

PREA Facility Audit Report: Final

Name of Facility: Columbus Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/24/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 05/24/2021

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	04/15/2021
End Date of On-Site Audit:	04/16/2021

FACILITY INFORMATION	
Facility name:	Columbus Transitional Center
Facility physical address:	3900 Schatulga Road, Columbus, Georgia - 31907
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Chandreka Williams
Email Address:	chandreka.williams@gdc.ga.gov
Telephone Number:	706-565-3407

Facility Director	
Name:	Gloria Turnage
Email Address:	Gloria.Turnage@gdc.ga.gov
Telephone Number:	706-565-3400

Facility PREA Compliance Manager	
Name:	Chandreka Williams
Email Address:	chandreka.williams@gdc.ga.gov
Telephone Number:	O: (706) 565-3407

Facility Health Service Administrator On-Site	
Name:	Brenda Braswell
Email Address:	bbraswell@augusta.edu
Telephone Number:	706-565-7852

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	140
Average daily population for the past 12 months:	136
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 and older
Facility security levels/resident custody levels:	minimum, medium, close
Number of staff currently employed at the facility who may have contact with residents:	33
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Audit Findings

Introduction

The Prison Rape Elimination Act (PREA) audit onsite phase for Columbus Transitional Center was conducted April 15 – 16, 2021. Columbus Transitional Center is located at 7175 Manor Road, Columbus, Georgia 31907. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U. S. Department of Justice Certified PREA auditor for adults and juvenile facilities. The auditor conducted the onsite audit as a single auditor with no additional onsite support staff. The audit was assigned to M P Wheeler & Associates as part of a contractual agreement by Georgia Department of Corrections. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited November 24, 2017, with 100% compliance with the PREA Standards.

Mission:

The mission of the Columbus Transitional Center (CTC) is "to protect society by providing community residential services to residents prior to their discharge from incarceration. The primary goals are to develop self-discipline and promote skills required for positive re-entry into the community. Located near Rutledge State Prison, the Columbus Transitional Center benefits from some of the services provided at the larger prison. These minimally included mental health and human resources. Residents assigned to the CTC are in the process of transitioning back into the community and work release is a significant part of the program. Some of the residents are assigned to long term maintenance and work in and around the transitional center.

Audit Methodology

Pre-Onsite Audit Phase

Prior to the onsite visit, the auditor contacted the PREA Coordinator to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; Inmate roster by housing unit; listing of staff who perform risk assessments, list of medical/mental health staff; list of contractors and volunteers available during the audit; list of Inmates with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex Inmates; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) Inmates, list of limited English proficient, Inmates, list of allegations with investigation outcomes etc. This information was utilized to establish the interview schedules for the random selection of Inmates and staff to be interviewed; random and specialized interviews.

Notice of Audit Posting and Timeline

The audit notice was posted March 19, 2021. The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all Inmates, staff and visitors. Confirmation of revised audit notices was emailed to the auditor on March 19, 2021. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of Inmate and staff correspondence with the auditor. No correspondences were received during the phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was uploaded into the PREA Online Audit System. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information, the auditor requested further documentation for clarification of several standards. Some of the information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

Requests of Facility Lists

Columbus Transitional Center provided the following information for interview selections and document sampling:

Complete Resident Roster	An up to date roster was provided upon request.
Residents with physical disabilities	0
Residents with cognitive disabilities	1
Residents with hearing disabilities	1
LEP Residents	0
Lesbian, Gay and Bisexual Residents	2
Transgender or Intersex Residents	0
Residents in segregated housing	0
Resident in isolation	0
Residents who reported sexual abuse	0
Residents who reported prior sexual abuse	2
Residents who reported sexual victimization during the risk screening	0
Complete Staff Roster	The staff roster and schedule was provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified.
Contactors	1
Volunteers	0
Grievances of sexual abuse/harassment made in the 12 months preceding the audit.	0
Allegations of sexual abuse/harassment made in the 12 months preceding the audit.	0
Detailed list of the number of sexual abuse/harassment allegations in the 12 months preceding the audit.	0 R/R Abuse 0 R/R Harassment 0 S/R Abuse 1 S/R Harassment

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reports, no information for the preceding 12 months.
Community Based Organizations	Sexual Assault Support Center Hotline 706.571.6010

Onsite Audit Phase

Entrance briefing

On April 14, 2021, the entrance briefing was held with the Agency Assistant PREA Coordinator, Ben Kight (via conference call); Superintendent, Gloria Turnage; and Chandreka Williams, Behavioral Health Counselor and Certified Auditor, Mable P. Wheeler. Introductions were made and the agenda for the onsite visit was discussed.

On April 14, 2021 the auditor conducted the site review accompanied by the Superintendent, the PREA Compliance Manager. After the site review, the auditor conducted staff and Resident interviews, all interviews were voluntary and conducted in privacy.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility consists of one (1) building which includes one (1) Resident housing unit, zero (0) single housing unit, thirty-two (32) multiple occupancy cell housing units, zero (0) open bay dorm housing units, and zero (0) segregation/isolation cells. The facility designated capacity is 140. Population on the first of the on onsite audit was 132 for the facility. The facility has a video monitoring system, responsible for security surveillance; mirrors are also strategical places throughout the facility to provide additional security.

Processes and areas observed

The Auditor was able to observe the PREA education component of orientation. Inmates received handouts, watched a video and participated in a discussion. Grievance boxes are located on the housing unit. Grievance forms and writing utensils are available upon request.

The staff conducting the site review and auditor’s discussion with Residents verified the privacy for showering, using toilet and changing clothes. Auditor was able to observe the locations of the video monitoring cameras. PREA posters with telephone numbers for reporting sexual abuse and sexual harassment are prominently placed in the housing units and common area. The auditor informally asked Residents about basic PREA facts during visit to housing units.

Specific area observations

The auditor observed the housing area that is equipped with cameras. Viewing into rooms is facilitated by windows in the bedroom doors. Showers serving the wings consists showers with curtains each separated by half walls. The area also has toilets behind doors for privacy. Interviewed residents on the hall stated they have privacy while changing clothes and while showering. Although the showers afford privacy, residents stated that, “in practice” they shower one resident at a time out of respect.

Exit briefing

An exit briefing was held on April 16, 2021, with the Superintendent; and PREA Compliance Manager; to discuss audit findings.

Location and Privacy

All interviews were voluntary and privately conducted. Interviews were held in the conference room and offices within the Resident visitation area; these locations provided privacy and minimum disruption of daily activities and programming. The auditor received no communications from Residents or staff prior to onsite visit.

Selection Process

Ten (10) direct care staff was interviewed using the random staff interview protocol. Fourteen (14) random Residents were interviewed using the Resident interview questionnaire. There were six (6) Residents identified for targeted interviews; one (1) Resident with Cognitive Disabilities and zero (0) Residents with Physical Disabilities; one (1) Resident with hearing disabilities; zero (0) Resident who was Limited English Proficient; zero (0) Residents identified as transgender, two (2) Residents identified as gay/bisexual; zero (0) Resident who disclosed prior sexual victimization during risk screening; and zero (0) Resident who reported sexual abuse; two (2) Residents who reported prior sexual abuse and zero (0) Resident in segregated housing.

