



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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>GDOC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>GDOC Agency Level Organizational Chart Facility Organizational Chart</li> <li>GDOC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan</li> </ul> <p>Interviews:</p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process, the agency PREA Coordinator acknowledged having sufficient time and authority to develop, implement, and oversee agency efforts to</p>

comply with the PREA standards in all agency facilities.

Through the interview process, the agency PC confirmed the PCM has no other responsibilities other than to ensure the institution's compliance with the PREA standards and has the authority to make any changes needed to address PREA issues.

PREA Compliance Manager (PCM) Interview

Through the interview process, the PCM indicated there was sufficient time to complete the required PREA responsibilities.

Findings (by provision):

115.11 (a): The Georgia Department of Corrections has a policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The Standard Operating Procedure SOP 208.06 contains the bulk of the agency's sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency's zero-tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. The agency's policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The facility policy addresses the requirement of "Preventing" by establishing a zero-tolerance policy for sexual misconduct. The facility also has also designated a PREA Manager who reports directly to the Warden/Superintendent. In addition, the facility conducts criminal backgrounds of both staff, contractors and volunteers and provides PREA education for inmates both through written materials as well as through an information video and signage throughout the facility. The policy addresses the requirement of "Detecting" by requiring training for staff, volunteers and contractors and intake/risk screening of inmates. The policy addresses the requirement of "Responding" by mental health and medical services, investigations, disciplinary action against staff and inmates, sexual abuse and sexual harassment reporting, incident reviews following the investigation, and victim services such as provisions for emotional support during and after investigations. This policy provides for the requirements of the PREA standard and how the agency approaches sexual safety in the facility.

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

	<p>115.11(c): In response to the standards, each GDOC facility has assigned a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the standards. This is specified in SOP 208.06, pp. 7-8 and in the Warden designated the facility PREA Compliance Manager. The PCM ensures the facility works to achieve compliance in all areas of the standards. The facility organizational chart shows that the PCM reports directly to the facility warden and in all PREA matters, the PCM reports directly to the agency PREA Coordinator.</p> <p>The PCM is responsible for monitoring and providing assistance in areas such as staff training, education, reporting, documentation and investigation of PREA related allegations. This position serves as a member of the incident review team and as a contact for persons outside the agency on issues related to PREA requirements.</p> <p>The facility's Standard Operating Procedure, the Warden's Memo designated the PREA Compliance Manager, Organization Charts, the Coordinated Response Plan as well as the interviews with the PC and PCM confirm that the facility has PREA implementation in compliance with this standard. The preparation by the PCM for this audit and overall incorporation of institution sexual safety practices demonstrates that the PCM has the time and authority to incorporate the policies and practices for the agency.</p> <p><b>CONCLUSION:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDOC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• Executed Contract Athens Clark FY 2025</li> <li>• Executed Contract Clayton FY 2025</li> <li>• Executed Contract Coweta FY 2025</li> <li>• Executed Contract Gwinnett FY 2025</li> </ul> <p>Interview:</p> <p>Agency Contract Administrator</p>

Through the interview process the Agency Contract Administrator indicated contracts include verbiage related to the vendor's obligation to comply with PREA standards prior to entering into agreement with the agency. If the entity is not PREA compliant the contract will not be executed.

The Auditor reviewed 4 executed contracts for FY 2025 for the confinement for inmates; all contracts contained the verbiage related to the vendor's obligation to comply with PREA standards.

Findings (by provision):

115.12 (a): The agency does have contracts with other agencies for the confinement of inmates. Currently, the GDOC has twenty-six (26) contracts for the confinement of inmates. These contracts require the contracted agencies to adopt and comply with the PREA standards.

According to the PAQ the GDC has twenty-six contracts for the confinement of residents that the agency entered in the previous twelve months. Additionally, the PAQ reveals all of the twenty-six contracts require the contractor to adopt and comply with PREA standards.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, addresses Standard 115.212. It indicates any new contract or renewal with entities for the confinement of offenders shall adopt and comply with GDC policies and procedures (which include PREA).

Compliance with all State and Federal Laws. Contractor certifies its compliance with all state and federal laws, including but not limited to, the Prison Rape Elimination Act ("PREA") and all laws, relating to health information privacy, to include HIPAA, is an express condition of this Agreement.

115.12 (b): The GDOC requires that the agency monitors the contractor's compliance with PREA standards. The interview with the Agency PC indicated that all of the contracts require that all contractor staff have completed required training which includes PREA. Annual site visits are conducted and part of the review criteria includes PREA. In addition, the PC indicated that PREA allegations are immediately addressed upon notice from the contractor. The contractors post the PREA audit certificate and reports to their website upon completion of the audit. The contractor is required to submit the complete audit report to the GDOC. The contractor facilities follow the DOJ 3-year PREA audit cycle. The contract states, "The contractor must subject itself to a Department of Justice (DOJ) PREA Audit at least once every three (3) years beginning August 20, 2013, and will be solely responsible for paying for a PREA audit as required by this contract."

According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed to ensure appropriate adherence to the national standards. Each entity is contractually required to notify the GDC of any PREA allegation; as well

	<p>as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator for review.</p> <p>CONCLUSION:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of residents.</p>
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115.13	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDOC, SOP 208.006, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• GDOC, 208.06, Attachment 11, Facility Staffing Plan Facility PREA Staffing Plan</li> <li>• Memo dated November 24, 2024, Institutional Duty Rounds</li> <li>• Documentation of Unannounced Rounds</li> </ul> <p>Observations:</p> <p>Posted memo dated 11/24/24, the institutional duty officers will make unannounced rounds in all living units. The purpose of these rounds is to identify and detect sexual abuse and sexual harassment. The rounds will be documented in the logbook and duty officer.</p> <p>The Auditor randomly reviewed housing units' logbooks and determined that unannounced rounds are being made and documented as required by standard.</p> <p>The auditors observed the number of staff, contractors, and volunteers' present and staffing patterns during every shift, including, housing areas, programming, and other areas.</p> <p>The auditor observed areas where sexual abuse is to be more likely to occur according to the staffing plan.</p> <p>The auditor observed no residents in restricted areas.</p> <p>The auditor observed supervision practices, including camera placement, the facility control room that is staffed 24/7, and cameras are monitored in all control rooms. All three housing units are monitored by cameras 24/7.</p> <p>Interviews:</p>

#### Facility Head or Designee Interview

Through the interview process the Facility Head designee acknowledged examining how staffing levels affect resident programming, various classification amounts, as well as any changes or modifications to the video monitoring. The Facility Head also acknowledged being cognizant of other concerns which include physical plant configuration, internal or external oversight bodies, resident population composition, placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Facility Head indicated during meetings with staff, staffing plan compliance and any deviations from the staffing plan are discussed.

#### PREA Compliance Manager (PCM)

During the interview process the PCM acknowledged routine reviews of staffing levels, how they affect resident programming, as well as any changes or modification to the video monitoring system are consistently conducted.

#### Intermediate-or-Higher Level Facility Staff Interview

During the interview process intermediate-or-higher-level-staff acknowledged making unannounced rounds routinely and documenting them in the housing unit logbook. During random informal conversations with staff, the staff acknowledged supervisors conduct unannounced rounds and document them in the logbook. This was validated by the Auditor through a review of the several logbooks.

There were interviews and informal discussions with intermediate-or-higher-level staff. Through these interviews and discussions staff acknowledged making unannounced rounds to all areas of the facility.

#### Random Staff Interviews

Through the interview process, random staff indicated supervisors tour their units and areas regularly throughout each shift, converse with staff of all levels as well as residents, and audit, review and sign logbooks. During the time, Auditor was on- site; supervisors were observed walking and working in various capacities throughout the facility.

During the interview process, random staff acknowledged the prohibition of staff alerting each other when a supervisor is making their rounds.

#### Random Resident Interviews

During the interview process residents confirmed supervisory staff routinely walk around and through the institution and are visible and available to the residents.

115.13 (a): The facility provided their staffing plan in the PAQ. The document is well written and provides specifics regarding staffing in the facility. The plan includes a review of the inmate population, video monitoring, physical plant and the coverage plan for staff. The Warden was interviewed and stated that compliance with the

staffing plan is checked through regular assessments and audits, comparing planned staffing levels with actual staff on duty. These assessments also include the PCM. The PCM was also interviewed and corroborated that the staffing plan is reviewed regularly. The staffing plan is documented and takes into consideration all requirements under this provision. The staffing plan is predicated on the average daily number of inmates.

The PAQ indicates the facility has a staffing plan and the plan addresses each of the thirteen items listed in Provision (a). In addition, the facility Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified. The PAQ confirms the average daily number of residents during the past 12 months has been 100.

According to the PAQ the staffing plan provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. Additionally, the staffing plan considers:

- The physical layout of the facility.
- The composition of the resident population.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- Any other relevant factor that arises.

115.13 (b): The facility indicated in the PAQ that there are no instances in which the staffing plan is not complied with. Interviews with Warden indicated that the facility has a staffing plan and provided copies. All areas of the facility where inmates are housed and work are supervised by staff at all times. The supervisors must abide by the staffing indicated in the post orders and document any changes. Supervisors may require staff to stay over from their regular shifts or call in off duty staff to ensure adequate staffing supervision practices and staffing presence. The inmates interviewed indicated that the officers make regular rounds and that they have an overall feeling of safety in the facility. Informal conversations with staff indicated that they routinely make rounds and look for incidents or abnormal behavior as well as checking blind spots and areas where inmates regularly congregate.

The PAQ indicates there were staffing deviations in the past twelve months addressed in the facility staffing plan.

115.13 (c): The annual staffing plan was provided to the auditor and reviewed. The required factors of the staffing plan were included in the staffing plan. The facility's deployment of video monitoring systems as well as other monitoring systems and the resources the facility has available, ensure adherence to the staffing plan. The PC confirmed in the interview that the staffing plan is reviewed annually and that she has input into assessments and adjustments to the staffing plan.

The PAQ reflects the staffing plan is reviewed annually and adjustments to the following are considered:

- The staffing plan itself.

- Prevailing staffing patterns.
- Deployment of video monitoring systems.
- Allocation of resources to commit to the staffing plan to ensure compliance with the staffing plan.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 4, indicates no less than annually, each facility shall assess, determine, and document whether adjustments are needed to the established staffing plan. Revised plans shall be forwarded to the PREA Coordinator for review and approval.

115.13 (d): The auditor reviewed SOP 208.06 which indicates that immediate-level or higher-level supervisors are required to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds are conducted by the shift supervisor and are documented in the area log book and by the Duty Officer in the Duty Officer Logbook. Staff are prohibited from alerting other staff members when the supervisor is conducting their supervisor rounds unless such an announcement is related to the legitimate operational functions of the facility. Interviews with supervisors indicated that rounds are performed at all times of the day and night. These staff stated that rounds are made randomly to prevent staff from alerting other staff that they are conducting rounds. A review of the copies of these logs from several dates showed various upper-level supervisors logging in PREA rounds throughout the facility. These rounds were completed at varying times during the day and night and covered all shifts. During the onsite review, the auditor observed staff making rounds in some of the areas of the facility. Informal conversations with these staff reiterated the requirements of the policies and how supervisors conduct these rounds. Informal interviews with inmates indicated that staff, including supervisor staff make regular rounds in the housing units and throughout the facility. Video review on-site also showed supervisor staff conducting rounds.

The Auditor reviewed the staffing plan review, dated November 24, 2024. The staffing plan review indicated:

- There had been staffing deviations. If additional staff are needed, officers are held over. The most common deviations are due to hospital post and call-ins.
- The facility cameras that are directly monitored 24 hours a day.
- During the site-on portion of the audit, the Auditor observed installation of additional video monitoring surveillance.
- The facility capacity is 92.
- The facility physical layout does not pose a problem.
- There are 51 full-time positions.



	<ul style="list-style-type: none"> <li>• There are 21 contract positions.</li> </ul> <p>CONCLUSION:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard regarding Supervision and Monitoring.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interviews:</p> <p>Facility Head or designee</p> <p>Through the interview process and informal conversations, the Facility Head confirmed the facility does not house youthful inmates.</p> <p>PREA Compliance Manager (PCM)</p> <p>Through the interview process and informal conversations, the PREA Compliance Manager confirmed the facility does not house youthful inmates.</p> <p>Youthful Inmates</p> <p>The facility does not house youthful offenders. Therefore, there were no inmates to interview regarding this Standard.</p> <p>Findings (by provision):</p> <p>115.14 (a): On the PAQ, the facility reported they do not house youthful inmates. The Auditor reviewed the inmate roster and did not see any inmates who had birthdates after 2006.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),</p>

	<p>Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 10, 7, a-c, addresses the guidelines of the GDC for facilities that do house youthful offenders.</p> <p>Provision (b) N/A</p> <p>Provision (c) N/A</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding youthful inmates.</p>
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115.15	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• Superintendent Memo, RE: Notification of Opposite Gender Presence Signage of Male Staff Announcement where Detainees are present GDC In-service Training Records</li> <li>• Photos of Notices to Inmates "Male Staff Work in Dorms"</li> </ul> <p>Observations:</p> <p>During the facility tour, when opposite-sex staff were observed entering a housing unit, they made an announcement making sure the residents knew someone of the opposite sex was on the housing unit. The Auditor observed the private strip search room.</p> <p>The Auditor observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, or changing their clothes.</p> <p>The Auditor observed no non-medical staff of the opposite gender view confined persons in a state of undress, to include from different angles or via mirror placement.</p>

The Auditor verified electronic surveillance monitoring in control rooms do not cover the restrooms showing and toilet areas.

#### Interviews:

##### Random Staff Interviews

There were formal and informal conversations with staff as well as thirteen formal random staff interviews throughout the interview process. The random staff indicated:

They completed training for cross gender searches for exigent circumstances.

Cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

They have not conducted a cross-gender search.

There are sufficient female staff members available to conduct any searches that needed to occur, and that female staff would be diverted to address this issue if needed.

Male officers do not conduct strip searches or visual body cavity searches.

Transgender and intersex resident search practices state that no searches would ever be permitted for the sole purpose of identifying a resident's genital status.

When staff were specifically asked would transgender or intersex residents be able to shower privately, the answer was affirmative.

When asked how this would be arranged, staff reported all showers throughout the complex are individual shower stalls and provide privacy for each resident.

Each staff member further indicated the transgender or intersex resident would have the opportunity for input into the decision-making process of alternative shower times and the resident's input would carry great weight in the decision- making process.

##### Random Resident Interviews

Through the interview process 100% of the residents acknowledged:

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

They can dress without being viewed by a member of the opposite sex.

They can shower without being viewed by a member of the opposite sex.

Opposite sex staff announces their presence when entering housing units.

##### Transgender Interview

During interview, the transgender inmate confirmed staff have not searched her to determine her gender. The inmate had no safety concerns and stated she is housed in general population.

Findings (by provision):

115.15 (a): GDC SOP 208.06 prohibits staff from conducting cross gender strip searches and cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The policy also specifies the requirements for strip searches, body cavity searches and the requirement for documentation of cross-gender searches. The PAQ states that there were no cross-gender strip searches conducted at the facility in the past twelve months. Interviews with staff indicate that inmates are strip searched by staff of the same gender as the inmate. Interviews with inmates also indicated that this was the practice. During the site review, observations were made in the intake area of locations for conducting searches of inmates. The staff in this area advised that searches are done by staff of the same gender as the inmate. These searches are conducted in an area that is not visible to other inmates or to staff who are not part of the search. These areas provide privacy to the inmates from staff of the opposite gender as well as from other inmates. Interviews with inmates and staff indicated that cross-gender strip searches are not allowed or conducted.

Post on-site audit conversations with the Facility Head designee indicated the facility rarely has transgender residents. However, in the situation when there are transgender residents, female staff would conduct pat searches of transgender and intersex residents, given there is no prohibition on the pat searches' male staff can perform in adult facilities. Additionally, on rare occasions when a strip search is required, medical personnel could be utilized for the search.

During the on-site portion of the audit, the facility housed one transgender inmate that was interviewed.

115.15 (b): GDC SOP 208.06 states that cross-gender pat searches of female inmates, absent exigent circumstances, is not permitted. While on-site, the auditor observed that most staff are females. Interviews with the PCM and staff indicated that there are only a couple of male staff who work shifts. There is never a reason that a female staff member would not be present to conduct any type of search necessary. The PAQ states that there have not been any pat searches of female inmates conducted by male staff.