Interview Protocols	Number of interviews
Administrative and Agency Leadership	1 (prior interview)
Agency Head Designee	1 (prior interview)
Agency Statewide PREA Coordinator	1 (prior interview)
Agency Statewide Assistant PREA Coordinator	1 (prior interview)
Agency Contract Administrator	1 (prior interview)
SANE	1 (prior interview)
Superintendent	
PREA Compliance Manager	1
Specialized Staff	
Medical Staff	1
Mental Health	1
Human Resources	1
Intermediate or Higher Level Staff who conduct Unannounced Rounds)	1

Investigator	1
Staff who perform Risk Screening for Victimization	1
Staff who supervise residents in isolation	
Staff on the Incident Review Team	1
Retaliation Monitor	1
Security First Responders	
Non-security First Responders	
Intake Staff	1
Random Staff	
First Shift	
Second Shift	
Volunteers	
Contractors	1
Residents	
Random Sample of Residents from all housing units	14
Residents who reported sexual abuse	
Residents who reported sexual victimization during risk screening	
Residents who reported prior sexual abuse	2
Residents with physical disabilities	
Residents with cognitive disabilities	1
Residents with hearing disabilities	1
LEP Residents	
Gay, Lesbian and Bisexual Residents	2
Transgendered and Intersex Residents	
Resident in segregated housing	
Resident in isolation	

Interview Totals	
Staff Interviews	26
Residents Interviews	20
Total Number of Interviews	46

Records Review

Personnel Records	20
Volunteer Files	0
Contractor Files	1
Training Records	20
Residents Files	40
Medical/Mental Health records for victim of sexual abuse	0
Grievance Forms (sexual abuse/sexual harassment)	0
Investigation Records (sexual abuse/sexual harassment)	1
Incident Report (sexual abuse/sexual harassment)	0

Residents on Residents Sexual Victimization	Substantiated	Unsubstantiated	Unfounded	Pending
Sexual Abuse	0	0	0	0
Sexual Harassment	0	0	0	0
Staff on Residents Victimization	Substantiated	Unsubstantiated	Unfounded	Pending
Sexual Abuse	0	0	0	0
Sexual Harassment	0	0	1	0

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Characteristics Related to PREA and Sexual Safety

Parent Agency	Georgia Department of Corrections
Facility	Columbus Transitional Center
Facility Address	3900 Schatulga Road, Columbus, GA 31907
Facility Rated Capacity	140
Resident Population Size and Makeup	
Average daily population	136
Actual population on day 1 of the onsite audit	132
Gender population	Male
Ethnicity population	Multiethnic
Length of Stay	9-12 months
Staff Size and Makeup	
Number of Staff	33
Types of Supervision Practiced	Minimum, Medium, Close
Volunteers	1
Contractor	1
Number and Type of Housing Units	
Number of housing units	1
Number of single occupancy cells	0
Number of multiple occupancy cells	32
Number of open bay dorms	0
Number of isolation cells	0
Number of Medical Units	1
Video Monitoring	Yes

Facility Operations

Physical Plant Description

The maximum capacity for the facility is 140; eight residents are assigned to long term maintenance at the facility. One hundred and thirty-two 132 beds are work release residents and parole remanded cases. The breakdown of race is approximately 59% black, 39% white and 2% other. Minimum, medium, and

close security residents are housed at the facility. The Columbus Transitional Center currently did not house any Transgender residents during the phase of the onsite audit. The security levels of residents at the center range from minimum, to medium and close.

The center has forty-one (41) full time staff positions, and one (1) part-time contract medical position. There are (31) security positions at CTC with 10 non-security positions. The facility currently has eleven (11) vacant security positions and an Assistant Superintendent vacancy.

There are six security staff assigned to each of the 2 keys on the 2 shifts and four assigned to split shift. There are six security staff assigned to work at a time while the facility can be operated with a minimum of four security staff. In an emergency, there is an emergency contact book in main control for staff call pack.

The center has sixteen (16) cameras throughout the facility which are monitored by officers in Main Control with videotaping and playback capability. Correctional staff is required to frequently walk the floor to monitor all activities. Security checks are made hourly with a minimum of 2 unannounced PREA checks in a 12-hour period. The Duty Office and supervisors conduct unannounced PREA rounds which are documented in logbooks.

Programs offered at the facility included the following programs:

- 1) Education – General Education Diploma and Workforce Readiness
- 2) Counseling – Individual Counseling, Re-Entry, Moral Recognition Therapy, Matrix Model Early Recovery, and Father Initiative
- 3) Recreation – General Recreation
- 4) Vocational/OJT – Re-Entry, Job Readiness, World of Work, Vocational Rehabilitation Services, Veterans Administration and Department of Labor

Residents assigned to the Columbus Transitional Center are generally glad to be at this facility where they can prepare themselves for re-entry into the community following the completion of their sentence. Too, residents consistently reported to the auditor that “sexual assaults and sexual harassment” are not occurring in this kind of program. They frequently related that no one wants to be terminated from this program.

There is no prevalence of substantiated or unsubstantiated incident of sexual abuse at the facility in the pass. This could be contributed to the frequency of which officers' conduct checks inside and outside the building randomly, during each tour of duty, Duty Officers conducting random PREA checks, and staff training.

Male and female officers may be utilized for pat searches only. However, only male officers are permitted to conduct strip searches. Announcements are made at the beginning of each shift and at each visit during the shift when the officer is the opposite gender to advise all residents that female staff/visitors may be present in housing areas.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.11; 115.87

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit); Columbus Transitional Center Organizational Chart</p> <p>Interviews: Agency PREA Coordinator, PREA Compliance Manager</p> <p>Discussion of Policies Reviewed:</p> <p>The Agency appears to have been proactive in instilling a zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation for reporting or for cooperating with an investigation. Specific to this facility, the Director designated a Lieutenant as the PREA Compliance Manager in January of this year. The PREA Compliance Manager’s comprehensive approach to implementing a program for prevention, detection, responding and reporting sexual abuse and sexual harassment at this facility was impressive.</p> <p>The agency has policies mandating a zero-tolerance policy and the comprehensive PREA policy (SOP 208.06, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program) addresses the agency’s comprehensive approach to prevention of sexual abuse and sexual harassment as well as its approach to detection, responding and reporting sexual abuse and sexual harassment. The agency’s policy begins with a statement of policy and applicable procedures, followed by extensive sections on Prevention Planning, Responsive Planning, and Reporting with multiple subsections addressing the GDC Procedures and the PREA Standards. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation.</p> <p>The GDC has developed the Office of Professional Standards Compliance Unit, with a full time Director overseeing compliance with PREA, American Correctional Association (ACA) Standards, and Americans with Disabilities Act Compliance. In addition, the Director of the Compliance Unit supervises the Policy Administrator and the agency’s Auditing Component. The Auditing Component audits GDC facilities for compliance with policies and procedures.</p> <p>The PREA Unit consists of the Statewide PREA Coordinator. The Statewide PREA Coordinator oversees all PREA related functions and has an Assistant Statewide PREA Coordinator. Additionally, the PREA Unit has a PREA Analyst who collects and analyzes data that is input into the GDC Database, called SCRIBE. The PREA Unit oversees the implementation of the PREA Standards and helps maintain compliance by periodically monitoring facilities and programs, by providing technical assistance, and training. The Statewide PREA Coordinator is a certified Peace Officer Standards Training instructor enabling her to provide training to staff. The PREA Unit also collects PREA related data; reviews Sexual Assault Response Team Investigations (The Sexual Assault Response Team “SART”; conducts the initial facility-based investigations). The Statewide PREA Coordinator reports to the Deputy Director of Compliance however she has unimpeded access to the Commissioner of the Georgia Department of</p>

Corrections with issues related to PREA.

The agency has a Statewide Americans with Disabilities Act/Limited English Proficiency Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient Residents and Residents. The Statewide Coordinator has required each facility to designate an ADA Coordinator. This is relevant to PREA in that when any issue arises regarding the need for any kind of interpretive services, the facility ADA Coordinator and PREA Compliance Manager have access to the Statewide Coordinator who can expedite interpretive services beyond those offered by Lionbridge. Services provided through multiple statewide contracts, include telephone, video, and on-site interpretive services. The ADA Coordinator has provided access to multiple statewide contracts for interpretive services for hearing impaired, visually impaired, or limited English proficient.

Columbus Transitional Center is required to comply with the Georgia Department of Corrections Policies, including PREA. The agency has also determined all facilities will comply with the Standards promulgated by the American Correctional Association and will undergo auditing by ACA. The Georgia Department of Corrections PREA Policy addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reporting. The agency has identified sanctions for staff, contractor, or Residents for violating any agency sexual abuse or sexual harassment policy and presumptive sanctions for employees is termination, banning contractors and volunteers from further contact with Residents and from the facility, until the conclusion of an investigation. The ban is statewide, preventing the contractor or volunteer from entering any GDC facility until an investigation has been completed.