115.15 (c): GDC SOP 208.06 requires the documentation of all cross-gender strip searches, all cross-gender visual body cavity searches and cross-gender pat searches of female inmates. These searches will be documented by an incident report. The PAQ indicated that in the previous 12 months, the facility had no cross-gender strip searches or body cavity searches.

115.15 (d): GDC SOP 208.06 states that the facility shall implement procedures that enable prisoners to shower perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, all staff of the opposite gender of the inmates are required to announce their presence when entering the housing units. Interviews with random inmates and random staff indicated that the inmates have privacy when showering,

	<p>using the restroom and changing clothes. Interviews also indicated that staff announce their presence when entering the housing units. This announcement was observed by the auditor during the site review. During the site review, the auditor observed in the housing areas that there were curtains on the showers and that all showers were single-person showers. Camera footage was reviewed on-site of various housing areas and other areas of the facility. The cameras do not have visibility into the showers, but only of the outer area of the bathrooms. This allowed the staff to have security visibility, but did not violate the inmates' privacy. The opposite gender announcement was conducted, and the housing unit was staffed by female officers. Posted notices to the inmates were visible in the housing units and stated that male and female staff routinely work and visit inmate housing areas.</p> <p>115.15 (e): GDC SOP 208.06 states that staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there have been no searches of this nature within the past twelve months. There was one transgender inmates housed at the facility during the previous twelve months. Interviews with staff indicated that inmates would not be searched to determine the inmate's genital status. This would be referred to medical for handling and through conversations with the inmate.</p> <p>115.15 (f) Security staff are required to be trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. are utilized to train security staff on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. The 2024 GDC In-Service Training record was provided which includes a section which addresses this standard. The PAQ indicated that 100% of security staff have received the PREA training. A review of a random sample of training records indicated that staff have received this training.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding the limits to cross-gender viewing and searches.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022
- Attachment 17 and Attachment 18; PREA Information Offender Guide / English and Spanish
- GDC PREA In-service Training Curriculum Medical Profile Report
- Mental Health Inmate List
- Transgender List
- Intersex List
- Lionbridge Telephonic Interpretation User Guide

Observations and Testing Process:

During the facility tour, the Auditor observed PREA postings, in both English and Spanish, prominently displayed in housing units, work areas, hallways, visitation area, as well as other areas throughout the facility. The Auditor was provided written documents, training materials which are provided in both English and Spanish to the resident population. The Auditor also accessed Language Line interpreting services to ensure accessibility. Staff were also aware of how to access the interpreting services.

Interviews:

Facility Head or Designee Interview

Through the interview process, the facility head designee shared that the facility has established procedures to provide residents with disabilities or residents who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, staff interpreters, written correspondence, language line, etc.

Random Staff Interview

Through the interview process, random staff indicated in the event translation is required, they would find another staff member to provide translation and would use the language line as a second option.

There were zero residents with disabilities to interview during the on-site portion of the audit.

There were no LEP's on-site for the Auditor to interview.

Findings (by provision):

115.16 (a): GDC SOP 208.06 outlines the procedures which 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. Inmates who are blind, low vision or who have cognitive disabilities will be read the PREA information by staff and inmates who are deaf would be provided

with material they can read. The PREA video shown to inmates is in English and Spanish and also has closed captioning. Almost all the inmates interviewed mentioned this video. The facility also has a contract with Lionbridge Translation Services which will translate languages for inmates who are limited English proficient as well as provide Video Relay Interpretation services for inmates who are hard of hearing and ASL services for inmates who are deaf. Interviews with inmates indicated that they are given PREA information in a format they can understand. A review of the inmate files indicated that they received PREA information in a format they could understand. There were no inmates who were cognitively impaired, blind/low-vision, deaf/hard of hearing or LEP at the facility as of the dates of the on-site audit and therefore, were not able to be interviewed by the auditor. PREA signage was posted throughout the facility in English and Spanish. A PREA information pamphlet is provided to inmates during the intake process. The interview with the Agency Head indicated that the agency ensures that communication and accessibility needs are met, enabling all inmates to fully engage in sexual abuse and harassment prevention and reporting efforts and access support and resources without discrimination. The Agency Head also verified that the agency has contracts with interpreter services.

The Auditor reviewed the Instructions and tested the procedure for Accessing Language Line. The manual was user friendly with a step-by-step outline of how to use the Language Line.

1. There is a toll-free number to access it.
2. The facility enters a PIN number specific to the facility.
3. Then a language is selected by pressing the number associated with the language, i.e., pressing 1 for Spanish.
4. After pressing the language number, the call is transferred to a human interpreter.

115.16 (b): GDC 208.06 addresses the policy to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially. 208.06 Attachment 17 and 18 PREA Offender Brochure in English and Spanish are also provided to the inmate population upon intake. The facility also has a contract with Lionbridge Translation Services which can be utilized to translate for inmates who are LEP. Interviews with the Agency Head indicated that inmates are provided PREA information in a format they can understand. There were no LEP inmates at the facility during the dates of the on-site audit, and therefore, were not able to be interviewed by the auditor. The auditor tested access to this translation service and verified that it was available and accessible when needed. PREA signage was observed to be posted throughout the facility in both English and Spanish. The PREA Informational Brochure provided to the inmates at intake is also in English and Spanish. Annual Training documentation was provided for staff on PREA-compliant practices for inmates with Limited English Proficiency and disabilities.

	<p>115.16 (c): GDC 208.06 prohibits the use of inmate interpreters, readers or other types of inmate assistants for instances of sexual abuse or sexual harassment allegations. GDC utilizes Lionbridge Telephonic Interpretation Services for translation for LEP inmates. The Lionbridge User's Guide was provided to the auditor in the PAQ. The PAQ stated that there were no instances in the previous 12 months where inmates were utilized to interpret for other inmates. Interviews with staff also indicated that in these situations, only staff are utilized to interpret for LEP inmates. There were no LEP inmates at the facility during the dates of the on-site audit, therefore, there were none able to be interviewed by the auditor. There were no cognitively impaired inmates at the facility during the on-site dates of the audit, therefore, these inmates were not able to be interviewed by the auditor.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence and additional training information submitted by the PCM, the Auditor has determined the agency/ facility does meet every provision of the standard regarding residents with disabilities and residents who are limited English proficient.</p>
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115.17	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• GDC, SOP 104.09, Filling a Vacancy, 5/25/2022</li> <li>• GDC, SOP 104.09, Att 4 PREA Questionnaire</li> <li>• GDC, SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, 10/ 13/2020</li> <li>• GDC Applicant Verification – Contract Staff Audit Staff Personnel Files</li> <li>• Contractor Files Volunteer Files</li> </ul> <p>Interview:</p> <p>Human Resource Staff</p> <p>Administrative Staff (HR) Interview</p> <p>Through the interview process the Administrative Staff (HR) indicated:</p> <ul style="list-style-type: none"> <li>• • Potential new hires fill out personnel documents, which require the disclosure of</li> </ul>



the required standard items.

- GDC requires background checks on all new hires, promotions at the time of promotion, and existing employees every five years.
- GDC takes a continually active stance with the requirements of the PREA standards and has developed a comprehensive system of tracking to ensure that all the required history checks are completed for pre-hires, promotions, and five-year reviews.
- A condition of staff employment is that any arrest activity must be reported through the respective employees' reporting structure.
- Any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.
- GDC has a centralized database, which tracks the completion of all background checks, and tracks the due dates of the five-year criminal history background check. The Auditor conducted a review of the requested staff records and verified that all the records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks. The three questions listed under Provision (a) were asked and answered on all documents as required by the standard.

Findings (by provision):

115.17 (a): GDC 208.06 states that the agency will not hire or promote anyone who may come in contact with inmates and will not enlist the 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; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did no consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described. GDC SOP 104.09 specifies the application process and the review and reference checks for applicants. The GDC Applicant Verification contains questions which ask if the applicant has engaged in sexual abuse, been convicted, civilly committed and the outcomes of any such allegations. A review of staff personnel files indicated that all staff are asked about these incidents in their application. All staff, volunteers and contractors have a background completed prior to authorization to begin working at the facility.

The facility reported on the PAQ that they have 51 staff and 10 new hires in the past twelve months. The facility also reported utilizing 8 contractors and 5 volunteers. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 13-14, 10, a, i-v, indicates:

- i. The Department shall not hire or promote anyone who may have contact with offenders, who:
  1. Has engaged in Sexual Abuse in a prison, jail, lockup, Community Confinement Facility, Juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
  2. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a.i.1. of this section.
- ii. The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.
- iii. Before hiring new employees, who may have contact with offenders, the Department shall:
  1. Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.
  2. Perform a Criminal History Record checks on all employees and volunteers prior to start date and again annually. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.
- iv. Unless prohibited by law, the Department shall provide information on Substantiated Allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination. Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022, p. 7, F, 1, a-d, states:

  1. Applicants may be considered for a Vacancy through the following process:
    - a. By review of their application and background data.
    - b. Through interviews conducted by a designated individual(s).
    - c. Using structured interviews and written ratings of qualified Selection Boards; and/or
    - d. Through reference checks conducted by the hiring manager/designated individual

via completion of Attachment 5, Professional Reference Check.

NOTE: Reference checks shall include: (1) Any disciplinary actions issued during employment and (2) Any substantiated sexual abuse allegations and actions taken. The Auditor reviewed a random sample of twenty-five staff records. Each of the records reviewed contained all items required by the standard, which included documentation of criminal history check information.

115.17 (b): GDC 208.06 indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with inmates. An interview with Human Resource staff indicated that incidents of sexual harassment is considered when hiring or promoting staff or enlisting the services of any contractors.

The facility reported on the PAQ that Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.17 (c): GDC 208.06 and 104.09 state that the facility is required to conduct a criminal background check and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse before hiring new employees who may have contact with inmates. The PAQ stated that 16 persons were hired in the past twelve months and have received a criminal background check and prior institutional employers were contacted. An interview with Human Resource Staff indicated that all staff are required to have a criminal background check before they are hired. All law enforcement agencies are contacted related to any information on any prior substantiated allegations of sexual abuse or resignations while under investigation. Applicants are required to complete a questionnaire with self-reporting questions. HR also completes a questionnaire on applicants regarding other crimes in addition to the required PREA questions.

The facility reported on the PAQ that in the preceding twelve months there were 10 people hired who may have contact with residents who had a criminal background check completed. The Auditor conducted a review of the 10 new hires personnel records and verified that all the files contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

115.17 (d): Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 15, 10, b, ii, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor who may have contact with offenders. Before hiring new employees or enlisting the services of a contractor or volunteer who may have contact with offenders, the Department shall:

1. Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years

thereafter.

2. Ensure that new hires complete SOP 104.09, Attachment 4, Applicant Verification.

3. Ensure that contractors or volunteers complete SOP 208.06, Attachment 13, Contractor/Volunteer Verification Form.

115.17 (e): Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020, p. 1, IV, A-F, indicates:

A. Before any facility/office requests criminal history records on an applicant, Attachment 1, the GDC Criminal/Driver History Consent Form, must be signed by the applicant to initiate processing. This form will remain valid and in effect for use through the duration of employment with GDC.

B. The signed consent form must be submitted with a GDC facility's request to the Georgia Crime Information Center (GCIC), Georgia Bureau of Investigation (GBI), Georgia State Patrol (GSP) or another related agency.

A. If an applicant will not sign the Consent Form, the applicant cannot be considered for employment.

B. When GCIC Criminal History Background queries are done for applicants seeking to be P.O.S.T. certified, a check must be conducted in each state where the applicant resided.

C. If an adverse employment decision is made based on criminal history records, the facility/office must notify the applicant, in writing, of all information pertinent to that decision. This disclosure must inform the applicant of where the name of the criminal justice center was obtained from, the specific contents of the record, and the effect the record had on the decision. NOTE: The Appointing Authority is responsible for making this disclosure. Failure to provide all information to the person subject to the adverse decision shall be a misdemeanor. (See Attachment 2 & Attachment 3, Sample Letters.)

D. Each facility/office must maintain a file of all signed Consent Forms. If an applicant is hired, their signed consent form shall be included in the employment package sent to the Corrections Human Resource Management Office (CHRM). NOTE: It is a violation of Georgia law to inquire into an applicant's driver's license history records for employment considerations, except as specified within this SOP.

The GDC conducts a criminal background records check, upon application, when being considered for a promotion, and every five years on all current employees. The GDC conducts a criminal background records check, upon application and every five years on contractors.

115.17 (f): GDC 208.06 states that the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written

	<p>self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of staff applications indicated that all staff were asked about these incidents in their supplemental applications. The interview with a staff member in Human Resources confirmed that these questions are contained on the employment application supplement which is required for all applications.</p> <p>115.17 (g): GDC 208.06 and SOP 104.09 state that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The interview with Human Resource staff confirmed that any false information would result in an employee or contractor being terminated.</p> <p>115.17 (h): GDC 208.06 states that the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human Resource staff confirmed in their interview that this information would be provided when requested.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Observations:</p> <p>During the on-site facility tour, the auditor spent time in the control center reviewing the cameras. Camera coverage is a way to enhance the physical and sexual safety of the residents and staff in the room. Security mirrors are in potential blind spots to assist in supervision.</p> <p>Interviews:</p> <p>Agency Head or Designee Interview</p>

During the interview process the Agency Head designee indicated:

- they wanted camera coverage in all areas of the facility to ensure everyone's safety.
- before any camera expansion, areas of concern were identified, and it was a high priority to address those areas.
- cameras were always available for video monitoring.
- Video monitoring is available in common areas at this time however, facility has installed 78 cameras throughout the entire facility.

#### PREA Compliance Manager (PCM) Interview

During the interview process the PREA Compliance Manager indicated camera placement was designed to limit blind spots and provide adequate coverage for PREA protections while preventing cross gender viewing capabilities.

#### Random Staff Interview

During the interview process staff indicated cameras make the facility safer.

#### Findings (by provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. During the site review, the auditor did not observe any substantial modifications to the existing facility. The interview with the Agency Head indicates that PREA is considered in all aspects of revisions and new builds to include bathrooms, showers, curtains, access to phones, mailboxes and overall safety and security.

115.18 (b) The interview with the warden indicated that staffing is always considered along with the need for video monitoring. Cameras are reviewed following any incident and are also routinely reviewed to determine if more coverage is needed. The interview with the Agency Head indicated that Round Readers are used to ensure thorough rounds are conducted and that cameras and mirrors are used to minimize blind spots and to record areas to better investigate allegations.

The facility reported on the PAQ there have been no installation or updating of the video monitoring system, or electronic surveillance system technology since the last PREA audit.

#### Conclusion:

Based upon the quality and coverage of the camera system, combined with a review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility and technology.

115.21	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• GDC, SOP 208.06 Attachment 5, Procedure for SANE Evaluation / Forensic Collection</li> <li>GDC, SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders, 08/11/2022</li> <li>• GDC, SOP 103.10, Evidence Handling and Crime Scene Processing, 03/23/2018</li> <li>PREA Staff Victim Advocacy Certification</li> <li>• GDC Contract with Sexual Assault Response Team (SART)</li> <li>• MOU Southern Crescent Sexual Assault Child Advocacy Center, Rape Crisis Center</li> </ul> <p>Interviews:</p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process, the PC acknowledged the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. The GDC has a service agreement with Sexual Assault Response Team (SART) which covers the GDC facilities.</p> <p>SAFE/SANE Staff Interview</p> <p>During the interview process, the SANE personnel indicated, the facility utilizes S.A.R.T. for their forensic examinations. S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to their residents/ inmates/detainees. The SANE personnel are called from the SANE Contact and Call list. The SANE personnel report to the facility and conduct the forensic examination in the medical unit of the facility.</p> <p>Random Staff Interviews</p> <p>Through the interview process, random staff articulated an understanding of the process should a resident report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence components of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.</p> <p>Residents who Reported Sexual Abuse</p> <p>At the time of the on-site audit there were zero residents in housed who had reported sexual abuse; therefore, none could be interviewed.</p>

Findings (by provision):

115.21 (a): GDC SOP 208.06 outlines the uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The GDC conducts their own administrative and criminal investigations, in conjunction with the Criminal Investigations Division (CID) who conducts an investigation of all criminal allegations of sexual abuse. GDC SOP 103.06 specifies the detailed requirements for conducting sexual abuse investigations. Interviews with Investigators indicate that they follow a uniform evidence protocol. Interviews with random staff indicate that they do not collect evidence, but they do preserve the scene so that any usable evidence can be obtained by investigators.

On the PAQ, the facility reported the agency is responsible for conducting administrative and criminal investigations including resident-on-resident sexual abuse or staff misconduct. The agency does not rely on an outside entity to conduct investigations.

The facility reported on the PAQ that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. This was confirmed through the interview with the PC.

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

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

The facility reported on the PAQ that the protocol is developmentally appropriate for youth, even though they do not house youthful offenders.

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



similarly comprehensive and authoritative protocols developed after 2011.

According to the PAQ, the facility does not house youthful offenders. When reviewing the resident roster, the Auditor did not see any resident whose birth dates were later than 2006.

115.21 (c): The facility conducts forensic medical examinations on-site. Forensic exams are performed by SANE licensed nurses who possess SAFE or SANE credentials. These exams are conducted with staff from the Sexual Assault Response Team (SART). Per the SOP 208.06 Attachment 5, these exams would be conducted without financial cost to the inmate victim. The PAQ indicated that in the past twelve months, there were no forensic exams conducted by SAFE/SANE.

On the PAQ, the facility reported that all residents who experience sexual abuse have access to forensic medical examinations. These treatment services are provided to the victim without financial cost. Further, the PAQ reports that all forensic examinations have been completed by SANE personnel who come to the facility. If SAFE or SANE personnel are not available, an ER physician will be utilized. On the PAQ, the facility reported zero forensic examinations during the past twelve months

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

SAFE/SANE personnel reported that forensic program is responsible for conducting all forensic medical examinations for the facility. SAFE/SANE personnel report to the facility to conduct forensic examinations. The facility utilizes S.A.R.T. for their forensic examinations. S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to their residents/inmates/detainees.

The SANE personnel are called from the SANE Contact and Call list. The SANE reports to the facility where the forensic examination is conducted in the medical unit. The exam starts with an explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SAFE/SANE will do a head- to-toe assessment, collect evidence, document trauma, and take photographs with the patient's consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is

packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV.

115.21(d): The facility has an MOU with Southern Crescent Sexual Assault Child Advocacy Center to provide advocacy services. Victim Advocate Training Certificates were provided for two staff member as well. During the site review, the advocacy information was observed on PREA signage throughout the facility and in the housing units. Interviews with the PREA Compliance Manager indicated the services offered by certified staff as well as the contracted providers.

There were no inmates at the facility as of the dates of the on-site audit who had reported sexual abuse.

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

During the examination, if requested, the resident is provided with a victim advocate. The advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

115.21 (e): Interviews with the PCM indicated that victim advocate services are provided. The facility provided in the PAQ documentation of the PCM's victim advocacy training certification as well as documentation of the MOU with the outside victim advocacy service providers. Interviews with the PREA Compliance Manager indicated the services offered by certified staff as well as the contracted providers. There were no inmates at the facility as of the dates of the on-site audit who had reported sexual abuse.

As stated in Provision (d) during the examination, if requested, the resident is provided with a victim advocate. The advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

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

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

115.21 (h): The facility has a MOU with an outside victim advocacy service. Advocacy

	<p>services can also be provided by two trained facility staff.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding evidence protocol and forensic medical examinations.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/ 2022</li> </ul> <p>Interviews:</p> <p>Agency Head or Designee Interview</p> <p>Through the interview process, the agency head designee confirmed:</p> <ul style="list-style-type: none"> <li>• Administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment.</li> <li>• Facility or agency investigative staff conduct all investigations.</li> <li>• All allegations and investigative information is confidential Investigative Staff Interview.</li> </ul> <p>Through the interview process investigative staff articulated:</p> <ul style="list-style-type: none"> <li>• The agency/facility investigates both administrative and criminal allegations.</li> <li>• All allegations are investigated thoroughly.</li> <li>• All information is confidential.</li> </ul> <p>Findings (by provision):</p> <p>115.22 (a): GDC SOP 208.06 specifies the administrative and criminal investigation process. The policy requires that all allegations will be investigated. The PAQ along</p>

with a review of incident reports and investigative reports indicated that all reported allegations of sexual abuse and sexual harassment are investigated. The interview with the Agency Head stated that the facility absolutely ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and also stated that if the investigation is administrative, the PCM oversees those cases and the agency takes every allegation seriously and follows established procedures to investigate such incidents thoroughly and impartially. He further stated that an administrative or criminal investigation for allegations of sexual abuse or harassment involves several steps. It includes gathering evidence, conducting interviews with involved parties and witnesses, and documenting pertinent information. He stated that the investigation aims to determine the credibility of the allegations and whether they have merit. If the investigation substantiates the allegations, appropriate disciplinary action or criminal prosecution is pursued. The PAQ indicated that there were zero allegations received at the facility in the past twelve (12) months.

On the PAQ the facility reported they ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).

At the time of the audit, information received regarding the allegations of sexual abuse or sexual harassment during the past twelve months revealed zero allegations reported. The Auditor was unable to review any documentation of PREA allegations and investigations.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 1, indicates all reports of Sexual Abuse or Sexual Harassment will be considered allegations and will be investigated.

115.22 (b): GDC SOP 208.06 and SOP 103.06 outline the administrative and criminal investigation process. The policy directives ensure that allegations of sexual abuse or sexual harassment are referred to investigation. The agency investigators have the legal authority to conduct criminal investigations. This information is also posted on the agency web page. The interview with the facility investigator also confirmed that all allegations of sexual abuse and sexual harassment are referred for investigation. There were zero referrals made for a criminal investigation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 31, G, 8, a-c indicates appointing authorities or their designees shall report all allegations of Sexual Abuse with penetration and those with immediate and clear evidence of physical contact to their Regional Director, Regional SAC, and the Department's PREA Coordinator immediately upon receipt of the allegation.

a. Where Sexual Abuse is alleged and cannot be cleared up at the local level (as indicated in G.5 of this section), the Regional SAC shall determine the appropriate

response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator who has received special training in Sexual Abuse investigations.

b. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.

c. The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges Sexual Abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022, 1, 1, indicates it is the policy of the Georgia Department of Corrections (GDC) that Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment filed by sentenced Offenders against other Offenders, departmental employees, contractors, vendors, or volunteers be reported, fully investigated, and otherwise treated in a confidential and serious manner. OPS Special Agents and/or Criminal Investigators with the requisite experience and training in sex crimes investigations and appropriate interview skills will investigate all Allegations set forth in this policy. Staff conduct and attitude towards such Allegations will be professional and unbiased, and staff members will cooperate with the investigation into all Allegations. It is the policy of the GDC to assure that the investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct. This policy applies to all employees, contractors, vendors, or volunteers at all state, county, or private prisons and centers operating under the Georgia Board of Corrections housing sentenced Offenders. This policy also applies to all employees and other persons conducting business with Georgia Correctional Industries who have contact with sentenced Offenders.

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

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

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

Conclusion:

	Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies to ensure referral of allegations for investigations.
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• PREA Training Curriculum</li> <li>• Staff PREA Brochure</li> <li>• Employee PREA Training Acknowledgement – 208.06 Attachment 1 GDC PREA Training – Medical Nurse</li> <li>• PREA Training – Staff</li> <li>• GDC 2024 In-Service Training Record</li> </ul> <p>Interviews:</p> <p>Random Staff Interviews</p> <p>Through the interview process facility staff recalled:</p> <ul style="list-style-type: none"> <li>• Participating in initial PREA training when they were hired before they were allowed to have contact with inmates.</li> <li>• Participating in annual training, in-service PREA training, as well as additional shift turnout training.</li> <li>• Being trained in the ten elements of this standard.</li> </ul> <p>Findings (by provision):</p> <p>115.31 (a): GDC SOP 208.06 indicates that all staff are trained on a yearly basis. A review of the PREA Training Curriculum confirms that the agency trains all employees who may have contact with inmates on: the zero-tolerance policy, dynamics of sexual abuse in Detention, signs of sexual abuse (abuse awareness), handling disclosures (confidentiality/reporting), common reactions, responding to victimized inmates, professional communication, coordinated response review, maintaining boundaries, staff duty to report. These trainings include training on PREA prevention, detection, reporting and response policies and procedures. The GDC also trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. This is included in the PREA Training Curriculum. This</p>

curriculum that the agency trains 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 and the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with random staff indicated that staff recall being trained on these topics. A review of a sample of staff training records indicated that they have received PREA training on the previous mentioned topics. The facility also provided a listing of electronic training rosters.

Provision (a)

The facility reported on the PAQ that all employees who may have contact with inmates are trained in:

Zero tolerance policy for sexual abuse and sexual harassment.

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

On inmates' right to be free from sexual abuse and sexual harassment.

On the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.

On the dynamics of sexual abuse and sexual harassment in confinement.

On the common reactions of sexual abuse and sexual harassment victims.

On how to detect and respond to signs of threatened and actual sexual abuse?

On how to avoid inappropriate relationships with inmates.

On how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

On how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

During interviews, all (100%) random staff acknowledged they had received training on the ten items listed in the GDC policy for this standard.

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

they will then receive additional training.

During interviews, all random staff acknowledged they had received training for the gender of the inmates in the facility.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 1, b-d, indicates the following:

b. In-service training shall include genders specific reference and training for staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training.

c. New employees shall receive PREA training during the Pre-Service Orientation. Attachment 19, Staff PREA Brochure, can be used to assist in this training.

d. Specialized training shall be required for members of the Sexual Abuse Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.

The policy regarding the agency/facility responsibility to provide training and education regarding sexual abuse and sexual harassment is addressed in Provision (a).

The training provided by the agency, addresses both male and female issues. However, the facility training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained and/or provided refresher training for the population make-up of the new facility prior to being placed in contact with any inmate. The training curriculum did include training specific to transgender inmates.

As stated in Provision (a), the Auditor reviewed documentation for PREA training and verified attendance of staff.

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

The Auditor reviewed 15 staff records. The reviewed documentation reflected 100% of the staff, whose records were reviewed, received PREA training in the past twelve



	<p>months. Facility staff also receives refresher training every two years. The facility provides additional PREA training annually, as well as shift training, staff meetings, educational materials, and posters.</p> <p>All (100%) random staff interviewed reported they had received PREA training. Further, formal training is provided a minimum of every two years. On the alternating years, refresher training ensures the employees know the agency's current sexual abuse and sexual harassment policies and procedures.</p> <p>115.31 (d): The PAQ indicated that all staff are required to electronically sign an acknowledgment that they have read and understood the PREA training. A review of a sample of staff training records indicated that all of those reviewed and electronically signed that they understood the training they had received.</p> <p>PREA training requirements mandate attendance at all PREA required training is documented through employee signature, acknowledging the training they have received. Employees are required to complete a PREA Education Acknowledgement Statement upon completion of the training or provide an electronic verification signifying comprehension of the training. Random staff confirmed signing for PREA training.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding policies regarding employee training.</p>
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115.32	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Volunteer/Contractor PREA Training Curriculum</li> <li>• Volunteer/Contractor Signed PREA Education acknowledgement (10)</li> </ul> <p>Interviews:</p> <p>Volunteer Interview</p> <p>Through the interview process a volunteer recalled having PREA training, prior to being allowed to work with inmates. The volunteer stated the training was specific to</p>

the volunteer's role and responsibilities in the facility. When the Auditor questioned the volunteer about their knowledge of PREA, they were able to identify what PREA was and more importantly, what the volunteer's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.

#### Contractor Interview

Through the interview process a contractor recalled having PREA training, prior to being allowed to work with inmates. The contractor stated the training was specific to the contractor's role and responsibilities in the facility. When the Auditor questioned the contractor about knowledge of PREA, the contractor was able to identify what PREA was and more importantly, what the contractor's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.

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

The PAQ indicated 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. The PAQ further indicated that in the past year, 50 volunteers and contractors have received PREA training. The PCM advised that the GDC Volunteer / Contractor PREA Training is used to train all contractors and volunteers. A sample of volunteer and contractor training records indicate that they have signed an acknowledgement of training. There were no volunteers at the facility during the on-site portion of the audit; therefore, no volunteers were able to be interviewed. Interviews with contractors indicated that they have received PREA training and that they receive this training at least annually.

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

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

	<p>how to report such incidents. This was verified through the interview process with contractors and volunteers.</p> <p>115.32 (c): The PAQ indicated that all volunteers and contractors sign off for the training they have received on. A review of a sample of training records for both volunteers and contractors indicate that they have received training on PREA. This documentation included signed acknowledgements. Interviews with contracts and volunteer staff also verified they had received training.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meet every provision of the standard which addresses policies regarding volunteer and contractor training.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022.</li> <li>• Facility Handbook, undated</li> <li>• Georgia Department of Corrections, Discussing Prison Rape Elimination Act Video, dated February 23, 2023.</li> <li>• Lionbridge User Guide</li> <li>• Georgia Department of Corrections, PREA Inmate Information Guide Brochure, undated</li> <li>• Video Remote Interpreting Usage Log</li> <li>• Hotline Numbers Posting - English/Spanish</li> <li>• Zero Tolerance Posting - English/Spanish</li> <li>• Outside Confidential Support Service Agency Posting - English/Spanish</li> <li>• MOU Southern Crescent Sexual Assault Child Advocacy Center</li> <li>• Inmate PREA Orientation Signed Acknowledgements</li> <li>• Inmate PREA 30-day Education Signed Acknowledgments</li> </ul> <p>Observations:</p> <p>During the on-site review, the Auditor observed PREA related information posted on the walls, explaining sexual abuse and sexual harassment and how to report both throughout the facility. The facility has PREA information posted on the walls, i.e., the hotline numbers to report sexual abuse to the GDC PREA Unit (internal reporting), as</p>

well as Southern Crescent Sexual Assault Child Advocacy Center with contact information, SANE (external reporting), Zero Tolerance, etc. Outside Confidential Support Services Agency information. PREA related information was posted in each living unit near telephones for easy accessibility.

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

#### Processes Tested:

Intake Process (review of mock process)

Facility process for securing interpretation services on-demand

Inmates' ability to access interpretation services and anonymous reporting ability.

Test calls from multiple inmate phones to the PREA Unit.

#### Interviews:

##### Intake Staff

Through the interview process, intake staff acknowledged inmates receive information explaining the agency's zero-tolerance policy, definitions of sexual abuse and sexual harassment, preventative strategies to minimize sexual victimization, methods of reporting sexually abusive behavior, treatment options and programs available to resident victims, and monitoring, discipline and prosecution of sexual perpetrators, upon arrival.

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

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

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

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

limited reading skills.

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

#### Random Inmates

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

During the inmate interviews, 100% of the inmates remembered watching a PREA video and receiving written PREA materials and a facility handbook upon arrival. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report.

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

#### Inmates with Disabilities - LEP Inmates

During the on-site portion of the audit, there were no inmates with disabilities, nor LEP housed at the facility therefore, there was no one to interview.

#### Findings (by provision):

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

According to the PAQ the facility reported 457 inmates were admitted during the past twelve months and 100% of them received PREA information at intake. The intake staff verified this.

During the interview process intake staff confirmed inmates are given PREA information upon arrival.

During interviews inmates reported receiving PREA information upon arrival. Eighteen inmates were interviewed and eighteen reported receiving PREA information within 24 hours, or less, of their arrival.

The Auditor reviewed PREA education records for twenty-five inmates. The twenty-five inmate records reviewed revealed that 100% of inmates had received PREA intake material within 24 hours, or less, of arriving at the facility.

The auditor observed the intake process and was given an overview by staff. Inmates are provided with the Inmate Handbook and given PREA information brochure, which is read by the inmate and if, necessary, read to the inmate by staff. PREA information is posted in the intake area and is readily visible. Interviews with inmates indicated that they were provided with PREA information the same day they arrived at the facility.

115.33 (b): According to the PAQ, the facility reported that in the past twelve months there were 457 inmates who were admitted and whose length of stay at the facility was more than thirty days. The PAQ reflects 100% of inmates were provided the PREA 30-day Comprehensive Education which includes their right to be free from sexual abuse, right to be free from retaliation of any kind, sexual abuse zero tolerance policy, PREA Video "Discussing Prison Rape Elimination Act", Discussing PREA, as well as the policies and procedures for reporting. The PAQ reflected that 100% of the inmates admitted to their facility in the past twelve months received the mandated information. The intake staff verified this.