Site Review: Observed though out the facility: PREA related posters; phones with PREA Hotline dialing instructions. Resident TV video streaming PREA Information Zero Tolerance is referenced in multiple documents and publications including the Resident Handbook, in PREA Acknowledgment Statements for staff, Residents, contractors and volunteer, on issued PREA brochures, in the PREA Video and continuously through multiple PREA related posters that were observed in virtually every are of this facility.

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

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

Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant

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

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

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

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

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

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

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

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

The Director/Warden is required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. Numerous initiatives ensure that PREA is a priority in each facility. These initiatives include, PREA POSTING's, printed signs keeping sexual safety in view of staff and Residents continuously, streaming PREA information continuously throughout the day on the Resident Channel 60, implementing the Suicide/PREA Form to offer mental health follow-up for Residents who may want to disclose prior victimization, during intake, and others. These and other initiatives indicate a proactive approach to prevention, detection, responding and reporting sexual abuse and sexual harassment.

In an interview, the PREA Compliance Manager indicated she makes time to perform all of her PREA related responsibilities. She also indicated that she has the complete support of the Director who has given her the authority and responsibility for implementing the standards and for maintaining compliance. The Facility Organizational Chart depicts the PREA Compliance Manager as having direct access to the Director.

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

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

Residents, staff, contractors and volunteers are trained on the zero-tolerance policy. They acknowledge and sign PREA Acknowledgment Statement. The auditor reviewed Training

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

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

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

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

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

Residents at this facility have access to phones in each dorm with the PREA Hotline dialing instructions from which they can report directly to the GDC PREA Unit. PREA signage was posted throughout the facility.

This standard is rated "exceeds" because of the Agency's and the Facility's commitment to zero tolerance to PREA. This was evident in interviews with the GDC Commissioner, Director, staff and Residents.

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

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed Georgia Department of Corrections Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Columbus Transitional Center Staffing Plan dated 2021, Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Director and PREA Compliance Manager</p> <p>Discussion of Policy and Documents Reviewed Georgia Department of Corrections Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing and where applicable, video monitoring to protect Residents against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems.</p> <p>The Georgia Department of Corrections Policy requires each facility to develop a staffing plan addressing adequate staffing and deployment of video monitoring, in an effort to protect Residents from sexual abuse. The Georgia Department of Corrections facilities develop a stratification plan that essentially provides a brief overview of the facility and the plan for housing the population served by this facility. Columbus Transitional Center has developed and documented a staffing plan that provides for adequate levels of staffing to attempt to keep Residents safe. Columbus Transitional Center Staffing Plan, dated February 5, 2021 was provided for review.</p> <p>The Staffing Plans and reviews of the staffing plan are guided by a template developed by the agency PREA Team. The template is designed to ensure each facility addresses each of the required items in the PREA Standards. These are developed with input from the agency PREA Coordinator and approved by the Director and PREA Coordinator or Assistant PREA Coordinator.</p> <p>Plans are required to be documented and consider each of the items required by the PREA Standards. The Department (GDC) sends teams to facilities to assess the staffing needs and, after identifying Priority One Posts and other lessor priority posts, applies formulas with consideration of relief factors and recommends allocating the number of staff to be adequate for the mission of that facility, this is known as a staffing analysis.</p> <p>Staffing levels are essentially based on the mission of the facility, population served, security levels of Residents, special needs of Residents, programs, work details and the numbers of identified priority one posts. Priority one posts, are those that are so critical they must be manned 24/7. The facility may also have other posts that need to be staffed for optimum operational conditions but are a lessor priority than the posts that must be manned 24/7. Priority two and three posts are needed for the optimal operation of the facility but lower</p>

priority posts and may be closed or “pulled” in order to staff higher priority level posts. Some posts may be closed because their function has ceased at a given time of day or night.

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

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

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

Columbus Transitional Center has developed and documented a staffing plan that provides for adequate levels of staffing to attempt to keep Residents safe. The staffing plan is documented; the last reviewed staffing plan February 5, 2021. The facility has six (6) cameras and mirrors to enhance security. Treutlen PDC has two (2) gender specific security post that are manned by male staff on a 24/7 basis.

Discussion of Interviews: The Director described the staffing levels at the facility and identified the priority 1 post that are covered 24/7, as well as priority 2 and 3 posts that can be pulled to cover a priority 1 post if needed. The Director described the actions that would be taken to ensure a priority one post is never deviated from. Any deviation from mandated staffing levels is documented.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Document Review: Georgia Department of Corrections Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 8; Columbus Transitional Center Pre-Audit Questionnaire; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training; Reports from the PREA Analyst; SOP 11B-01-0013, Searches; Training Rosters documenting the training</p> <p>Interviews: Random Sample of Staff; Residents; Transgender/Intersex Resident</p> <p>Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections (GDC) prohibits cross gender strip searches or cross-gender visual body cavity searches, and cross gender pat searches of females except in exigent circumstances that are approved and documented or when performed by medical practitioners. If this should occur, documentation is required via a GDC Incident Report. This is confirmed through the reviewed policies, annual in-service training lesson plan, and interviews with both staff and Residents. In practice, interviews with staff and Residents confirmed that male staffs do not conduct cross gender strip searches however both male and female officers conduct pat searches.</p> <p>GDC Policy does allow male staffs, who have been trained in conducting cross-gender searches, to conduct pat searches of female Residents. The facility's practices are consistent with GDC Standard Operating Procedure, 226.01, Searches, Security Inspections, and Use of Permanent Logs, 1.2.</p> <p>The GDC Search Policy in 1.d requires that a strip search of females shall be conducted by female correctional officers while males shall be strip searched by male correctional officers, however in an emergency such as an escape, riot etc., the provision may be waived.</p> <p>GDC Policy requires this requirement for prohibiting cross gender pat searches of females will not restrict female Resident's access to regularly available programming or other out-of-cell opportunities in order to comply with the provisions. This facility does not house female Residents.</p> <p>GDC policy and practice requires that Residents can shower, perform bodily functions, and change clothing without 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. Showers are equipped with shower curtains/doors providing privacy while Residents showers; toilets are located in each cell and are behind closed doors. One hundred percent of the interviewed Residents confirmed they have privacy while showering and they are never naked in full view of staff while showering, using the restroom or changing clothing. Residents confirmed, staff of the opposite sex always announces themselves when entering the housing units.</p> <p>In open bay dorms, toilets are separated by walls affording a degree of privacy while using the restroom and ensuring they are not in full view of staff. Officers may conduct headcounts periodically, however; Residents are reportedly not in the shower/restroom area when the officers conduct the headcounts. Officers of the opposite gender are required to announce</p>

themselves when entering housing units.

GDC policy requires staff of the opposite gender to announce their presence when entering the housing units. Female staff working on the unit will announce once after taking the shift over however other female's coming into the unit must announce. The facility also requires Residents to announce anytime the Director, or other administrative level staff enters the dorms. Signs are also posted in each dorm, explaining that female staff typically works in the dorms. Interviewed Residents stated female officers do announce their presence when entering the housing area.

Policy requires that the facility refrain from searching or physically examining transgender or intersex Residents for the sole purpose of determining the Resident's genital status and if an Resident's genital status is unknown, the facility may determine genital status during conversations with the Resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

One hundred percent of the interviewed staff affirmed they would not be allowed to search a transgender or intersex Resident for the sole purpose of determining the resident's genital status. They indicated essentially that they would ask them or have medical make that determination. The interviewed transgender Resident reported has not been searched for the sole purpose of determining his genital status.

Agency policy requires and the facility trains staff to conduct cross gender pat down searches in a professional and respectful manner. Staff related they receive this training at Basic Correctional Officers Training (BCOT). BCOT is the training that results in successful candidates becoming certified as a Correctional Officer by the Peace Officers Standards Training Committee. Staff indicated they also get the training in annual in-service training and, at times, during shift briefings. GDC Policy 208.6 and Standard Operating Procedure, 226.01, Searches requires this as well. These same policies require the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex Residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

Observations: Showers have curtains, which provide privacy while showering; the toilets have walls with doors for privacy. The auditor did not observe any searches during the on-site audit.