Random inmates were interviewed, and they indicated that they had received PREA education via the video. They stated that this information is also in the brochures they are given. Interviews with intake staff indicated that the video is played in the intake area during the intake process, also. The video was reviewed by the auditor and does contain the required information as outlined in the PREA standards. This video is in English, Spanish and has closed captioning options. The inmate PREA brochure was also reviewed by the auditor to ensure that relevant information is covered.

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

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

The Department's zero tolerance of Sexual Abuse and Sexual Harassment.

Definitions of Sexually Abusive behavior and Sexual Harassment.

Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in Department custody.

Methods of reporting an incident of Sexual Abuse/Sexual Harassment against oneself, and for reporting allegations of Sexual Abuse involving other inmates.

Treatment options and programs available to inmate victims of Sexual Abuse and Sexual Harassment.

How an investigation begins and the general steps to an investigation.

Monitoring, discipline, and prosecution of sexual perpetrators.

The prohibition against retaliation for reporting, and.

Notice that male and female staff routinely work and visit housing areas.

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

1. The Department's zero tolerance of sexual abuse and sexual harassment.
2. Definition of sexual abuse and sexual harassment.
3. Prevention strategies I can take to minimize my risk of sexual victimization while in Department custody.
4. Methods of reporting an incident of sexually abusive behavior against me, and for reporting allegations of sexually abusive behavior involving other inmates.
5. Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment.
6. Monitoring, discipline and prosecution of sexual perpetrators.

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

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

115.33 (d) GDC SOP 208.06 specifies the procedure to provide PREA education in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, visually impaired otherwise disabled, as well as to inmates who have limited reading skills. The policy states that if inmates are blind or with low vision or have a cognitive disability, the PREA information would be read to them. Inmates who are deaf or hard of hearing would be provided with reading material and the ability to view the PREA video with closed captioning and/or American Sign Language. LEP inmates would be provided the PREA information (brochure and video) in Spanish or a staff member would translate for them. If a translator was unavailable at the facility, the translation service would be utilized.

	<p>There were no LEP inmates at the facility during the dates of the on-site audit; therefore, they were not able to be interviewed. There were also no deaf, visually impaired or cognitively impaired inmates at the facility on the dates of the on-site audit, therefore, none were able to be interviewed by the auditor. A review of the inmate files indicated that they were given information in a format they could understand.</p> <p>During the site review of the facility, PREA signage was observed in English and Spanish, with large font. The auditor reviewed the PREA Offender Brochure in English and Spanish) and determined that these documents covered the information required by the PREA standards. Deaf inmates are given the documents to read and if they are unable to read, ASL will be provided to them via the language service. Inmates who are visually impaired would be read the information and would be able to listen to the PREA video. PREA education is also available in Braille.</p> <p>115.33 (e): GDC SOP 208.06 requires that the agency maintains documentation of inmate participation in PREA education sessions. This is documented on the Handbook Acknowledgment Form, the PREA Training Acknowledgement and the PREA Orientation Video Acknowledgement Form. Review of these documents verified that the agency maintains documentation of inmate participation in these education sessions.</p> <p>115.33 (f): The PAQ indicated that PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks and other written formats. This is accomplished by the PREA Offender Brochure (Attachment 17 and 18) in English and Spanish. The facility makes PREA information available to the inmate population through PREA signage throughout various locations in the facility, and the PREA brochure. During the site review, the auditor observed the PREA signage and was able to view the PREA information on posters. Inmates interviewed also indicated that they had received a PREA brochure and inmate handbook and had seen the video.</p> <p>Conclusion:</p> <p>After a review and analysis of the available evidence, the Auditor has determined the agency/facility meets every provision of the standard for inmate education. Based on a review of GDC SOP 208.06, the PREA education video, the offender training acknowledgements, the PREA Offender brochures, and a sample of inmate records, observations of the intake area, PREA signage and information obtained through interviews with intake staff, and random inmates, this standard is determined to be compliant.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Documents:

- Pre-Audit Questionnaire (PAQ) and supporting documentation
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022
- SOP 103.06 Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment
- SOP 103.10 Evidence Handling and Crime Scene Processing
- Investigator NIC Training curriculum
- Investigator NIC Certification

Interviews:

Investigative Staff

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

115.34 (a): GDC SOP 208.06 requires that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training in conducting such investigations in confinement settings. The training is completed utilizing the National Institute of Corrections online course "Your role in responding to sexual abuse".

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

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

115.34 (b): GDC SOP 208.06 requires that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training which shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for

	<p>administrative action or prosecution referral. The NIC Curriculum and the GDC SART Training were used for investigator training and contained the required topics. The investigator training records were reviewed and verified that the investigators had received the required training. The interview with facility investigators indicated that the previous mentioned topics were covered as part of the training they had received.</p> <p>The facility reported on the PAQ that investigator specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff verified this.</p> <p>As indicated in Provision (a), the investigative staff reported attending the required training and met all training requirements.</p> <p>115.34 (c): The PAQ indicated that there is one (1) facility investigator who has completed the specialized training. The training is conducted utilizing NIC Curriculum and the GDC SART Training. A review of the training documentation confirms that staff have completed the specialized training, and received a certificate of completion. The interview with the PCM indicated that the investigators who investigate sexual abuse and sexual harassment complete this training.</p> <p>115.34 (d): The Auditor is not required to audit this provision.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meet every provision of the standard which addresses policies regarding specialized training: investigations.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Training Curriculum for Health Services Staff</li> <li>• NIC Training Certificate for Mental Health Services Staff</li> <li>• NIC Training Certificate for Medical Services Staff</li> <li>• Contractor PREA Acknowledgement Statements</li> <li>• Health Services Personnel File Audits</li> </ul>

Interviews:

Medical Staff

Through the interview process, medical personnel acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.

Mental Health Staff

Through the interview process, mental health personnel acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.

Findings (by provision):

115.35 (a): GDC SOP 208.06 requires that all medical and mental health care staff are to complete training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ states that 3 medical and mental health staff have completed the required training which is equivalent to 100%. A review of the curriculum for the specialized training indicates that the required topics are covered. A review of the training records for the medical and mental health staff indicated that those reviewed had received the required training. Interviews with medical and mental health staff also verified that they had received the training.

115.35 (b): This provision does not apply. Forensic exams are not conducted by facility staff, but by contracted SART staff. Specially trained SANE nurses conduct the forensic medical exams and are called to respond to the facility in the event of a sexual assault. Interviews with medical and mental health staff confirm that they do not perform forensic medical exams.

115.35 (c): GDC SP 208.06 requires that medical and mental health staff have completed the required training and that the training will be documented. The PAQ and a review of training documents for medical and mental health care staff confirm that they have received the required training and that the facility also maintains this documentation.

115.35 (d): The facility provided documentation that medical and mental health staff receive the same PREA education as all other staff. The documentation provided to the auditor verified that medical and mental health staff have received PREA training. Interviews with medical and mental health staff also confirmed that they had received the same PREA training that is required for all other staff at the facility.

Conclusion:

	Based on a review of the PAQ, GDC SOP 208.06, medical and mental health training documentation, as well as interviews with medical and mental health staff indicate that this standard is compliant.
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• Inmate Risk Assessment and Reassessment Documentation</li> <li>• GDC, SOP 208.06 Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument</li> <li>• GDC, SOP 208.06 Attachment 14, GDC PREA Counseling Referral Form Risk Screening Spreadsheet</li> <li>• SCRIBE Assessments and Reassessments</li> </ul> <p>Observations:</p> <p>Intake Area (screenings)</p> <p>Physical Storage Area for Risk Screening Documents</p> <p>Electronic Safeguards of Information Collected In SCRIBE</p> <p>Testing Processes:</p> <p>Risk Screenings for Inmates (Observation)</p> <p>Interviews:</p> <p>Risk Screening Staff</p> <p>Through the interview process risk screening staff indicated the initial risk screening is completed within the first 24 hours after the inmate arrives. This initial screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. A second risk screening is completed within 30 days of the first risk screening. Additional screenings are also completed after a PREA allegation, if the inmate leaves the facility and returns to the facility, or new information becomes known regarding the possible safety of the inmate.</p> <p>Transgender inmates are risk assessed within 24 hours, within the first thirty days and</p>

a minimum of every six months thereafter.

Through the interview process, risk screening staff confirmed inmates are not disciplined for refusal to answer questions during an assessment. The staff acknowledged they would verbally probe to attempt to remedy the opposition to answering any questions and then another attempt to engage the inmate would follow. However, disciplinary action is not taken if the inmate continues to choose not to respond.

#### Random Inmate

Through the interview process random inmates acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were in danger of being harmed. 100% of individuals interviewed remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and was this their first incarceration? They reported having their initial risk assessment within 24 hours of arriving at the facility and their 30-day risk assessment within a few weeks of arriving at the facility.

#### Informal Conversations with Staff and Residents

During the site tour, the Auditor had informal conversations with staff and residents. All residents (100%) stated they remember being ask the questions from the sexual Victim Sexual Aggressor Classification Screening Instrument when they arrival to the facility.

#### Findings (by provision):

115.41 (a): GDC SOP 208.06 requires that all inmates will be screened during intake using an objective screening instrument for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The SOP specifies this process and that an initial PREA assessment to determine the inmate's potential risk of sexually assaultive behavior or sexual vulnerability will be conducted and will ensure appropriate housing based on the assessment. Information as to whether or not the inmate is found to be a sexually violent predator will also be used as criteria in this assessment. The risk screening is conducted by counseling staff members and is conducted in a setting which ensures as much privacy as possible and in a manner that fosters comfort and elicits responses. All information obtained during the PREA assessment and the initial classification interview process will be used to determine appropriate housing assignment of inmates which could include administrative segregation. The SCRIBE Attachment 2, PREA Sexual Victim / Sexual Aggressor Classification Screening Instrument is the form used for these assessments. Per the policy, the assessment is to be completed on all offenders during intake and upon transfer and will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival.

During the site review of the facility, the auditor observed the intake area and walked through the intake process by staff. The initial risk screening is conducted one-on-one with each inmate as they are received into the facility. Staff asks the incoming

inmates' questions which are on the questionnaire. This is completed the same day the inmate arrives or the next day. An interview with staff who conducts the risk screenings indicated that the questions asked of the inmates are conducted in a manner that fosters comfort and elicits responses. The screening staff utilizes an instrument to collect information during the risk screening process and affirmatively ask inmates about their sexual orientation and gender identify by directly inquiring if they identify as LGBTI in addition to making a subjective determination about perceived status. The screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive. Inmate interviews indicated that they were asked the initial screening questions the same day they arrived at the facility.

115.41 (b): GDC SOP 208.06 states that all inmates will be assessed during intake for their risk of being sexually abused by other inmates as well as for their risk of being sexually abusive towards other inmates within 24 hours of their arrival at the facility. The PAQ indicated that inmates are screened within this time frame and that in the past 12 months, 457 inmates were received at the facility. The PAQ indicated that 100% of these inmates were screened within 72 hours. A review of a sample of inmate records indicated that they were all screened at intake within 72 hours of arrival at the facility. Interview with staff who perform the intake screening also confirm that the screening is completed the same day the inmate arrives at the facility or the next day. Interviews with inmates also indicated that they remember being asked the screening questions the same day they arrived at the facility. Documentation of the screenings were provided to the auditor by the facility.

115.41 (c): On the PAQ the facility reported the risk assessment is conducted using an objective screening instrument. The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake screenings utilize SOP 208.06. Attachment 2, Revised 06-23-2022 Screening Form. The inmate is reassessed within thirty days, after the initial meeting. Of the twenty-two records reviewed, 100% were reassessed within 30 days of arrival.

A review of the GDC, SOP 208.06. Attachment 2, Revised 06-23-2022, indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard. Attachment 2 asks the questions required by the Standard and is a satisfactory assessment tool. Questions one through eight address the vulnerability of the inmate, and questions nine through fourteen address the possible sexual aggressiveness of the inmate. It adheres to the minimum criteria in the standard, as outlined in Provision (d).

115.41 (d): The facility reported on the PAQ that their risk screening instrument includes all the elements of this provision. The risk screening staff verified this. Additionally, the Auditor reviewed the risk screening document, GDC, SOP 208.06. Attachment 2, Revised 06-23-2022.

The risk screening instrument does not address the question of detaining inmates solely for civil immigration purposes. However, the agency does not detain inmates solely for civil immigration purposes in any of their facilities. This was confirmed by

the PC during the interview process. Therefore, for all intents and purposes the risk screening instrument includes the elements of this provision.

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

1. Is the inmate a former victim of institutional (prison or jail) rape or sexual assault?
2. Is the inmate 25 years old or younger or 60 years old or older?
3. Is the inmate small in physical stature? (BMA <18.5)
4. Does the inmate have a developmental disability/mental illness (disability) /physical disability?
5. Is this the inmate's first incarceration ever (prison or jail)?
6. Is or is perceived to be gay/lesbian/bisexual/transgender/intersex or gender non-conforming?
- 7 Does the inmate have a history of prior sexual victimization (sex abuse)?
8. The inmate's own perception of being vulnerable?
9. Does the inmate have a criminal history (convictions) that is exclusively non-violent?
10. Does the inmate have a conviction(s) for sex offenses against adult and/or child?
11. Does the inmate have a history of institutional (prison or jail) sexually aggressive behavior?
12. Does the inmate have a history of sexual abuse/sexual assault toward others (adult and/or children)?
13. Is the inmate's current offense sexual abuse/sexual assault toward others (adult and/or children)?
14. Does the inmate have a prior conviction(s) for violent offenses?

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

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

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

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

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

The Auditor reviewed the PAQ which indicated that within the past 12 months, 457 inmates remained in the facility longer than 30-days from arrival. The facility reported 100% of the 457 inmates were re-assessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within 30-days of their entry into the facility.

Of the twenty-six inmate records which were reviewed by the Auditor, the initial risk assessment was completed within 24 hours of arrival 100% of the time.

115.41 (g): GDC SOP 208.06 states that inmates would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Attachment 14, GDC PREA Counseling Referral Form was provided for review. Per the PAQ, 457 inmates entered the facility in the past 12 months whose length of stay was 30 days or more and were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival. An interview with the staff responsible for risk screening indicated that inmates are re-assessed within 30 days of their arrival at the facility and are reassessed whenever new information arises or if there are incidents occurring which may indicate a change is needed. Interviews with random inmates indicated that they were asked the risk screening questions and many stated that they were asked these questions more than twice. A review of a sample of inmate files indicated that inmates are being reassessed and inmates who alleged sexual abuse were reassessed after their allegation was made. Documentation was provided by the facility of inmates with referrals for risk of victimization as well as for inmates with risk of aggressive behavior. Interviews with staff who perform risk screening also indicated that this is the standard practice which helps them ensure that inmates are housed appropriately.

115.41 (h): GDC SOP 208.06 indicates that inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked in the risk screening tool. The PAQ also indicated that inmates are not



	<p>disciplined for refusing to answer any of these questions. Interviews with staff who perform risk screening indicated that inmates are not disciplined for refusing to answer any of these questions or for not disclosing complete information in response to the questions. Interviews with random inmates also confirmed that they are not disciplined for refusing to answer any of the screening questions.</p> <p>115.41 (i): Interview with the PCM and the staff responsible for risk screening indicated that the facility has implemented appropriate controls on the dissemination within the facility of the responses to the risk screening questions pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. These staff stated that the information in the risk screening is only accessible to certain staff who are authorized based on their position in the facility. These staff include those who use this information to make informed decisions on housing assignment, and work/programs. The information on the database can only be accessed based on the security profile of these staff.on:</p> <p>The facility consistently conducts the initial 72-hour risk assessments on new arrivals within 24 hours of arrival, which is something to be commended and acknowledged. After the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness.</p>
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115.42	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Subject: PREA Standard 115.13, Facility PREA Staffing Plan, effective date 7/01/2023</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders</li> </ul> <p>Observations:</p> <p>Site review observations of shower areas.</p> <p>Interviews:</p> <p>PREA Coordinator (PC)</p>

Through the interview process the PC indicated according to policy, the gender identification of each inmate is initially determined by their legal sex assignment, generally at birth; however, from that point forward every inmate is individually assessed and classified to ensure the safety of the inmate, as well as the safety of the inmate population.

Through the interview process the PC indicated the transgender or intersex inmate's view of their own safety is given great weight when making decisions regarding housing placement or programming assignments. Further regular classification reassessments are conducted a minimum of every six months, or if the inmate is involved in an incident of a sexual nature. Additionally, these inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

#### Staff Responsible for Risk Screening

Through the interview process, staff responsible for risk screening, indicated because of the assessment procedures being utilized, each inmate is individually evaluated.

Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

Through the interview process, staff are responsible for risk screening indicated transgender or intersex inmates view of their own safety is taken into thoughtful consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

#### PREA Compliance Manager (PCM)

Through the interview process the PCM revealed that neither the agency or facility are under a consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. All acknowledged that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

Through the interview process, the PCM indicated that every assessment completed by staff is factored into the placement and programming of each inmate. Further, the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at elevated risk of being sexually victimized, are separated from those at considerable risk of being sexually abusive.

#### Transgender Inmate

One transgender inmate was housed at the facility that was interviewed, the inmate stated that staff have follow-up meetings regarding any safety concerns the inmate has. The inmate confirmed that the housing assignment was general population, and

showering arrangements were left up to the individual and was not an issue. The inmate also confirmed, only searched during the intake process as all other inmates.

The inmate's arrival date was 12/6/24, the initial assessment was completed the same day of arrival. The first day of the audit was 1/8/25, therefore, the inmate's 6-month re-screening was not due.

#### Bi-sexual Inmate

Inmate interviewed confirmed staff ask questions about safety concerns the inmate may have, in addition, she stated she is housed in general population.

#### Findings (by provision):

115.42 (a): GDC, SOP 208.06 indicates that the facility utilizes information from risk screening to determine housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews with PCM and staff responsible for risk screening indicate that the information from the risk screening is used to make housing determinations and job and program determinations. Inmates who are deemed to be at risk of being abused are housed separately from those inmates deemed to be at risk of abusiveness. The housing configuration of the facility allows staff to separate these inmates in separate housing units or to move those with risk of victimization to a bunk with more visibility for staff. The Staffing Plan was also provided which considers housing of inmates to ensure sexual safety and the staffing of the housing units.

The Staffing Plan identifies the locations of West Central ITF's safe beds are in the front of each dorm. Inmates at high risk for sexual victimization shall be assigned a safe bed located separately from potential abusers. These safe beds are located in the front of each dorm in direct view of Control 2 (24/7 priority post).

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

115.42 (c): GDC, SOP 208.06 states that in deciding housing for transgender or intersex inmates, these decisions are made on a case-by-case basis, considering whether the placement decision would ensure the inmate's health and safety and whether the placement would present management or security problems. GDC SOP 220.09 specified the process for reviewing transgender, Gender Nonconforming and Intersex inmates for housing assignments. The interview with the PCM indicated that housing determinations for these inmates would be considered on a case-by-case basis, factoring in whether a placement would present management or security problems.

	<p>There was one transgender inmate at the facility as of the dates of the on-site audit, when interviewed confirmed housing assignment was general population.</p> <p>115.42 (e): GDC, SOP 208.06 states that transgender and intersex inmate's own views with respect to her or her own safety shall be given serious consideration. The Interview with the PCM indicated that this is considered in the housing determinations. The staff responsible for risk screening also stated that this is considered in housing decisions. There was one transgender inmate at the facility as of the dates of the on-site audit, this inmate was assigned to general population housing.</p> <p>115.42 (f): GDC, SOP 208.06 states that transgender and intersex inmates are given the opportunity to shower separately. A review of the housing units determined that each housing unit has showers which provide the opportunity for separate showering. Inmates interviewed did not indicate that the showers were an issue and agreed that they had reasonable privacy in the facility. The interview with the PCM and the staff responsible for risk screening indicated that inmates all have privacy while showering and transgender inmates are also given consideration for using a shower in a separate area which allows even further privacy, if they request this. Inmates interviewed indicated that they had privacy when showering. The showers were observed in the housing units and the single showers were present along with other showers with half walls or curtains. There was one transgender inmate at the facility as of the dates of the on-site audit, when interviewed, stated that showering is up to each individual inmate, and had no issue.</p> <p>115.42 (g): GDC, SOP 208.06 states that inmates who identify as lesbian, gay, bisexual, transgender, or intersex will not be placed in a dedicated facility, unit, wing or established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates. A review of the housing assignments for inmates who identify as LGB are assigned to various housing units around the facility. These inmates are not housed in a specific pod. Interviews with the PCM also indicated that LGB inmates are not housed in specific pods, but rather, they are housed according to their risk assessment and custody level. LGB inmates interviewed stated that they were in a housing unit with different types of inmates and not solely for LGB and transgender inmates. There was one inmate at the facility that identified as Bi-sexual that was interviewed.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard requiring the use of screening information.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

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

### Interviews:

#### Warden

Through the interview process the facility head reported having five administrative segregation beds. There were zero inmates at risk of sexual victimization held in involuntary segregated housing in the past twelve months.

115.43 (a): GDC SOP 208.06 states that the facility does not place inmates at high risk of 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. The PAQ indicated that in the previous 12 months, there were no inmates were held from 1-24 hours in segregated housing awaiting completion of the assessment. Interview with the Warden indicated that if inmates are placed in segregation involuntarily, they are only maintained in this status until an alternative means of separation from likely abusers can be arranged and that it would only be for as little a time as necessary to make such arrangements. In most cases, this is no more than 24 hours. A review of the housing at the facility showed that there is a segregation unit at this facility. There are five (5) segregation cells that are temporary holding cells and not utilized for long term housing. An interview with inmates who were identified as having high risk of victimization indicates that inmates are not held in segregation for these reasons. Interviews with staff also confirmed that they do not house inmates in segregation involuntarily for this purpose, unless it is for a short period of time to determine alternative housing options.

115.43 (b): GDC SOP 208.06 states that if an inmate was place in involuntary segregated housing for risk of victimization, they shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation and the reasons for such limitations. According to the PAQ, there were no inmates held in involuntary segregation from 1-24 hours in the previous 12 months. Interviews with staff who supervise inmates indicated that if inmates were housed in this status, they would not be restricted of any programs or other opportunities, but if they were, this information would be documented on the housing log. This facility does not have a segregation unit, but does have five (5) segregation cells which are used for temporary housing. Inmates are not housed in these cells more than 24 hours.

	<p>115.43 (c): GDC SOP 208.06 states that if an inmate was placed in involuntary segregated housing due to risk of victimization, the inmate would only be placed there until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The PAQ indicated that no inmates were held in this status for risk of sexual victimization for the past 12 months. This facility does not have a segregation unit, but does have five (5) segregation cells which are used for temporary housing. Interviews with the Warden and staff who supervise inmates confirmed that no inmates are housed in the segregation cells for this reason for more than 24 hours. There were no inmates segregated for risk of victimization during the dates of the on-site audit, therefore, no inmates were interviewed.</p> <p>115.43 (d): GDC SOP 208.06 states that if an inmate was placed in segregation due to risk of victimization, this would be documented and state the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. This facility does not have a segregation unit, but does have five (5) segregation cells which are used for temporary housing. Per the PAQ, no inmates were placed in involuntary segregation for more than 24 hours.</p> <p>115.43 (e): GDC SOP 208.06 states that if an inmate was placed in segregation due to risk of sexual victimization, the facility will review the inmate's status every 30 days to determine whether there is a continuing need for separation from the general population. This facility does not have a segregation unit but does have five (5) segregation cells which are used for temporary housing. Per the PAQ, no inmates have been placed in involuntary segregated housing for more than 24 hours, in the past 12 months preceding the audit. Interviews with staff verified that no inmates are held in segregation for this purpose and if so, it is for a minimal amount of time. There were no inmates in involuntary segregated housing for risk of sexual victimization during the dates of the on-site audit; therefore, no inmates were able to be interviewed by the auditor.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard relative to protective custody.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022
- Offender PREA Brochure (English and Spanish)
- Hotline Dialing Instructions (English and Spanish)
- Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders
- Hotline Numbers
- Southern Crescent Sexual Assault and Child Advocacy Center MOU and Posters with Hotline Number
- Advocacy and Emotions Support Information

#### Observations:

During the tour of the facility, the Auditor observed PREA information posted throughout the facility accessible to residents, visitors, volunteers, and contractors. The PREA Hotline Numbers are posted near telephones for ease of access. Two of the PREA hotline numbers are internal GDC hotline numbers. The third number on the list is for the Outside Confidential Support Services Agency.

During the tour of the facility, the Auditor evaluated multiple inmate telephones to ensure they worked. Each time the telephones functioned appropriately and a call to the outside support agency was made without difficulty. The Auditor was able to reach the Outside Confidential Support Services Agency. The Auditor was not required to provide any identifying information to call out to the agency. When the call was answered, no personal information was required to speak with an advocate.

Contact information for the advocate service Southern Crescent Sexual Assault and Child Advocacy Center with the hotline number was also posted throughout the facility.

#### Mail Process:

Policy: Offenders will have the privilege of correspondence within the guidelines established herein:

- A. General correspondence addressed to offenders will be examined by the Mail Room staff for funds and to prevent the introduction of contraband into the Center.
- B. Inspection of general correspondence will be performed only by staff authorized to handle mail. Offenders will not be utilized in processing the mail.
- C. Privileged or legal correspondence will be forwarded unopened to the addressee and opened in the presence of staff.

Incoming mail – The mail is received and delivered Monday-Friday except holidays. Mail will be removed from the mailbox every morning and carried to the local post office. Incoming mail will be picked up at that time and returned to the Facility for sorting and security check for contraband.

Outgoing mail – Mail should be sealed and placed in the mailbox on the way to breakfast in the mornings for the same day mailing. Mail will be picked up each morning Monday-Friday, except holidays. Mail must have correct postage affixed to the top right corner of the envelope. Outgoing mail must have correct return address in the top left-hand corner of the envelope.

Indigent Postage: Upon request, indigent offenders shall receive sufficient postage to mail up to three (3) first class letters per week with the maximum of three (3) first class stamps per week for non-privileged material, to maintain community ties. If more than one (1) first class stamp is required on a mailing, the offender may elect to use her remaining weekly allotment (up to the total of three stamps) to send the mailing.

Mail call will be conducted after the supper meal in the housing units. In order for you to receive your mail at mail call, you must present your I.D. Card. This will protect you and your mail and keep it from being given to another offender. All outgoing mail will be placed in the mailbox.

Interviews:

PREA Compliance Manager (PCM)

Throughout the interview process the PCM reported inmates could report abuse or harassment to a public or private entity. Inmates can report to the State Board of Pardons and Paroles, Office of Victim Services, as a reporting entity that is outside of the facility/agency.

Random Staff

Throughout the interview process the staff acknowledged they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also indicated inmates can report in diverse ways which includes telling a staff member, calling the PREA telephone number posted throughout the facility, or telling a family member.

Inmates can report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and from third parties.

Through the interview process, staff acknowledged there are multiple methods for staff to privately report sexual abuse of inmates were identified. All staff indicated they may choose to make a private report to their supervisor, another supervisor, PCM, or PC.

Random and Targeted Inmates

Through the interview process the inmates reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PCM, having family members contact the institution, contacting a staff member.



Findings (by provision):

115.51 (a): GDC 208.06 outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These methods include: verbally reporting to any staff member, contractor or volunteer, written inmate request or note placed in a locked drop box, or calling the PREA hotline number. During the site review, the auditor observed that PREA information was posted in signage throughout the facility, which included reporting information. The observed signage is clear and easy to understand and is provided in English and Spanish. This information on the signage is also easy to read for inmates with vision issues as it is in large font and with bold print. A PREA informational video plays during the day throughout the facility which inmates who are deaf or hard of hearing can watch (it includes closed captioning). The informational signage was observed in multiple locations throughout the facility and the information is accurate and consistent. The information is located in areas where staff can view it, also. The signage included information regarding how to report externally and internally and was in areas frequented by person confined in the facility, including housing units, programming areas, work areas, education areas, etc. Formal and informal interviews with random inmates confirm that they were aware of the various methods of reporting these incidents. Interviews with random staff also confirm that there are multiple ways for inmates to report sexual abuse and sexual harassment.

The auditor conducted (3) test calls to the hotline number and confirmed that this reporting mechanism worked as posted and verified how the facility receives these reports. The inmates have reasonable privacy when making phone calls. The auditor observed the mail drop boxes and informally interviewed inmates stated that they have access to writing materials. Mailboxes in the facility are accessible to inmates and are in areas where an inmate could drop written communication anonymously.

These mailboxes are not used exclusively for reporting sexual abuse and sexual harassment. Mail drop boxes are kept locked and secured and are only accessible for a designated staff member. The auditor interviewed mail room staff who were collecting legal mail during the site review. This staff member stated that any mail going to an external reporting entity or outside emotional support service provider could be sent via legal mail and kept private, confidential and /or privileged. The auditor observed during the site review the area where PREA reports, and related information is stored which is in a locked filing cabinet in a locked office. This office and cabinet are only accessible to those staff who work in this office under the supervision of the PREA Compliance Manager. The PREA Compliance Manager also has access to this cabinet and the office. Electronic information is secure and only visible to staff with privileged access based on their position.

115.51 (b): GDC SOP 208.06 indicates that the facility has a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain

	<p>anonymous upon request. The auditor reviewed these documents which confirm that the inmate population are provided information and a phone number to report incidents of sexual abuse and sexual harassment to an outside entity. The outside entity is the State Board of Pardons and Paroles, Office of Victim Services. An address is provided for this agency. Interviews with random inmates confirm that they have seen the information posted and are aware of how to contact this organization. The PAQ states that GDC does not detain inmates solely for civil immigration purposes.</p> <p>115.51 (c): GDC SOP 208.06 states that staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The PREA signage was observed in the facility and the inmate handbook. The Attachment 19, PREA Staff Brochure was provided to the auditor, which includes information for staff to report a PREA allegation. Interviews with random staff confirm that when they receive a verbal report from an inmate, is immediately documented or documented as soon as possible after they have made sure the inmate is safe and separated from the perpetrator. Interviews with random staff confirm that they are aware that they can make reports verbally and the inmates stated that they believed that staff would follow up with action on verbal reports. Inmate interviews also indicated that many of them would contact family or friends to make third-party reports if necessary. Documentation of inmate reporting in writing was provided to the auditor (Attachment 3).</p> <p>115.51 (d): GDC SOP 208.06 states that staff will report sexual abuse to his/her supervisor as soon as possible or may report it to another supervisor outside their immediate chain if necessary or directly to the PCM. Staff may privately report sexual abuse and sexual harassment allegations by contacting the PREA Coordinator, the Ombudsman or the Director of Victims Services. Staff are informed of these procedures in the following ways: classroom training, shift briefings, training bulletins, training, policies and Attachment 19 – PREA Staff Brochure. Interviews with staff confirmed that they are aware of how and to whom to report and how to privately report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding inmate reporting.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interviews:</p> <p>Random Staff</p> <p>Through the interview process with staff, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Random Inmates</p> <p>Through formal interviews and informal conversations with inmates, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Findings (by provision):</p> <p>115.52 (a-g): The GDC does not allow the administrative remedy or grievance process to be used to report sexual abuse and sexual harassment. GDC SOP 208.06, p.27 states that “Allegations of Sexual Abuse and Sexual Harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.” These are treated as written reports and forwarded immediately for investigation. Inmates can submit allegations on any form / paper.</p> <p>Conclusion:</p> <p>Based on a review of GDC SOP 208.06, information obtained from interviews with the PCM and informal conversations with staff, this standard is determined to be compliant.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• MOU Southern Crescent Sexual Assault and Child Advocacy Center</li> <li>• Posters for Southern Crescent Sexual Assault and Child Advocacy Center</li> <li>• PREA Inmate Information Guide Brochure</li> </ul>

- Hotline Numbers posting
- Outside Confidential Support Services Agency Information postings
- Inmate Intake Package

#### Observations:

During the tour of the facility, the Auditor observed PREA information posted throughout the facility. The PREA Hotline Numbers are posted near telephones for ease of access. Two of the PREA hotline numbers are internal GDC hotline numbers. The third number on the list is for the Outside Confidential Support Services Agency.

During the tour of the facility, the Auditor tested multiple inmate telephones to ensure they worked. Each time the telephones functioned appropriately and a call to the outside support agency was made without difficulty. The Auditor was able to reach the Outside Confidential Support Services Agency. The Auditor was not required to provide any identifying information to call out to the agency. When the call was answered, no personal information was required to speak with an advocate.