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

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

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

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

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

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

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

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

Discussion of Interviews: All interviewed Residents stated in interviews female staff members are consistently announced when entering housing units. Observation indicated that a Resident is assigned to announce to the unit anytime any visitor enters the unit. Residents were observed making the announcement. Interviews with staff and Residents confirmed Residents can shower, perform bodily functions and change clothing without being viewed by staff.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 9; GDC Standard Operating Procedures, 101.63, Americans with Disabilities Act (ADA), Title II Provisions; Contract with Lionbridge and Telephonic Interpreter; and PREA Brochures in English and Spanish; Instructions for Accessing Lionbridge and Telephonic Interpreter; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Agency Disability Report provided by the PREA Analyst; Limited English Proficient Plan</p> <p>Interviews: Interviews with Agency Head; Resident with disability (hearing), Random staff</p> <p>Discussion of Policy and Documents Reviewed: The agency and the center appear to be committed to ensuring Residents with disabilities, including Residents who are deaf/hard of hearing, blind or low vision, intellectually disabled psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. They also appear to be committed to ensuring Residents with limited English proficiency have access to interpretive services.</p> <p>These interpretive services may be accessible through a variety of statewide contracts that can be accessed by each GDC facility, Lionbridge and Telephonic Interpreter, GDC Approved Bi-Lingual Staff, PREA Brochures in Spanish, Mental Health Counselors, GED and Literacy Remedial Instructors at the facility, and closed caption PREA Video are provided in an effort to ensure all Residents have access to and the ability to participate in the agency's efforts at prevention, detection, responding and reporting sexual abuse and sexual harassment. GDC Standard Operating Procedure, 103.63, Americans with Disabilities Act (ADA), Title II Provisions, in a 20-page policy, addresses how the agency makes available interpretive services to disabled, challenged, and limited English proficient Residents.</p> <p>The agency (GDC) has an Americans with Disabilities Coordinator who is responsible for overseeing and coordinating the agency's efforts to comply with the ADA requirements. The Coordinator works in direct collaboration with the State ADA Coordinator's Office and serves as an invaluable resource when a facility needs any type of interpretive service to ensure a Resident can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation. Her position on the organizational chart is described as ADA/LEP (Limited English Proficiency) Coordinator. In addition to making staff aware of the statewide contracts for interpretive services, the ADA Coordinator is available to facilitate, for facilities, access to interpretive services.</p> <p>The ADA Coordinator has required each facility to designate an ADA Coordinator who can facilitate and expedite contact with the Statewide ADA Coordinator in securing interpretive services and work with her on any issues related to disabled Resident accommodations.</p> <p>GDC Standard Operating Procedure 103.63, American's with Disabilities Act, B.2, indicates that Residents entering a Diagnostic Facility (Georgia Diagnostic and Classification Center),</p>

will have an initial medical screening to determine any needs for immediate intervention. Efforts are made at the diagnostic facility to identify Residents who may be qualified individuals under the ADA. Additionally, a mental health screening and evaluation is conducted at a GDC Diagnostic Facility to determine the level of care needs.

Policy requires that during the intake and diagnostic process, staff, including security, education, medical, mental health, parole and classification will ask Residents with hearing/visual disabilities their preferred way of communication during the first interaction in the intake/diagnostic process. That determination will prompt the intake/diagnostic staff to secure a Qualified Interpreter or use the Video Remote Interpreting for those with hearing impairments, a reader or other assistive technology, for those with visual impairments, or other specified preferred ways of effective communication. The preferred way of communication will be use throughout the intake/diagnostic process and this information will be documented in the Department's Database (SCRIB).

When required, the ADA Coordinator will order live American Sign Language interpreting services. Policy requires the sending diagnostic facility to contact the receiving facility to ensure that necessary equipment or auxiliary aids are available, including "qualified interpreters". Qualified interpreters are defined as someone who can interpret effectively, accurately, and impartially, both receptively (understanding what the person with the disability is saying) and expressively (having the skill to convey the information back to the person) using any necessary specialized vocabulary.

In that same SOP, F. Effective Communication, paragraph (a), requires that Residents with hearing and/or speech disabilities and Residents who wish to communicate with others who have disabilities will be provided access to a Telecommunications Device for the Deaf (TDD) or comparable equipment on the housing units. Public phones are required to have volume control for Residents with hearing impairments.

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

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

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

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

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

Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient Resident needing translation services the facility has access to Lionbridge and Telephonic Interpreter when needed, she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed; the agency has the PREA Video with closed caption.

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

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 10; Georgia Department of Corrections Policy, 104.14, Review of Applicants Qualifications</p> <p>Interview: Human Resources Manager</p> <p>Discussion of Policies and Documents Reviewed: The Georgia Department of Corrections, as required in policy, prohibits the hiring or promotion of anyone or enlisting the services of any contractor who may have contact with Residents who has engaged in sexual abuse in a center, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997; who has who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and the hiring or promotion of anyone who may have contact with Residents who has been civilly or administratively adjudicated to have engaged in the same activity. The Department considers any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Residents. Policy requires every employee, as a continuing affirmative duty to disclose any such misconduct.</p> <p>Georgia Department of Corrections requires the following regarding the hiring and promotion process: 1) Applicants responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form; 2) Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center; 3) Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC annually.</p> <p>Material omissions regarding misconduct or providing materially false information will not be grounds for termination.</p> <p>Policy also requires before hiring new employees, who may have contact with Residents, the agency performs a thorough criminal background records check. These checks include a check of the Georgia Crime Information Center and the National Crime Information Center, as well as an initial fingerprint check for all security positions.</p> <p>Additionally, unless prohibited by law, the Department will provide information on Substantiated Allegations of sexual abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. GDC Complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations.</p> <p>The Human Resource Manager is well informed on Department of Corrections hiring processes and the requirements for background checks for newly hired staff, promoted staff,</p>

security staff, non-uniform staff, contractors, and volunteers. The described processes were consistent with GDC Policy and the PREA Standard and included the following”

Newly Hired Staff require the following:

- Applicant Verification Form asking the PREA questions (Prohibitions)
- Take the Integrity Test (a test designed to determine an applicant’s responses to ethical situations) – security staff only
- Professional Reference Checks as applicable
- Background Check including the Georgia Crime Information Center and the National Crime Information Center
- Finger Prints

Promotions – Prior to promotions staff must have the following:

- Applicant Verification Form asking the three PREA related questions
- Job Reference
- Criminal Background Check of the Georgia Crime Information Center and the National Crime Information Center

Uniform Staff –

- Annual background checks and driver’s license check, prior to going to the firing range; a requirement to maintain the officer’s Peace Officer Standards Training Certification

Non-Uniformed Staff-

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

Contractors –

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

Volunteers –

- Training for volunteers is controlled by the State Office Volunteer Coordinator’s Office
- Background checks are conducted at the State Office, prior to a volunteer being admitted to training
- Once a successful background check and the required PREA and other training provided, the State Office or the Regional Office issue a badge for the volunteer. The badge, according to the State Volunteer Coordinator confirms the volunteer has completed training and passed his/her background check and may be authorized entry into the facility. If the badge has expired, the Coordinator, advised the volunteer must undergo the training again.

GDC Policy requires background checks every five years for non-uniform staff. Annual background checks are required for uniform staff to go to the firing range to maintain firearms

qualification, as required for maintaining the officer's Peace Officer Standards Certification. All other employees and contractors with contact with Residents must have a background check every five years.

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

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

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

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

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

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

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

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

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 11

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1

Discussion of Interviews: The Human Resources Manager described the hiring process. She indicated that the hiring packet for prospective security candidates is completed by the DOC PARC Unit. The following forms are completed by PARC Unit: PREA Acknowledgement Form, Applicant Information Form, Social Media Results, Reference Checks, Backgrounds for Hire (GCIC & NCIC) and Integrity Test. If the applicant worked in another facility or institution, a professional reference check is required. Contractor's background checks are every 5 years. If a staff member resigned during an active investigation the investigation would continue but the staff would be coded as a "no-rehire".

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

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Department of Corrections Policy 208.6, Centers Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 5; Staffing Plan; Columbus Transitional Center Pre-Audit Questionnaire, Columbus TC Schematic 05-29-2015, Columbus Transitional Center Aerial View, Columbus Transitional Center Diagram</p> <p>Interviews: Agency Head and Director</p> <p>Discussion of Documents and Policy Reviewed: Department of Corrections Policy 208.6, Centers Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 5, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect Residents against sexual abuse. The PREA Coordinator must be consulted in the planning process.</p> <p>Observations: No surveillance cameras have been installed in the last 12 months. Currently the facility has 35 operating surveillance cameras.</p> <p>Discussion of Interviews: In interviews with the Director and the Agency Head they confirmed that Columbus Transitional Center has had no upgrades to the cameras surveillance system in the last 12 months. When updating a video monitoring system, the facility considers how the technology will enhance the facility's ability to protect Residents from sexual abuse.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC Policy, 208.6, Center Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; GDC Standard Operating Procedure 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment; Attachment 1, Medical Evaluation of Suspected Sexual Assault (Contract) with Attachment 1, Medical Evaluation of Suspected Sexual Assault; Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Residents; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; Medical PREA Log; Sexual Assault Nurse Examiner's; IK01-0005; MOU with the Sexual Assault Support Center; National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Edition, Major Updates"; Procedure for SANE Nurse Evaluation/Forensic Collection, Pre-Audit Questionnaire</p> <p>Interviews: Random Staff, SANE Nurse (Prior Interview), PREA Compliance Manager</p> <p>Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections, Office of Professional Standards Investigators (Special Agents) conduct investigations of allegations that appear to be criminal in nature for the Department. These investigators undergo extensive training in conducting investigations and are empowered to arrest staff or Residents. Office of Professional Standards Investigators and Office of Professional Standards Special Agents attend a police academy in addition to any departmental training they receive. In addition to the eleven (11) weeks of police academy training, Special Agents attend another 13 weeks or more investigation training at the Georgia Bureau of Investigations Academy.</p> <p>An previous interview a Special Agent, confirmed that they attend 11 weeks of Basic Mandate Training at a Police Academy. Training includes basic law enforcement. They also attend 11-13 weeks at the Georgia Bureau of Investigations Academy where they are trained in the investigation process, crime scene preservation, interviewing victims of sexual abuse, intelligence technology, and other investigative courses. He also related Special Agents attend a three-day class related to PREA Investigations.</p> <p>Special Agents are dispatched out of their Regional Office and cover a specific area with specific facilities however they may go elsewhere upon direction or assignment by the Special Agent in Charge. There are three regions: North, Southeast and Southwest. In the Southwest a special agent has been essentially designated as a PREA Investigator for that region, although he may be assigned elsewhere too. The PREA Coordinator indicated that a part of her strategic planning is to have a PREA investigator in each region.</p> <p>Investigators are trained to follow a uniform process. Georgia Department of Corrections Standard Operating Procedures, 103.10, Evidence Handling and Crime Scene Processing (thirteen pages), provides extensive guidance in evaluating a crime scene, examining a crime scene, still/video photography, crime scene sketches, handling and collecting evidence (and storage of evidence), digital evidence, latent prints, collection of known samples, crime scene</p>

documentation, submission of evidence, equipment requirements and record retention.

An interview with the PREA Special Agent (prior interview) from the Southwest Region confirmed a specific and thorough process for conducting the investigation and in collecting evidence. He indicated that once notified, if the area has been secured, he will come to the facility and process the cell or crime scene while waiting on the Sexual Assault Nurse Examiner to arrive. Processing, he indicated, includes taking photos, using the alternative light source, review video, listen to phone calls, ask permission for swabs and secure search warrants if they don't consent. He related he will interview the victim but not right away, in an effort to not re-victimize them. Additional potential evidence may be clothing to be processed by the Georgia Bureau of Investigation Crime Lab. The SANE conducts the forensic exam and turns the Rape Kit over to the Special Agent or to security in the absence of the Special Agent. The chain of custody begins, and the evidence may be secured in an evidence locker until it is turned over to the Special Agent who gets it to the crime lab for examination. (See 115.71 for more details about the investigation process).

Sexual Assault Response Team members are facility-based staff, composed generally of a facility-based investigator who has completed the National Institute of Corrections on-line course, "PREA: Conducting Sexual Abuse Investigations in Confinement Setting", a medical staff, counseling or mental health staff, facility advocate, and retaliation monitor. Their role, in the event of an allegation that appeared to be criminal, is limited to ensuring the protection of the evidence and if an assault is alleged, getting the Resident medical attention immediately, all the while protecting evidence insofar as possible.

All Resident victims of sexual abuse are offered a forensic exam at no cost to the Resident/resident. This was confirmed through interviews and the HSA and the PREA Compliance Manager.

The Sexual Assault Nurse Examiners are contracted with the Georgia Department of Corrections to provide "on-site" forensic examinations. Satilla Advocacy Center documented that they follow the National Protocol for Conducting Forensic Exams. Additionally, they provided a document entitled: "National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, and Major Updates" summarizing the major categories of revisions made in the second edition of the National Protocol for Sexual Assault Medical Forensic Examinations. The revised protocol has the same emphasis and values as the original but are updated to reflect current technology and practice. The protocol offers recommendations to help standardize the quality of care for sexual assault victims and is based on the latest scientific evidence.

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

Upon learning of a sexual assault, the facility nurse is required to complete the Nursing Assessment Form for Alleged Sexual Assault. If the determination is that a possible sexual assault occurred, the Nurse completes the Plan portion of the form. This information documents notification of the Officer in Charge, SANE Nurse, and other notifications.

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

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

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

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

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

- Initial Report of Sexual Abuse/Assault
- Collection of evidence by SANE Nurse on-site
- SANE Assessment/Forensic Collection
- Referrals for Mental Health Evaluation and Counseling
- Medical PREA Log and SANE Invoice

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

The number of exams performed by SANEs/SAFEs during the past 12 months: 0

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

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

Interviews with the Health Service Administrator confirmed their roles in responding to an allegation of sexual abuse as well as the process for contacting the contracted Sexual Assault Nurse Examiner. Apart from conducting an initial assessment of the Resident to determine if there is evidence of trauma requiring immediate medical intervention in accordance with good clinical judgment.

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

The PREA Compliance Manager confirmed the facility has a MOU with Sexual Assault Support Center (CBO), an outside service to provide an advocate as need for a Resident who had alleged sexual abuse. The auditor reviewed the staff members training certificate during the onsite review. This facility has had no forensic exams in the last 12 months. SANE exams are conducted at August TC.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC Policy, 208.6, Center Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Residents; Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Agency Head (Prior Interview), Facility Investigator</p> <p>Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse and sexual harassment will be considered allegations and will be investigated, that included any sexual behavior that was observed, that staff have knowledge of, or have received a report about, or a suspicion. Staff acknowledged that regardless of the source of the allegation, the allegation is reported and referred for investigation. If an allegation appears criminal in nature, it is referred to the Department's Office of Professional Standards Investigators who is Special Agents, trained extensively in conducting investigations and who has the power to affect an arrest of staff or Resident. Staff acknowledged that they understood that failing to report an allegation would result in disciplinary action or dismissal.</p> <p>Another GDC Policy, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents, asserts it is the policy of the GDC that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced Residents against departmental employees, contractors, vendors, or volunteers be reported, fully investigated and treated in a confidential and serious manner.</p> <p>The Agency's PREA Investigation Protocol (Effective June 15, 2016) requires that every allegation (sexual abuse and sexual harassment) must be referred immediately to the local Sexual Assault Response Team with the local SART protocol initiated and investigations handled promptly, thoroughly, and objectively, incident notification made to the GDC PREA Coordinator within 24 hours of initiating the SART Investigation.</p> <p>The Georgia Department of Corrections has established Sexual Assault Response Teams (SART) in each of the facilities; SART is responsible for the administrative investigation for all allegations of sexual abuse or sexual harassment. Columbus Transitional Center has a Sexual Assault Response Team that is responsible for conducting the initial sexual abuse investigations and sexual harassment investigations. The SART Facility Based Investigator is required to complete the National Institute of Corrections Specialized Training (online) entitled: "PREA: Investigating Sexual Abuse Investigations in Confinement Settings." The SART is made up of a facility-based investigator, a nurse, a counselor, and a staff advocate. The SART's role is to conduct an initial investigation into the allegation.</p> <p>If an allegation appears to be criminal in nature, the SART will notify the Director who will contact the applicable Regional Office. The Regional Office's Special Agent in Charge will then appoint or designate Office of Professional Standards Investigator, a Special Agent, who has</p>

extensive investigative training through the Georgia Bureau of Investigation to conduct the criminal investigation. Special Agents have been empowered to affect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it.