#### Mail Process:

Policy: Offenders will have the privilege of correspondence within the guidelines established herein:

- A. General correspondence addressed to offenders will be examined by the Mail Room staff for funds and to prevent the introduction of contraband into the Center.
- B. Inspection of general correspondence will be performed only by staff authorized to handle mail. Offenders will not be utilized in processing the mail.
- C. Privileged or legal correspondence will be forwarded unopened to the addressee and opened in the presence of staff.

Incoming mail – The mail is received and delivered Monday-Friday except holidays. Mail will be removed from the mailbox every morning and carried to the local post office. Incoming mail will be picked up at that time and returned to the Facility for sorting and security check for contraband.

Outgoing mail – Mail should be sealed and placed in the mailbox on the way to breakfast in the mornings for the same day mailing. Mail will be picked up each morning Monday-Friday, except holidays. Mail must have correct postage affixed to the top right corner of the envelope. Outgoing mail must have correct return address in the top left-hand corner of the envelope.

Indigent Postage: Upon request, indigent offenders shall receive sufficient postage to mail up to three (3) first class letters per week with the maximum of three (3) first class stamps per week for non-privileged material, to maintain community ties. If more than one (1) first class stamp is required on a mailing, the offender may elect to use her remaining weekly allotment (up to the total of three stamps) to send the mailing.

Mail call will be conducted after the supper meal in the housing units. In order for you to receive your mail, you must present your I.D. Card. This will protect you and your

mail and keep it from being given to another offender. All outgoing mail will be placed in the mailbox.

Interviews:

PREA Compliance Manager (PCM)

Through informal conversations and a formal interview process the PCM indicated the facility has an MOU with Southern Crescent Sexual Assault and Child Advocacy Center. All inmates are given information regarding Southern Crescent Sexual Assault and Child Advocacy Center as part of their intake package. This provides the inmate with information about Southern Crescent Sexual Assault and Child Advocacy Center, including a mailing address, an email address, a 24-hour crisis telephone number, and emotional support for sexual victimization, past and present.

Intermediate-or-Higher-Staff

Through informal conversations and a formal interview process, intermediate-or-higher-level staff reported checking the inmate phones daily to ensure they are in working order to reach family and the outside support agency without difficulty.

Random Inmate

Through the interview process 100% of inmates indicated there was a telephone number and address available to contact the outside confidential services agency, Southern Crescent Sexual Assault and Child Advocacy Center, regarding things related to sexual abuse or sexual harassment. 100% of inmates were familiar with the, Southern Crescent Sexual Assault and Child Advocacy Center. 100% of the inmates reported the call is free and confidential. 100% of the inmates verbalized they understood there were limits to confidentiality. They understood those limits to be if they were going to hurt themselves, if they were going to hurt someone else, or harm would come to a vulnerable person and if a crime had been or was about to be committed as part of the report.

115.53 (a): GDC SOP 208.06 Attachment 12 states that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available provide these services, a qualified staff member from a community-based organization a qualified agency staff member. The PAQ indicates that inmates are provided access to outside victim advocates by providing them mailing addresses and phone numbers and enabling reasonable communication with these services in as confidential a manner as possible. The facility provided an MOU and flyer for the Rape Crisis Center Southern Crescent Sexual Assault Child Advocacy Center which provide victim advocacy emotional support services. These providers have a 24-hour crisis line which is free and confidential. In the absence of a victim advocate from the provider, there are trained staff who are available to serve as victim advocates. There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse. Interviews were conducted with random inmates who indicated that

they were aware of the victim services available. The hotline number is toll-free and on a non-monitored line. Most of the inmates have not utilized these services, but were aware that they existed and referenced information provided to them via the inmate handbook and PREA signage in the housing units and around the facility.

Inmates are not detained at this facility solely for civil immigration purposes; therefore, that provision does not apply. The PCM confirmed that the facility does not house inmates solely for civil immigration purposes. During the on-site portion of the audit, the auditor was able to observe signage throughout the facility containing information related to this standard. This information was clear and easy to understand and relayed information on emotional support services and external reporting. The language on this signage clearly detail what services are available and for what purposes. This information is provided in English and Spanish and accommodates most readers of average height, low vision / visually impaired or physically disabled / in a wheelchair, etc. The signage was not obscured by graffiti or missing due to damage. The contact information listed was consistent for the service provider / organization name, addresses and phone number. The signage and information were observed and available in inmate handbooks, pamphlets and posted on walls in housing units, programming areas, work areas, education areas, etc.

The mail process was observed during the onsite audit and was noted to have mail drop boxes located in areas accessible to all persons confined in the facility. The locations are also in areas where a person could drop a form, letter or note in passing. Accessibility is also provided for inmates in restricted housing. The receptacles are not used specifically to collect reports for sexual abuse and sexual harassment. The receptacles were locked and accessible only by a designated staff member.

Interviews with inmates indicated that they do not have any issues with the mail process and use it regularly.

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

115.53 (c): The MOU with Southern Crescent Sexual Assault Child Advocacy Center specifies the services provided for the inmates at the facility. This flyer is provided to the inmate population and is visible throughout the facility and in the housing units. The signage indicates that services are available for emotional support. The emotional support numbers are indicated as free, unmonitored, unreported, anonymous and with an outside counselor. The address to write to these providers is also included. The auditor contacted staff at this organization who verified the services provided.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has

	determined the agency/facility meets every provision of the standard regarding inmate access to outside confidential support services.
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• GDC Website <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></li> <li>• GDC PREA Offender Brochure</li> </ul> <p>Mail Process:</p> <p>Policy: Offenders will have the privilege of correspondence within the guidelines established herein:</p> <p>A. General correspondence addressed to offenders will be examined by the Mail Room staff for funds and to prevent the introduction of contraband into the Center.</p> <p>B. Inspection of general correspondence will be performed only by staff authorized to handle mail. Offenders will not be utilized in processing the mail.</p> <p>C. Privileged or legal correspondence will be forwarded unopened to the addressee and opened in the presence of staff.</p> <p>Incoming mail – The mail is received and delivered Monday-Friday except holidays. Mail will be removed from the mailbox every morning and carried to the local post office. Incoming mail will be picked up at that time and returned to the Facility for sorting and security check for contraband.</p> <p>Outgoing mail – Mail should be sealed and placed in the mailbox on the way to breakfast in the mornings for the same day mailing. Mail will be picked up each morning Monday-Friday, except holidays. Mail must have correct postage affixed to the top right corner of the envelope. Outgoing mail must have correct return address in the top left-hand corner of the envelope.</p> <p>Indigent Postage: Upon request, indigent offenders shall receive sufficient postage to mail up to three (3) first class letters per week with the maximum of three (3) first class stamps per week for non-privileged material, to maintain community ties. If more than one (1) first class stamp is required on a mailing, the offender may elect to use her remaining weekly allotment (up to the total of three stamps) to send the</p>

mailing.

Mail call will be conducted after the supper meal in the housing units. In order for you to receive your mail, you must present your I.D. Card. This will protect you and your mail and keep it from being given to another offender. All outgoing mail will be placed in the mailbox.

Interviews:

Random Inmates

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

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

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 26-27, E. 2, a, i-iii, indicates third party reports may be made to:

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

The website, offender brochure and Reporting is the First Step posted notices assist third party reporters in reporting allegations of sexual abuse or sexual harassment. The random inmates (100%) interviewed indicated they were aware of third-party reporting methods.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding third party reporting.



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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interviews:</p> <p>PREA Coordinator (PC)</p> <p>During the interview process, the PC confirmed the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.</p> <p>Facility Head or Designee</p> <p>During the interview process the Facility Head acknowledged awareness of this requirement and the directive to report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators. The staff are to immediately report 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. The same reporting directive goes for retaliation or staff neglect as it related to sexual abuse or sexual harassment.</p> <p>Medical and Mental Health Practitioners</p> <p>During the interview process, medical and mental health individuals were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.</p> <p>Random Staff</p> <p>During the interview process, staff acknowledged this requirement and were able to articulate how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a</p>

victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. Revealing any information related to a sexual abuse report to anyone is prohibited unless it is needed for treatment, investigation, security or management. All (100%) staff indicated PREA-related allegations and reports go to the PCM, who then notifies the investigative staff.

Findings (by provision):

115.61 (a): GDC SOP 208.06 specifies the staff and facility reporting duties. The policy states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether it is part of the agency, retaliation against inmates or staff who reported such an incident and any staff neglect or violation that may have contributed to an incident or retaliation. The policy also specifies the requirement of staff to report any knowledge or suspicion of sexual abuse or sexual harassment of inmates as well as any knowledge or suspicion of retaliation against inmates or staff who reported such an incident. The PAQ and random staff interviews confirm that staff take all allegations seriously and that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Staff also stated that incidents of retaliation would be reported. Staff stated to the auditor that incidents are reported by staff either verbally to their supervisors and then followed up by a written incident report. Staff can report that inmates can report to them at any time when they are making rounds or at any other point of contact to verbally report. Staff stated that they can report to their supervisor or, if necessary, they can go directly to PCM or higher-level administration.

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

115.61 (c): GDC SOP 208.06 states that all staff including medical and mental health are required to report sexual abuse pursuant to provision (a) and they are also required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of services. Interviews with medical staff and mental health staff confirm that they would immediately report any incident as they become aware of them and that they advise inmates of the limitations of confidentiality and their duty to report. They would report both verbally as well as documenting the report.

115.61 (d): GDC SOP 208.06 indicates that if the alleged victim is under the age of 18, or is considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable reporting laws. Interview with the warden indicated

	<p>that if they received a report such as this, it would be reported to the designated state or local service agency. The interview with the PCM indicated that she would report this the same as other allegations and that she would follow the protocol. The facility has not had a report of this nature in the previous twelve months.</p> <p>115.61 (e): GDC SOP 208.06 states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators. The interview with the Warden confirmed that this is the standard practice at the facility. The facility investigator will conduct an investigation and if the case appears to be criminal in nature, will refer it as required. A review of the facility investigations supported the process described in the SOP.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff and agency reporting duties.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan</li> </ul> <p>Interviews:</p> <p>Warden</p> <p>Interview with Warden indicated that the agency takes immediate protective action, which may include separation, increased supervision, alerting relevant staff, providing support services, involving law enforcement, and encouraging confidential reporting. The goal is to ensure the inmate's safety and well-being while complying with PREA standards.</p> <p>Facility Head or Designee</p> <p>Through the interview process the Facility Head acknowledged immediate action to</p>

	<p>protect the victim (inmate) would be taken. The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator, if known, would be placed in an administrative holding cell until transferred.</p> <p>Random Staff</p> <p>Through the interview process staff acknowledged if they receive an allegation from an inmate, they will immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence. The first action would be to protect the inmate.</p> <p>Findings (by provision):</p> <p>115.62 (a): GDC SOP 208.06 states that when the facility learns that an inmate is subject to imminent risk of sexual abuse, it shall take immediate action to protect the inmate. The PAQ indicated that in the previous twelve months, there have been no instance where inmates were determined to be at imminent risk of sexual abuse. A review of the investigations for the previous 12 months indicated that there were no stances where the victim was at risk of imminent sexual abuse. Attachment 7 provides specific local procedures and the coordinated response plan for the facility. Interviews with the Agency Head and the Warden indicated that the agency takes immediate protective action, which may include separation, increased supervision, alerting relevant staff, providing support services, involving law enforcement, and encouraging confidential reporting. The goal is to ensure the inmate's safety and well-being while complying with PREA standards. Interviews with random staff indicated that they would contact their supervisor and remove the inmate from the imminent threat and keep them in visual contact.</p> <p>The facility reported on the PAQ that when the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. However, in the past twelve months, the agency/facility reports zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection duties.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

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

### Interviews:

#### Agency Head or Designee

Through the interview process the Agency Head Designee confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any facility will be investigated in accordance with the guidelines of the GDC.

#### Facility Head or Designee

Through the interview process the Facility Head indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned for investigation. When an inmate reports sexual abuse or sexual harassment that occurred at another facility, the facility where it occurred is notified as soon as possible, but no later than 72 hours.

### Findings (by provision):

115.63 (a): GDC SOP 208.06 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility.

115.63 (b) GDC SOP 208.06 states that notification as noted in provision (a) shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility.

115.63 (c): GDC SOP 208.06 states that the facility shall document that it has provided notification of allegations as noted in the previous provisions. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility.

115.63 (d): GDC SOP 208.06 states that staff are required to notify the warden and the warden is required to notify the warden at the facility where the alleged abuse occurred. The warden is required to ensure allegations received from other facilities / agencies are investigated in accordance with the PREA standards. The PAQ indicated that in the previous twelve months, the facility has received no reports of sexual

	<p>harassment from other facilities/agencies. This allegation was investigated according to agency policy. A copy of this allegation was provided to the auditor. Interviews with the Agency Head and the warden indicated that when an allegation was received from another facility, it would be documented and referred to the facility investigator.</p> <p>This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 2, d, indicates the facility head or Department office that receives such notification shall ensure that the allegation is investigated only if a previous investigation did not occur.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding reporting to other confinement agencies.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interviews:</p> <p>Security Staff - First Responders</p> <p>Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on the job training, and staff meetings.</p> <p>Non-Security First Responders</p> <p>Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.</p>

#### Random Staff

Through the interview process staff were consistently able to articulate to the Auditor, step-by-step, how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area where the incident occurred, seek medical aid, as needed, and report the incident.

#### Inmates Who Reported Sexual Abuse

At the time of the on-site audit there were zero inmates in the facility who reported sexual abuse allegations. Therefore, no inmates could be interviewed.

115.64 (a): GDC SOP 208.06 states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating. The PAQ indicated that during the previous twelve months, there has been zero (0) allegations of sexual abuse.

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

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of Sexual Abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

Another policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape

	<p>Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, F, 1, indicates First Responder, and Department reporting duties are as follows:</p> <p>a. Response protocols shall follow the guidelines outlined in Attachment 7, Local Procedure Directive and Coordinated Response Plan.</p> <p>b. The PREA Unit will be notified of all allegations within two (2) working days after receiving the allegations via PREA.report@gdc.ga.gov using Attachment 10, PREA Initial Notification Form.</p> <p>After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:</p> <ol style="list-style-type: none"> <li>1. Identify, separate and secure inmates involved, if necessary.</li> <li>2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.</li> <li>3. Notify a shift supervisor of the incident as soon as practical.</li> <li>4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be expected to destroy biological, forensic, or physical evidence related to such sexual abuse.</li> <li>5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.</li> <li>6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</li> </ol> <p>115.64 (b): GDC SOP 208.06 and Attachment 7 outlines the first responder duties</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding staff first responder duties.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:



- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan

Interview:

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

115.65 (a): The PAQ provided documentation of a written facility plan (GDC SOP 208.06, Attachment 7) which coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners and facility leadership. The auditor reviewed this plan and noted that specific duties for staff were listed which included staff first responders (security and non-security), medical and mental health practitioners, investigators and facility leadership. The interview with the Warden confirmed that the facility has a coordinated response plan which includes all staff as required by the standard.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of Sexual Abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

Another policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-2022, is a two page document and the purpose of the document is to provide a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This plan provides contact information for everyone who will need to be notified during the reporting and investigating of a PREA allegation. It breaks down the reporting duties into 15 steps, which are well thought out and measurable. It takes into consideration victimization screening, safe housing and identifying “at risk” inmates in the facility.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding

	coordinated response.
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interview:</p> <p>Agency Head or Designee</p> <p>Through the interview process the Agency Head Designee indicated the State of Georgia does not enter into collective bargaining.</p> <p>115.66 (a): The State of Georgia does not enter into collective bargaining. The interview with the Agency Head verified this.</p> <p>115.66 (b): Auditors are not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding preservation of ability to protect inmates from contact with abusers.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul>

- GDC, Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 8, Retaliation Monitoring Checklist, effective date 6/23/2022
- West Central Integrated Treatment Facility PREA Local Procedure Directive and Coordinated Response Plan

Interviews:

Agency Head or Designee

Retaliation monitoring is for a period of 90 days after an allegation. It begins the day of the allegation, for 90 days. If the allegation is deemed to be unfounded, the monitoring can stop. Anyone associated with the allegation in any way that is in fear of retaliation is monitored.

Facility Head or Designee

The Facility Head indicated there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments. The staff in charge of monitoring retaliation echoed these comments.