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

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

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

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

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

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

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Document Review: Georgia DOC Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2019 Lesson Plan for PREA; Reviewed Power Point Presentation for Annual In-service Training: PREA Pages of Training Rosters – Annual In-Service Training; Reviewed Personnel files containing PREA Acknowledgment Statements; Previous Rosters documenting Sexual Assault Response Team Training; PREA Acknowledgment Statements, Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Random Staff</p> <p>Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy 208.06 requires that staff are trained in the following:</p> <ul style="list-style-type: none"> · Department’s Zero Tolerance Policy for Sexual Abuse and Sexual Harassment · How to fulfill staff responsibilities under the Department’s Sexual Abuse and Sexual Harassment · Prevention, detection, reporting and response policies and procedures · Resident’s right to be free from Sexual Abuse and Sexual Harassment · Right of Residents and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment · The dynamics of Sexual Abuse and Sexual Harassment victims · How to detect and respond to signs of threatened and actual Sexual Abuse · How to avoid inappropriate relationships with Residents · How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, Transgender, Intersex or Gender nonconforming · How to comply with relevant laws related to mandatory reporting of sexual abuse to outside entities. <p>Staff at the facility, in compliance with Georgia Department of Corrections Policies, receives their initial PREA Training as newly hired employees (Pre-Service Orientation). A block of training for the new employees is dedicated to PREA. Newly hired Correctional Officers later attend Basic Correctional Officer Training (BCOT for Certification through the Georgia Peace Officers Training Council). A block of training includes PREA.</p> <p>The reviewed lesson plan for annual in-service covers the required training topics. Staff indicated they receive PREA Training as newly hired employees in pre-service orientation, at Basic Correctional Officers Training, at Annual In-Service Training and through on-line training. Staff were specifically asked if annual training included the topics described and</p>

enumerated on the questionnaire for randomly selected staff and each employee confirmed that the training included all the topics.

All staff and contractors are required to complete Annual In-Service Training. Day 1 that includes PREA training. The reviewed agency's developed curriculum for Annual In-Service Training includes the following:

- Zero Tolerance
- Definitions
- Staff Prevention Responsibilities
- Resident Prevention Responsibilities
- Detection and Prevention Responsibilities
- Reporting Responsibilities
- Coordinated Response (Including First Responder Duties)
- Mandatory Reporting Laws (Official Code of Georgia)
- Resident Education
- Retaliation
- Dynamics in Confinement
- Victimization Characteristics
- Warning Signs
- Avoiding Inappropriate Relationships with Residents
- Communicating with Residents
- Acknowledging LGBTI Residents
- Search Procedures
- PREA Video (PAQ indicated the facility does not have PREA Video)
- PREA Training and Forms
- Enabling Objectives

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

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

contractors provided by the facility.

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

Observations: None applicable for this audit.

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

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

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

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

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

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections training, "Investigating Sexual Abuse in Confinement

Settings". Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

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

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

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

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: GDC Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; GDC Standard Operating Procedure Local Management of Volunteer Services; Reviewed Power Point for Training; Contractor and Volunteer PREA Acknowledgement Statement</p> <p>Interviews: Director; PREA Compliance Manager; Contracted Employees; State Director of Chaplaincy Services; Statewide Volunteer Coordinator (prior interviews);</p> <p>Observations: There were no volunteer activities during the on-site audit period due to Covid concerns.</p> <p>GDC Volunteers often provide their services in more than one center or Georgia Department of Corrections (GDC) facilities and programs. Entrance into the facilities is granted with a valid and current Volunteer Identification Badge. To achieve more consistency in training, rather than have each facility train Volunteers, training for them is now provided by the state office Volunteer Coordinator's Office. If the center has a large number of prospective volunteers, the state office may opt to conduct the training at a centralized location rather than require the volunteers to come to Forsyth, Georgia for the training.</p> <p>This unit, according to the Statewide Volunteer Coordinator, also conducts the background checks of anyone interested in becoming a volunteer. Interviews with the State Director of Chaplaincy Services and the State Director of Volunteer Services indicated to the auditor, that if a volunteer shows up at the facility and possesses a valid and non-expired identification badge, the volunteer has completed the required PREA Training and has successfully completed a background check. If a badge had expired, the Director informed the auditor that the volunteer would have to go back through 4 hours of orientation training once again; in addition, the contractor would be required to undergo another background check.</p> <p>They also indicated the Chaplain at each facility must keep the volunteer records on file at the facility. When asked if one fell through the cracks who would be held responsible. The Director of Volunteer Services informed the auditor that the local Chaplain is responsible for all volunteers coming into the facility.</p> <p>Statewide volunteer services are directed and coordinated by the statewide Director of Chaplaincy Services and Statewide Volunteer Coordinator, both full time positions in the state office. Volunteer Services are coordinated in the centers by the Chaplain who is assigned to each center. After a volunteer signs up for the volunteer training, the training will be conducted at the next training session that may be 3-4 weeks later. During the waiting period background checks are being processed. Training last about 3-4 hours and includes the following:</p> <ul style="list-style-type: none"> · Zero Tolerance · Defining the Center Rape Elimination Act

- Identifying Staff Awareness
- Discussion of the Dynamics of Sexual Abuse and Sexual Harassment
- Prevention and Reporting Procedures
- Sanctions

Contract staff unlike volunteers, are required to attend the same Annual In-Service Training that all staff attends. Contract staff stated in interviews with the auditor that they attend Day 1 Annual In-Service Training.

Discussion of Policies and Documents that were reviewed: GDC Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with Residents to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with Residents, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented to indicate the understanding of the training received. Training for volunteers is provided at the state office now. Contractors receive training at the facility and attend departmental annual in-service training like all other employees.

Everything, according to the facility-based staff, is done at the state office and occasionally at a specified location. Upon a successful completion of the background check, training requirements and the issuance of a facility Volunteer Badge, the Volunteer can begin services. The agency volunteers often volunteer in multiple centers and that is the reason for the state office training. Too, it provides consistency in the training provided. Badges are required to be renewed annually, upon entrance into the facility; badges are checked by the portal sergeant checking visitors and staff into the facility.

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

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

The auditor reviewed PREA Acknowledgment Statements for contractors and volunteers. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors,

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

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

Volunteers complete an orientation that includes the following:

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

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

The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 2

Discussion of Interviews: Interviewed contractors confirmed they attend the same annual in-service training as Georgia Department of Corrections Employees. They also confirmed receiving the NIC, LGBTI training, he stated he had been trained on the facility's zero tolerance policy, that he had also been trained to report anything he became aware of. He stated he would report it to the first correctional officer he saw. The interviewed contractor affirmed he had a background check and was informed about the zero-tolerance policy as well as how to report and to whom to report.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: GDC Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Resident Education; GDC PREA pamphlet; GDC Policy 220.04, Resident Orientation; A review of Resident PREA Acknowledgment Forms and Orientation Checklists; Resident files; Lionbridge and Telephonic Interpreter contract for interpretive services, PREA Posters, Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Staff conducting intake; Random Residents</p> <p>Observations: PREA related posters were observed throughout the facility and accessible in multiple areas to Residents.</p> <p>Discussion of Policy and Documents Reviewed: GDC Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Resident Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every resident upon arrival at the facility. It also requires that in addition to verbal notification, Residents are required to be provided a GDC PREA pamphlet.</p> <p>Within 15 days of arrival, the policy requires Residents receive PREA education. The education must be conducted by assigned staff members to all Residents and includes the gender appropriate “Speaking Up” video on sexual abuse. The initial notification and the education are documented in writing by signature of the Resident.</p> <p>In the case of exigent circumstances, the training may be delayed, but no more than 30 days, until such time is appropriate for delivery (i.e. Tier Program, medical issues etc.). This education is documented in the same manner as for Residents who participated during the regularly scheduled orientation.</p> <p>The PREA Education must include: 1) The Department’s zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the Resident can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to Resident victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) and Notice that male and female routinely work and visit housing area.</p> <p>PREA Education is required to be provided in formats, accessible to all Residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.</p> <p>Education, according to GDC policy requires the facility to maintain documentation of Resident participation in education sessions in the Resident’s institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and</p>

Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Residents confirm their orientation on several documents.

- 1) Resident Acknowledgment of PREA
- 2) Resident Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

If a Resident is non-English speaking, the Lionbridge is available. If a Resident has a disability, appropriate staff are to be used to ensure that the Resident understands the PREA policy. If a Resident requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services that may be accessed through the Agency ADA Coordinator. The facility has a contract with Lionbridge/Telephonic Interpreter for interpretive services for the deaf and Residents who are limited English proficient. Residents who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill Residents have Mental Health counselors who can assist them in understanding PREA and how to report. PREA Videos have closed caption and there is also a Spanish version of the video.

PREA information is presented to Residents in a manner that enables the Resident to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient resident was admitted, the facility has access to Lionbridge/ Telephonic Interpreters professional interpretive services as well as through multiple statewide contracts for a variety of interpretive services. Coordination of these services may be expedited by the local ADA Coordinator contacting the Statewide ADA Coordinator or designee who can facilitate access to professional interpreters either on the phone, via video, or in person. If a resident is deaf, the staff may use Lionbridge to access an interpreter using American Sign or access one of the many statewide contracts for interpretive services, both via phone, in person, or through video conference.

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

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

A review of Resident files indicated that Residents received information within 24 hours of admission and signed the PREA Acknowledgment Statement. The reviewed files contained

Orientation Checklist affirming having viewed the PREA Video between 24 and 48 hours of admission documenting having received PREA education as required.

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

The number of residents admitted during past 12 months who were given this information at intake: 201

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 201

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

115.234	Specialized training: Investigations
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1484 571">Policy and Documents Reviewed: GDC Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4. Specialized Training for Investigations; A Certificate documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; NIC Certificates documenting the on-line specialized training provided by the National Institute of Corrections for investigators</p> <p data-bbox="252 616 630 649">Interviews: Investigative Staff</p> <p data-bbox="252 694 1484 1019">Discussion of Policies and Documents: GDC Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4. Specialized Training, Investigations, requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of training.</p> <p data-bbox="252 1064 1468 1355">In GDC Facilities, the Sexual Assault Response Team is charged with conducting the initial investigation into issues related to PREA. Their role is to determine if the allegation is indeed PREA related. If the allegation appears to be criminal in nature, the Office of Professional Standards investigators will conduct the investigation with support from the SART. Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were provided documenting the SART attendance at the training.</p> <p data-bbox="252 1400 1444 1556">Investigator received and completed the National Institute of Corrections on-line specialized training for investigating sexual abuse in a confinement setting but, documentation was provided to confirm the Sexual Assault Response Team members have also completed the specialized training and other facility staff have also received the training.</p> <p data-bbox="252 1601 1460 1892">Additionally, SART members attend training at least annually conducted by the Georgia Department of Corrections. The Office of Professional Standards Investigators, who conduct criminal investigations, have attended the mandated law enforcement training and Special Agents, who conduct criminal investigations, have completed not only mandate law enforcement training but also, they attend 13 more weeks of investigative training at the Georgia Bureau of Investigations Academy at the Georgia Public Safety Training Center in Forsyth, Georgia.</p> <p data-bbox="252 1937 1476 2139">The agency (GDC) requires that investigators complete specialized training regarding conducting investigations of sexual abuse in confinement settings. The specialized training, in addition to the extensive training required for the Department's Office of Professional Standards and Special Agents, covers all the topics required by the PREA Standards: interviewing sexual abuse victims; Miranda and Garrity Warnings; Evidence Collection in</p>

Confinement Settings; and the Criteria for the evidence Required to Substantiate a Case for administrative action or criminal prosecution.

Special Agents assigned to the Regional Offices receive extensive training in conducting sexual abuse investigations. They attend mandate training for law enforcement officers at a regional police academy, followed by an additional 13 weeks of training at the Georgia Bureau of Investigation Academy. Special Agents are assigned to conduct criminal investigations.

The Office of Professional Standards Investigators attends mandate law enforcement training and complete the on-line training provided by the NIC. These investigators have arrest powers and are assigned facility by regions and work facilities which they are responsible. These investigators are primarily involved in intelligence gathering, gang activity, and contraband however they too may conduct the criminal investigation.

The facility conducts its own administrative investigations of allegations of sexual assault, sexual harassment or retaliation. These are conducted by the Sexual Assault Response Team (SART). A primary investigator, referred to as the facility-based investigator, leads the investigation.

Allegations that appear criminal are investigated by a Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by a GDC Regional Office. Special Agents receive extensive investigation training through attending the Police Academy and the Georgia Bureau of Investigations Training Academy (11-13 weeks); through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings and through a two-day training provided by the GDC that trains staff in conducting investigations into sexual assaults in GDC facilities. Special Agents, according to the PREA Coordinator, complete mandated specialized Criminal Investigation Classes at the Georgia Public Safety Training Center and a two-day Specialized PREA Investigations Training.

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

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

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

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

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

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

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Columbus Transitional Center Pre-Audit Questionnaire, Department of Corrections Policy, 208.06, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5, Specialized Training: Medical and Mental Health Care; Training Logs; National Institute of Corrections Certificates documenting specialized training: PREA 201 for Medical and Mental Health Practitioner</p> <p>Interviews: Previous interview with the Agency PREA Coordinator; Health Service Administrator, Sexual Assault Nurse Examiner (two previous interviews with the contracted SANEs)</p> <p>Observations: Auditor reviewed SANE Logs for the last 12 months.</p> <p>Discussions of Policy and Documents: The Columbus Transitional Center Pre-Audit Questionnaire documented medical staff completing the required specialized training. Department of Corrections Policy, 208.06.; Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program</p> <p>Training and Education, Paragraph 5, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training and that training is documented on the requested training rosters documenting Day 1 Annual In-Service Training.</p> <p>All staff receives PREA training as newly hired employees and through annual in-service. Training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.</p> <p>The Health Services Administrator related that all staff have completed the specialized training provided by the National Institute of Corrections.</p> <p>They also attend the same PREA Training as all other employees during annual in-service training. Mental Health Staff also are required to complete the on-line training, "Communicating Effectively with LGBTI Residents".</p> <p>Georgia Department of Corrections (GDC) Policy, in 208.06, Paragraph 5, requires Georgia Department of Corrections medical and mental health staff and Georgia Correctional Healthcare staff who have contact with Residents to be trained using the National Institute of Corrections (NIC) Specialized training. Policy also requires that they also attend GDC's annual PREA in-service training. That specialized training is provided by the National Institute of Corrections in their on-line courses; Health Care for Victims of Sexual Abuse in Confinement</p>

Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. The specialized training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.

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

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

The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 1

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

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Department of Corrections Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments and Reassessments; PREA Sexual Victim/Sexual Aggressor Classification Screening Forms</p> <p>Interviews: Staff responsible for screenings, PREA Compliance Coordinator and Residents</p> <p>Discussion of Policy and Documents: Department of Corrections Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, dated December 2, 2015, requires all Residents be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other Residents or sexually abusive toward other Residents.</p> <p>Policy requires counseling staff to conduct a screening for risk of victimization and abusiveness, in SCRIBE, the Resident database using the instrument, PREA Sexual Victim/Aggressor Classification Screening Instrument. Policy requires that the assessment is done within 24 hours of arrival at the facility. At this facility, interviews with a Counselor conducting the Victim/Aggressor Assessment and reviewed Victim/Aggressor Assessments indicated that the assessments are done as part of the admissions process and are done well within 24 hours of admission.</p> <p>All the reviewed assessments were completed within 24 hours of admission. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.</p> <p>The Resident PREA Classification Details considers all the following sexual victim factors:</p> <ul style="list-style-type: none"> · Resident is a former victim of institutional rape or sexual assault · Resident is 25 years old or younger or 60 years or older · Resident is small in physical stature · Resident has a developmental disability/mental illness/physical disability · Resident's first incarceration · Resident is perceived to be gay/lesbian/bisexual transgender/intersex or gender non-conforming · Resident has a history of prior sexual victimization

- Resident's own perception is that of being vulnerable
- Resident has a criminal history that is exclusively non-violent
- Resident has a conviction(s) for sex offense against adult and/or child

If question #1 is answered yes, the Resident will be classified as a Victim regardless of the other questions. This generates the PREA Victim icon on the SCRIBE Resident Page. If three (3) or more of questions (2-10) are checked, the Resident will be classified as a Potential Victim. This will generate the PREA Potential Victim icon on the SCRIBE Resident page.