Retaliation Monitor

Through the interview process the Retaliation Monitor indicated that retaliation is taken very seriously at the facility. The Retaliation Monitor emphasizes to staff and inmates that they are to speak about PREA without fear of retaliation. Retaliation monitoring is generally for the victim of the alleged abuse; however, if any other individual who cooperates with an investigation expresses fear of retaliation, they will be monitored as well.

Retaliation monitoring lasts for a period of 90 days from the day of the allegation unless an extension is needed. Retaliation monitoring includes a minimum of monthly status checks on the individual being monitored. These status checks are documented on Attachment 8, Retaliation Monitoring Checklist. In the past twelve months there were zero instances of retaliation.

At the time of the on-site audit, the facility reported zero inmates in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse.

At the time of the on-site audit, the facility reported zero inmates who reported sexual abuse. Therefore, no one could be interviewed.

Findings (by provision):

115.67 (a): GDC SOP 208.06 states that the 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 will be protected from retaliation by other inmates and staff. The facility has designated staff responsible for

retaliation monitoring. The CO II is assigned the duty of monitoring for retaliation against staff for reporting and for monitoring for retaliation involving inmates who report. This is specified in Attachment 7, Local Procedure Directive and Coordinated Response. Retaliation is monitored for up to a 90-day period or for as long as needed. Attachment 8 is used to document monitoring efforts.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 4, a, indicates anyone who retaliates against a staff member or an offender who has reported an allegation of Sexual Abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, b, indicates the Department shall protect offenders and staff members who report Sexual Abuse or Sexual Harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. Multiple protection measures include offender housing changes or transfers, removal of alleged staff member or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, indicates the designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the Sexual Abuse or who participated in an investigation to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, i-iii, indicates

i. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. The monitor shall make periodic in-person status checks as well. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed in the SART investigation file upon completion.

ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.

iii. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the Allegation is Unfounded.

115.67 (b): GDC SOP 208.06 specifies the facility's protection of staff and inmates against retaliation for reporting sexual abuse and sexual harassment. The policy states that the agency has established multiple protection measures which include housing changes or transfers for inmate victims or abusers, removal of the alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head, Warden and the Staff Member Charged with Retaliation indicated that protective measures would be taken to ensure the safety of the inmate or staff member from possible retaliation. All of these staff interviewed indicated the steps they would take to ensure safety. These steps included the requirements specified in the standard. There was zero (0) inmates in the previous 12 months who reported a sexual abuse therefore, they were none able to be interviewed.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, b, indicates the Department shall protect offenders and staff members who report Sexual Abuse or Sexual Harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. Multiple protection measures include offender housing changes or transfers, removal of alleged staff member or offender abusers from contact with victims and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.

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

	<p>would include a review of inmates' disciplinary reports, housing changes and/or program changes. Staff would be monitored for performance reviews and post assignment changes. Attachment 8 was provided for review. The retaliation monitoring was conducted up to the dates the inmates were released or transferred.</p> <p>The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, indicates the designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the Sexual Abuse or who participated in an investigation to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.</p> <p>115.67 (d): GDC SOP 208.06 states that the retaliation monitoring will include periodic status checks. All inmates at the facility are reviewed by their prison counselors every 30 days and the inmates can indicate to staff at that time if they have any concerns related to retaliation. The interview with the monitoring staff member indicated that the inmate would be reviewed for retaliation for at least 90 days and that periodic status checks would be completed with the inmate in person.</p> <p>115.67 (e): GDC SOP 208.06 indicates that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. The PAQ indicated that in the previous twelve months, there has not been an incident of any reported fear of retaliation. Interviews with the Agency Head, Warden and the PCM indicated that they would employ the same protective measures as previously stated to monitor retaliation for inmates and staff.</p> <p>115.67 (f): The auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based on a review of the PAQ, GDC SOP 208.06, Attachment 8, the retaliation monitoring documentation, interviews with the Agency Head, the PCM, the staff charged with retaliation monitoring, and the Warden, this standard is determined to be compliant.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> </ul>

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

Interview:

Facility Head or Designee

During the interview process the Facility Head confirmed the abuser or victim can be moved to another facility if needed. The facility does not have a segregation unit.

Findings (by provision):

115.68 (a): GDC SOP 208.06 states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of

115.43. The PAQ indicated that no inmates who alleged to have suffered a sexual abuse were involuntarily housed in segregated housing. The facility does not contain a segregation housing unit, but does have 2 segregated cells where inmates may be housed temporarily up to 24 hours.

An interview with staff indicated that the facility does not house inmates in segregation when they report a sexual abuse. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing in the temporary cells until an alternative means of separation from likely abusers could be arranged and it would only be for as little a time as possible to make such arrangements and in most cases, this would be no more than 24 hours. She also stated that there was not a need to do this in the past twelve months. During the site review, the auditor did not observe any inmates in the segregated cells.

There were no inmates housed in segregation during the on-site portion of the audit, therefore, there were no inmates to be interviewed.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, 8, a-d, indicates offenders at elevated risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from abusers. This placement, including the concern for the offender's safety, must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.

b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

	<p>c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited, 2) the duration of the limitation, and 3) the reasons for such limitations.</p> <p>d. Every 30 days, the facility shall conduct and document a review for each such offender to determine whether there is a continuing need for separation from the general population.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding post allegation protective custody.</p>
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115.71	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interviews:</p> <p>PREA Coordinator (PC)</p> <p>During the interview process the PC indicated the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Additionally, most of the inmate information is stored permanently in their SCRIBE database.</p> <p>Facility Head or Designee</p> <p>Through the interview process the Facility Head reported in the past twelve months there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.</p> <p>Investigative Staff</p> <p>During the interview process the investigator indicated:</p>



1. Investigations begin immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, verbally; third party, by mail or anonymously.
2. Confirmed attendance at the required training sessions. The Auditor reviewed the investigators' training records and verified attendance and participation in all mandated training.
3. All investigations follow the same investigative format. Interviews are conducted with the victim first, then any witnesses, leaving the perpetrator for last. Protocol varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse.
4. If it is an alleged sexual assault or sexual abuse incident, the victim is met at the dedicated SAFE/SANE location if applicable. Except in the cases where the SAFE/SANE team collects the evidence, the investigator collects and secures all evidence.
5. Investigative staff are trained in evidence collection. The Auditor reviewed training records, which provided confirmation.
6. When the evidence appears to support a criminal act that has been committed, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The OPS-Criminal Division confirmed if the case appears to be criminal Miranda warnings are given to the person(s)
7. The credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. Polygraph is not used in the investigative process of PREA cases.
8. In administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in the investigative report.
9. If the investigation uncovers evidence that a crime has been committed, the allegation is investigated by the OPS-Criminal Division
10. Confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.
11. Confirmed the facilities cooperate with the OPS-Criminal Division and endeavor to keep the facility informed of the progress of the investigation.

PREA Compliance Manager (PCM)

Through the interview process the PCM indicated the agency ensures 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.

#### Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were zero inmates at the facility who reported sexual abuse. Therefore, no inmates were interviewed.

#### Findings (by provision):

115.71 (a) GDC SOP 208.06 states that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. All investigators have received specialized training to conduct sexual abuse investigations. The local SART is responsible for the administrative investigation of all allegations of sexual abuse or sexual harassment. If the allegation is criminal in nature, the allegation will be reported to the Regional Director, Regional SAC and the Department's PREA Coordinator. These reports indicated that all were completed within 30 days and documentation was made of the investigation process. The interviews with investigative staff confirmed that the investigations are completed promptly, thoroughly and objectively.

115.71 (b): Documentation was provided to the auditor of the specialized training for facility investigators who conduct sexual abuse investigations. This training is specialized for investigators in compliance with PREA standard 115.34. Interviews with investigation staff indicated that they had received specialized training.

115.71 (c): GDC SOP 208.06 specifies the investigative process. The policy states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the investigative reports of sexual abuse and sexual harassment for the previous twelve months indicated that all investigations included physical and electronic evidence as well as documentation of interviews with inmates and other witnesses. Interviews with investigative staff confirmed that an investigator would respond and investigate allegations of sexual abuse and sexual harassment immediately and all available evidence would be collected, reviewed and retained.

115.71 (d): GDC SOP 208.06 describes the investigation process. The policy states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of the investigation reports for the previous twelve months indicated that there was zero (0) for sexual abuse which was referred for criminal investigation and is still ongoing. The interview with the investigative staff confirmed that if the case appeared to support criminal prosecution, the Regional SAC would conduct any compelled interviews.

115.71 (e): GDC SOP 208.06 describes the criminal and administrative investigation process. The policy states that the credibility of an alleged victim, suspect, or witness

shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The policy further states that no inmate who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigation staff indicated that the facility does not use polygraphs or any such device in the process of the investigation. No inmates reported a sexual abuse housed at the facility as of the dates of the on-site audit.

115.71 (f): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. Investigation staff indicated that information related to staffing and staff actions are also reviewed and considered and included in the report. They indicated that staffing levels are reviewed, cameras are reviewed and interviews are conducted and the totality of the evidence would be collected, processed and analyzed.

115.71 (g): Criminal investigations are completed by the Regional SAC. All of the sexual abuse and sexual harassment allegations are reported to the facility investigator who then will refer a criminal case to the Regional SAC who will assign an agent or investigator who has received special training in Sexual Abuse investigations. A review of the facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the investigator who conducts the criminal investigations confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution; however, this is the decision of the Regional SAC. The PAQ indicated that there was zero allegations referred for prosecution since the last PREA audit. The interview with the investigator confirmed that if solid evidence was available and the elements were met for prosecution, that the case would be referred to DA.

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

	<p>115.71 (j): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.</p> <p>115.71 (k): The agency is responsible for conducting administrative investigations while the Regional SAC is responsible for conducting criminal investigations. Interviews with Warden, PC, PCM and investigative staff confirmed this information.</p> <p>115.71 (l): The agency is responsible for conducting administrative investigations while the Regional SAC is responsible for conducting criminal investigations. Interviews with Warden, PC, PCM and investigative staff confirmed this information. Interviews also indicated that they cooperate fully with the Regional SAC to provide any information needed and to stay abreast of the status of the investigations.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding criminal and administrative agency investigations.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> </ul> <p>Interviews:</p> <p>Investigative Staff</p> <p>Through the interview process investigative staff relayed that:</p>

	<p>1. During an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.).</p> <p>2. GDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Findings (by provision):</p> <p>115.72 (a): The facility reported on the PAQ 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. This was verified by the investigative staff during the interview process.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 5, indicates no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidentiary standard for administrative investigations.</p>
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115.73 Reporting to inmates	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022, attachment 3, GDC</li> </ul>

## PREA Disposition Offender Notification Form

### Interviews:

#### Facility Head or Designee

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

1. The staff member is no longer in the inmate's housing unit.
2. The staff is no longer employed at the facility.
3. The Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or.
4. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

When there is a substantiated inmate-on-inmate allegation of sexual abuse, the facility notifies the inmate (victim) when the inmate (abuser) has been indicted, charged or convicted or the sexual abuse.

#### Investigative Staff

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

#### Inmates Who Reported Sexual Abuse

At the time of the onsite audit, there were zero inmates at the facility who reported sexual abuse. Therefore, no inmates were interviewed.

115.73 (a): GDC SOP 208.06 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Attachment 3 is the form documenting the notification to the inmate. The PAQ indicated that there were 0 total allegations of sexual abuse in the past 12 months.

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

	<p>115.73 (c): GDC SOP 208.06 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Attachment 3, PREA disposition Offender Notification form is used to document the notification of the investigation outcome to the inmate. There were 4 allegations of sexual abuse in the previous 12 months. None of these involves a staff member.</p> <p>115.73 (d): GDC SOP 208.06 describes the process for notification of investigative outcome to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which an inmate has been indicted on a charge related to sexual abuse within the facility in the previous twelve months. There has also not been an incident in which an inmate has been convicted on a charge related to sexual abuse within the facility in the previous twelve months.</p> <p>115.73 (e): GDC SOP 208.06 describes the process for notification of investigative outcome to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were zero (0) notifications made to inmates in the previous twelve months. The investigative file documents reviewed indicated that the inmates were notified of the outcome of the investigations.</p> <p>115.73 (f): This provision is not required to be audited.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding reporting to inmates.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation.</li> </ul>

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

Findings (by provision):

115.76 (a): GDC SOP 208.06 describes the process for disciplinary sanctions against staff. Specifically, it indicates that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): GDC SOP 208.06 indicates that termination will be the presumptive disciplinary sanction for staff who engages in sexual abuse. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (c): GDC SOP 208.06 describes the process for disciplinary sanctions against staff. And specifically states that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. There were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months.

115.76 (d): GDC SOP 208.06 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months. The PAQ indicated that there were no staff members reported to law enforcement or relevant licensing bodies.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 1, c, indicates all terminations for violations of the Department Sexual Abuse or Sexual Harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal.

These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for staff.



<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022</li> </ul> <p>Interview:</p> <p>Facility Head or Designee</p> <p>During the interview process the Facility Head acknowledged during the previous twelve months there had been zero contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. Further there had been zero volunteers or contractors reported to law enforcement for engaging in sexual abuse of inmates.</p> <p>115.77 (a): GDC SOP 208.06 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.</p> <p>115.77 (b) GDC SOP 208.06 states that facility will take remedial measures and prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ stated that there were no sexual abuse incidents involving any contractor or volunteer during this cycle. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

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

### Interview:

#### Facility Head or Designee

Through the interview process the Facility Head indicated:

- GDC prohibits sexual activity between inmates.
- There were zero administrative findings of inmate-on-inmate sexual abuse that occurred at the facility in the past twelve months.
- There were zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.
- Inmates are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- Disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred is prohibited.

#### Medical and Mental Health Staff

Through the interview process medical and mental health staff stated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.

### Findings (by provision):

115.78 (a): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there has been zero (0) administrative findings of inmate-on-inmate sexual abuse within the previous twelve months.

115.78 (b): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there has been zero (0) administrative findings of inmate-on-inmate

sexual abuse within the previous twelve months.

The interview with the Warden indicated that disciplinary sanctions are determined case-by-case and will be in accordance with the agency's disciplinary guidelines. A review of the investigative files indicated that any disciplinary sanctions were imposed.

115.78 (c): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there has been zero (0) administrative findings of inmate-on-inmate sexual abuse within the previous twelve months. The interview with the Warden indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.78 (d): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. GDC SOP 208.06 states that mental health services shall be provided to prisoners designed to address and correct underlying reasons or motivations for abuse. The PAQ indicated there has been zero (0) administrative findings of inmate-on-inmate sexual abuse within the previous twelve months. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits.

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

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

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

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for inmates.

115.81	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation</li> <li>• GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• Attachment 14, GDC PREA Counseling Referral Form PREA Allegation Log</li> <li>• MH Sexual Allegation Evaluation Verification Attachment 1, Sexual Allegations Log</li> <li>• Medical Evaluation Log</li> <li>• GDC, SOP, 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment</li> <li>• GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault</li> <li>• GDC, SOP, 508.15, Attachment 3 Mental health Services authorization for Release of Information</li> <li>• SOP 507.04.85, Informed Consent</li> <li>• Treatment Plan &amp; Follow Up</li> </ul> <p>Interviews:</p> <p>Risk Screening Staff</p> <p>Through the interview process staff who conducts intake screenings confirmed all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to- know basis.</p> <p>Medical and Mental Health Staff</p> <p>Through the interview process medical and mental health staff acknowledged they obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake. If the screening indicates the inmate is at substantial risk for victimization, aggressiveness or has a history of victimization.</p> <p>Inmates who Disclosed Prior Victimization</p> <p>At the time of the onsite audit there were zero inmates who disclosed prior victimization. Therefore, zero no inmates were interviewed regarding this standard.</p> <p>Findings (by provision):</p> <p>115.81 (a): GDC SOP 208.06 states that offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive</p>

behavior or inmates that are alleged victims or aggressors of a sexual harassment or sexual abuse allegation must be offered a follow-up meeting with a medical and mental health practitioner within 14 days of the screening. The PAQ states that in the past 12 months, all inmates who disclosed prior victimization or sexually assaultive behavior were offered a follow up meeting with a medical or mental health practitioner.

The facility reported on the PAQ that all inmates who disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. Further a follow-up meeting is offered within 14-days of intake screening. Medical and mental health services staff document all encounters with inmates. Medical and mental health staff verified this.

The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or inmates that are alleged victims or aggressors of a Sexual Harassment or Sexual Abuse allegation, must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. Staff must complete Attachment 14, PREA Counseling Referral Form.

115.81 (b): GDC SOP 208.06 states that all prisoners who have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up with a medical or mental health practitioner within 14 calendar days of the intake screening. SOP

508.22 and SOP 507.4.91 also specify the requirements of medical and mental health staff. Risk screenings were reviewed as well as medical documentation which indicated that the inmates were seen by medical and mental health. Staff who conduct risk screenings were also interviewed and stated that referrals are made to medical and mental health for inmates who have previously perpetrated sexual abuse.

115.81 (c): This provision is not applicable. The facility is a state prison and not a jail.

115.81 (d): GDC SOP 208.06 states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly 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. states that all information related to sexual victimization. The prisoner health record shall be maintained as a confidential document and stored securely. All employees, including contractual employees shall be responsible for maintaining the confidentiality of all health information regarding a prisoner. Maintaining confidentiality applies to both the release of documents from a prisoner's health record and providing information regarding a prisoner's diagnosis, healthcare and treatment whether in writing, electronically or verbally.

	<p>During the site review, the auditor observed the intake area and spoke informally to staff in that area. It was indicated that all inmates are received through this area. The initial risk screening is performed in a private setting. This initial screening assists staff in making housing decisions. The information is not limited to only medical and mental health staff. The PC and some security staff as well as counselors also have access to screening information to make decisions about inmate placement in housing, work, education and other program assignments. The documentation of the risk screening information. The documents are entered electronically in the SCRIBE system and the hard copy is shredded immediately. Electronic information is safeguarded by computer access only authorized to those staff whose position authorizes access.</p> <p>115.81 (e): GDC SOP 208.06 states that the Department shall provide prompt and appropriate medical and mental health services in compliance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault. Interviews with Medical and Mental Health staff verified that they obtain informed consent from inmates prior to reporting prior sexual victimization. This information is also relayed to the prisoner population through the use of signage which specifies the limitations to confidentiality and informed consent. This signage is in English and Spanish. Attachment 3, Authorization for Release of Information is the PREA authorization for release of information.</p> <p>Conclusion:</p> <p>Based on a review of the PAQ, GDC SOP 208.06, Attachment 14, Attachment 1, the PREA Allegation Log, the Mental Health Sexual Allegations Log, the Medical Evaluation Log, SOP 508.22, SOP, 507.04.91, SOP, 508.15, SOP 507.04.85, the Informed Consent signage, medical and mental health documents and information from interviews with staff who perform the risk screening, inmates who reported a prior sexual victimization during risk screening and medical and mental health care staff, as well as observations of the area where the risk screening is conducted, this standard is determined to be compliant.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation</li> <li>• GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• Attachment 5, Procedure for SANE Evaluation-Forensic Collection Evaluation Log</li> </ul>

## Medical

- Evaluation Log Mental Health
- GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault, 2/01/2022

### Interviews:

#### Medical and Mental Health Staff

Through the interview process medical and mental health staff reported treatment is provided immediately and is based on their professional judgment and SOP's. Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, an inmate will receive a cursory examination by the physician to provide feedback for use of SART or if the inmate should be immediately transported to a hospital due to the nature of his injuries. If the SART is utilized, before leaving the facility, the nurse will provide 'recommendations' for treatment and care. The facility physician will complete the orders. As part of the process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care information.

#### Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmate who had reported sexual abuse remained in the facility. Therefore, no one could be interviewed regarding this standard.

#### First Responders (Security and Non-Security)

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

During the interview process the non-security first responders said that their primary responsibility was to protect the victim, notify security first responders and stay with the victim until the security first responders arrived.

#### Findings (by provision):

115.82 (a): GDC SOP 208.06 states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners and that employees provide appropriate and timely response to medical emergencies consistent with the employee's training and the use of universal precautions. The PAQ indicated that medical and mental health maintains secondary materials documenting the timeliness of services.

Interviews with medical and mental health care staff confirm that inmates receive

timely services, typically immediately or within 24 hours, based on the nature of the allegation. Medical and mental health staff advised that services are based on their professional judgement.

There were no inmates on the dates of the on-site audit remaining at the facility who had reported sexual abuse, therefore, none were able to be interviewed.

115.82 (b): This PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse is made, that security staff first responders would take the preliminary steps to protect the victim pursuant to standard 115.62 and would notify the appropriate medical and mental health practitioners. The interview with PCM indicated that medical and mental health staff are available at the facility at all times, however, security staff would always take steps to protect the victim and notify the appropriate medical and mental health staff as well as SART. A qualified member from the SART team would come to the facility to conduct the forensic exam. Interviews with first responders indicated that the inmate would be separated from the alleged abuser and would remain with the staff member. A review of the investigation files indicated that medical and mental health were always contacted immediately.

115.82 (c): GDC SOP 208.06 states that inmate victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Female prisoner victims of sexual abuse shall be offered a pregnancy test. Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Attachment 5 is the procedure utilized for SANE Evaluation / Forensic Collection. A review of medical and mental health files for inmates who reported sexual abuse indicate that they received information on infection prophylaxis.

There were no inmates who had reported a sexual abuse still remaining at the facility as of the dates of the on-site audit; therefore, no interviews with these inmates were able to be conducted. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

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

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services.



115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="256 232 959 266"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 311 544 344"><b>Auditor Discussion</b></p> <p data-bbox="256 389 429 423">Documents:</p> <ul data-bbox="256 456 1474 748" style="list-style-type: none"> <li>• Pre-Audit Questionnaire and supporting documentation</li> <li>• GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022</li> <li>• GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault, 2/01/2022</li> <li>• GDC, SOP, 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, 05/03/2018</li> <li>• Attachment 5, SANE Evaluation – Forensic Collection</li> </ul> <p data-bbox="256 781 416 815">Interviews:</p> <p data-bbox="256 860 711 893">Medical and Mental Health Staff</p> <p data-bbox="256 927 1458 1005">During the interview process medical and mental health staff indicated; treatment is provided immediately and is based on their professional judgment and SOP's.</p> <p data-bbox="256 1039 1442 1117">Medical and mental health staff offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse.</p> <p data-bbox="256 1151 1390 1229">Medical and mental health staff provide victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="256 1263 1474 1386">Medical and mental health staff acknowledged treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="256 1420 1422 1588">Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.</p> <p data-bbox="256 1621 1458 1778">Further medical and mental health staff support compliance in evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff indicates an active understanding of the importance of appropriate evaluation, follow-up, treatment planning and service referral.</p> <p data-bbox="256 1812 1430 1980">Mental Health staff indicated through the interview process that a mental health evaluation of all known inmate-on-inmate abusers is attempted within 60 days of learning of such abuse history. Treatment is offered when deemed appropriate and beneficial.</p> <p data-bbox="256 2013 1434 2092">Medical Staff indicated through the interview process that inmate victims of sexual abuse, while incarcerated, are offered tests for sexually transmitted infections as</p>

medically appropriate.

#### Inmates Who Reported Sexual Abuse

At the time of the on-site audit, no inmate who had reported sexual abuse remained in the facility. Therefore, no one could be interviewed regarding this standard.

#### Findings (by provision):

115.83 (a): GDC SOP 208.06 states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. SOP 507.04.91 and SOP 508.22 also specify this procedure directive. During the site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health area consisted of a few offices. All areas were private and allowed for adequate confidential.

115.83 (b): GDC SOP 208.06 states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. There were no inmates remaining at the facility during the dates of the on-site audit who had reported a sexual abuse, therefore, none were able to be interviewed.

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

115.83 (d): GDC SOP 208.06, Attachment 5 provides for female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. There were no inmates who had reported a sexual abuse remaining at the facility as of the dates of the on-site audit, therefore; none were able to be interviewed.

115.83 (e): GDC SOP 208.06, Attachment 5 provides that if pregnancy results from sexual abuse while incarcerated, victims will receive timely comprehensive information about and timely access to all lawful pregnancy-related medical services. Medical staff interviewed on-site corroborated that these services and information would be provided to the inmate. There were no inmates who had reported a sexual abuse remaining at the facility as of the dates of the on-site audit; therefore, none were able to be interviewed.

115.83 (f): GDC SOP 208.06 states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Attachment 5, Procedure for SANE Evaluation- Forensic Collection indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and

	<p>Hepatitis B. There were no inmates who had reported a sexual abuse remaining at the facility as of the dates of the on-site audit; therefore, none were able to be interviewed.</p> <p>115.83 (g): GDC SOP 208.06 states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no inmates remaining at the facility as of the on-site audit who had reported a sexual abuse, therefore, no inmates were able to be interviewed. Staff interviewed stated that inmates who reported sexual abuse were not charged for any services they received.</p> <p>115.83 (h): GDC SOP 208.06 states that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical and mental health staff confirm that offender-on-offender abusers would be offered mental health services. Documentation of this was provided to the auditor.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022, attachment 9, Sexual Abuse Incident Review (SAIR) Checklist</li> </ul> <p>Interviews:</p> <p>Warden Interview</p>

During the interview process the Warden confirmed the members of the Incident Review Team are executive level, upper-level management and cross many departments. The Warden expressed the facility's commitment to consider and incorporate recommendations from team members.

#### PREA Compliance Manager (PCM) Interview

During the interview process the PCM indicated the report from the Sexual Abuse Incident Review team is submitted to the PCM and the Warden. Additionally, the PCM confirmed the SAIR meets within thirty days of the close of the investigation.

#### Incident Review Team (IRT) Interview

Members of the IRT (SAIR) included upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners

Members of the sexual abuse incident review team indicated the team considers all criteria listed in this standard, as required by PREA policy. The report from the Sexual Abuse Incident Review team is submitted to the Warden and the PCM.

#### Findings (by provision):

115.86 (a): GDC SOP 208.06 states that the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Attachment 9, Sexual Abuse Incident Review Checklist is the form utilized for the documentation. A review of these investigative reports indicated that for the applicable investigations, incident reviews were completed.

115.86 (b): GDC SOP 208.06 states that the facility will conduct sexual abuse incident reviews within 30 days of the conclusion of the investigation. A review of investigative reports indicated that the incident reviews were completed within 30 days of the conclusion of the investigation.

115.86 (c): GDC SOP 208.06 states that the review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials.

115.86 (d): GDC SOP 208.06 states that the review team will: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the adequacy of staffing levels; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings to include, but not necessarily limited to determinations or recommendations for improvement. A review of the sexual abuse review form (Attachment 9) indicated that all

	<p>requirements were discussed during the review and documented on the form.</p> <p>Interviews with the Warden, PCM and Incident Review Team Member confirmed that these reviews are being completed and they include all the required elements.</p> <p>Interviews indicated that the team will make adjustments to the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.</p> <p>115.86 (e): GDC SOP 208.06 states that the facility will implement the recommendations for improvement or document the reasons for not doing so. A review of the sexual abuse incident review completed in in the previous twelve months indicated that there were no recommendations other than adding additional video monitoring equipment. Interviews with staff indicate that if there were recommendations that the PCM would be the lead on ensuring they were implemented.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.</p>
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115.87	Data collection
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022</li> <li>• 2022 - 2023 GDC PREA Annual Report</li> <li>• Private Facility PREA Reports (3)</li> <li>• Incident Demographic Information Form</li> <li>• 2024 Survey of Sexual Victimization (SSV2)</li> </ul> <p>Interviews:</p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process the PC indicated upon request, the agency would</p>

	<p>provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates.</p> <p>PREA Compliance Manager (PCM) Interview</p> <p>Through the interview process the PCM indicated the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Findings (by provision):</p> <p>115.87 (a): GDC SOP 208.06 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards.</p> <p>115.87 (b): The Annual Report was provided for 2023. A review of collected data confirmed that the facility aggregates sexual abuse data at least annually.</p> <p>115.87 (c): GDC SOP 208.06 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards.</p> <p>115.87 (d): A review of the PREA case log confirmed that information is obtained from incident reports and maintained by the PCM. The facility also maintains Incident Demographic Information.</p> <p>115.87 (e): GDC SOP 208.06 states that the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of inmates. This is captured on the Incident Demographic Form.</p> <p>115.87 (f): The PAQ indicated that the facility provides information to the Department of Justice on the SSV form.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Data Collection.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/ 2022
- Most Recent Survey of Sexual Victimization (Form SSV-2)
- Most Recent PREA Annual Data Report
- Annual PREA Reports 2022 & 2023
- Website Address for GDC [http://www.gdc.ga.gov/Divisions/ ExecutiveOperations/](http://www.gdc.ga.gov/Divisions/ExecutiveOperations/)

### Interviews:

#### Agency Head or Designee Interview

Through the interview process the Agency Head Designee reported the annual report includes a comparison of the current year's data and corrective actions with those from prior years. PREA annual report are on our agency website <http://www.gdc.-ga.gov/Divisions/ExecutiveOperations/PREA>

The purpose of the annual report is to capture the facilities and the agency as whole are keeping our inmates and staff safe from sexual victimization. It assists us in locating problem areas as quickly as possible. It also helps us to take corrective action on an ongoing basis.

#### Facility Head or Designee Interview

Through the interview process, the Warden acknowledged the facility Sexual Abuse Incident Review Team reviews each allegation, and that information is provided to the PC for the annual review.

#### PREA Coordinator (PC) Interview

Through the interview process, the PC indicated the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PC continued by stating that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

#### PREA Compliance Manager

Through the interview process, the PREA Compliance Managers indicated that most PREA information can be found on the agency website.

115.88 (a): The PAQ indicated that the facility reviews data annually in order to asses and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective

	<p>action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC and PCM confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.</p> <p>115.88 (b): The PAQ indicated that the facility's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head, PCM and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.</p> <p>115.88 (c): The PAQ indicated that the facility's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that he reviews the report and approves it annually. The report is then is placed on their website. A review of the agency website confirmed that the current annual report as well as previous reports are available to the public online.</p> <p>115.88 (d): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data review for corrective action.</p>
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115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior</li> </ul>



Prevention and Intervention Program, effective date 6/23/ 2022

- GDC Annual PREA Reports 2012 -2023

Observations:

During the facility tour the Auditor observed the lockable file storage cabinets in which data is stored. The cabinets were locked and only the individuals with authority to review the data had a key to open the lockable cabinets.

Interviews:

PREA Coordinator (PC) Interview

During the interview process the PC indicated the facility/agency retains data in secure locations. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know.

Additional data is retained at the Agency level as required for completion of the SSV-2, and within the GDC website for public access.

During the interview process the PC indicated the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. Most information related to inmates is kept permanently in the SCRIBE database.

Findings (by provision):

115.89 (a): GDC SOP 208.06 states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PC confirmed that data is securely retained and that all electronic data is maintained in a centralized system. All paper files are under lock and key at the facility and Central Office. A photo of the PREA filing cabinet was provided to the auditor.

115.89 (b): GDC SOP 208.06 states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): The facility does not include sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.89 (d): The PAQ indicates that the facility maintains sexual abuse data that is collects for at least ten years after the date of initial collection. A review of the Agency's website confirmed that data is available from 2012 to present.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data storage, publication, and destruction.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a). The facility is part of the Georgia Department of Corrections. All GDC facilities were audited in the previous three-year cycle.</p> <p>115.401 (b): The facility is part of the Georgia Department of Corrections. The GDC has a schedule for all of their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the audit cycle 4, year three.</p> <p>115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/ correspondence from inmates. This notice was posted six weeks prior to the on-site audit. This notice was observed by the auditor and the information was accurate.</p> <p>Any documentation sent to the address posted was allowed to be sent through the legal mail process. This was verified through an informal conversation with mail room staff who were conducting legal mail processing during the time of the onsite audit.</p>

115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ul style="list-style-type: none"> <li>Georgia Department of Corrections publicly accessible website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></li> </ul> <p>Finding (by prevision):</p> <p>115.403 f: The GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: Georgia Department of Corrections publicly accessible website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p>CONCLUSION</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has</p>

	determined the agency/facility meets every provision of the standard regarding audit contents and findings.
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**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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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**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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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**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
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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
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**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
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**115.12 (b) Contracting with other entities for the confinement of inmates**

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	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
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a) Employee training</b>		
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	



	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

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

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

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

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	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
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes



	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

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

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

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

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes



	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	no
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

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

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes



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

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

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

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

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

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>