The Resident PREA Classification Detail considers the following Sexual Aggressor Factors:

- Resident has a history of institutional (center or jail) sexually aggressive behavior
- Resident has a history of sexual abuse or sexual assault toward others (adult or child)
- Resident's current offense is sexual abuse/sexual assault toward others (adult or child)
- Resident has a prior conviction(s) for violent offenses

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

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

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

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

victimization or abusiveness.

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

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

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

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

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

Policy requires that Residents whose risk screening indicates a risk for victimization, or abusiveness will be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or sexual harassment. It also requires all Residents to be reassessed within 30 days of arrival at the facility. A case note must be entered into SCRIBE to indicate when the reassessment was conducted.

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

Resident is admitted and is a part of the admissions and intake process.

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

The information in the victim/aggressor assessment is limited to Counselors, Deputy Director of Care and Treatment, and Deputy Director of Care and Treatment. Reassessments should be conducted within 30 days of admission. Reassessments were conducted timely.

Staff related that transgender Residents are also reassessed every six months. The facility provided a list of transgender assessments and reassessments confirming they are now conducting the reassessments every 6 months as required.

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

The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 201

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

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

The interviewed counselor (responsible for screenings) related that she checks SCRIBE to cross check the responses of the Resident. If a Resident endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale, she is designated as at Risk for Abusiveness.

Reassessments, according to staff, are required to be completed within 30 days after the initial assessment. Auditor reviewed the initial assessment and reassessment screening packets for Residents all were completed in a timely manner.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Reviewed Assessments and Reassessments</p> <p>Interviews: PREA Compliance Manager, PREA Coordinator, Staff Responsible for Risk Screening, Targeted Transgender Resident</p> <p>Discussion of Policies and Documents: GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those Residents at high risk of being sexually victimized from those at high risk for being sexually abusive. Directors and Directors are required to designate safe beds (s) for those Residents (Residents) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each Resident. In the event the facility had a transgender Resident, the Department requires the facility to consider on a case-by-case basis whether a placement would ensure the Resident's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex Resident are to be reassessed at least twice a year.</p> <p>Policy also requires that Residents at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the Resident may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the Resident will have access to programs as described in GDC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the Resident will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.</p> <p>Potential victims are assigned to general population dorms and are not housed in designated dorms. The staffing plan at Columbus Transitional Center designates safe beds meaning that aggressors are not to be placed in these dorms. With this arrangement it appears unlikely that a Resident will be assaulted.</p> <p>Placement and programming assignments are based on the risk screening conducted within 24 hours of admission, as well as any other pertinent information contained in the Resident's file or in the Resident database known as SCRIBE. The initial PREA Assessment may be used to determine housing initially however the classification committee of the facility meets weekly and considers the available information from a variety of sources, including the Resident's file, Resident database, and any screening done at the facility prior to the classification committee meeting.</p>

Policy requires the agency and the facility use the information from the risk screening required by § 115.41, with the goal of keeping separate those Residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; Bedding; Education Assignments and Program Assignments. This is required in GDC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Use of Screening Information.

The facility Housing Stratification Plan is utilized when assigning beds for Residents at risk of victimization and aggressors. Housing assignments are made initially at intake and with input from the Staff conducting the initial victim/aggressor assessments. The classification committee, then meets weekly and reviews the Resident's history to determine program assignments, details, and whether or not the Resident's housing needs to be changed.

Discussion of Interviews: According to the Counselor, the classification committee would have a face- to-face meeting with each transgender coming into the facility and the Resident would be asked if they felt vulnerable and if so, what the committee might do to make them feel safer. The PREA Compliance Manager and Counselor indicated the Resident's views for their own safety would be given serious consideration in deciding housing and work assignments for the Resident. They also stated if the Resident requested to shower separately because of safety and personal issues, the facility would strive to arrange that. The transgender Resident interviewed confirmed that he felt safe at the center and he is allowed to shower alone during count time when there is no movement. He is housed in general population in one of the dorms designated as "Safe Dorms/Beds".

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Resident Reporting; The GDC policy (208.06, 2. Resident Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, “Sexual Assault, Sexual Harassment, Center Rape Elimination Act (PREA), Reporting is the First Step; Resident Handbook, PREA Training; PREA related posters; “Sexual Assault and Sexual Harassment Center Rape Elimination Act (PREA) How to Prevent it; How to report it”; GDC Policy IIA23-0001, Consular Notification;. Report from the PREA Analyst documenting calls to the PREA Hotline in the past 12 months; Staff Guide on the Prevention and Reporting of Sexual Misconduct</p> <p>Interviews: Random staff and Residents</p> <p>Observations: Phones in each dorm with dialing instructions for reporting sexual abuse; Multiple PREA Related Posters in Dorms and throughout the Facility</p> <p>Testing Processes: PREA Phones, call made to the PREA Hotline</p> <p>Discussion of Policy and Documents: Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Resident Reporting, provides multiple ways for Residents to report. These include making reports in writing, verbally, through the Resident PREA Hotline and by mail to the Department Ombudsman Office. Residents are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided Residents a sexual abuse hotline enabling Residents to report via telephone without the use of the Resident’s pin number. If a Resident wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and Resident suspicions and illegal activity.</p> <p>Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Residents may file grievances as well however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. However, if a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART and an investigation begins.</p> <p>Third Party reports may be made to the Ombudsman’s Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document</p>

receipt of verbal reports, third party reports, anonymous reports etc.

The GDC Grievance Policy has designated allegations of sexual assault or sexual harassment as not grievable however the policy requires that in the event a Resident files a grievance alleging sexual abuse or sexual harassment it is immediately turned over to the SART to begin an investigation into the allegation. Reviewed investigation reports indicated Residents still do use the grievance to report.

Residents also have access to outside confidential support services including those identified in the PREA Brochure given to Residents during the admission process and posted throughout the center. The following ways to report are provided: Call PREA; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman (phone number provided), to the Director of Victim Services (mailing address provided). They may also report to the SEXUAL ASSAULT SUPPORT CENTER using their 24/7 hotline or writing them. Contact information is provided in the Resident handbook.

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

Residents may call anyone on their approved list. They may also call their attorney's if they have one. Residents have the opportunity to report through visits with family, calling family, or writing families.

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

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

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

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

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

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

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

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

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

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

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

Interviewed staff indicated they would take a report of sexual abuse or sexual harassment from any source and take all of them seriously and report it to their immediate supervisor and

follow-up with a written report, a witness statement or incident report, prior to the end of the shift.

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

- Hotline
- Staff
- Counseling Staff
- Note
- Grievance
- Family members

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

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

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy and Documents Reviewed: GDC Policy 208.6, PREA, Columbus Transitional Center Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters; Training Certificate: Georgia Network to End Sexual Assaults; MOU with the Sexual Assault Support Center</p> <p>Interviews: Sexual Assault Support Center, Executive Director, Residents who reported Sexual Abuse - NA</p> <p>Observations: Sexual Assault Support Center information is available in education upon request.</p> <p>Discussion of Policies and Documents Review: GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to Residents being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with Residents. Advocates serve as emotional and general support, navigating the Resident through the treatment and evidence collection process.</p> <p>The agency provided a Memorandum acknowledging the services that Sexual Assault Support Center agreed to provide an advocate for a victim of sexual assault and accompany him through the forensic process and any investigation interviews, providing emotional support services and provided a 24/7 hotline for reporting sexual abuse.</p> <p>The facility has a Memorandum of Understanding with the Sexual Assault Support Center who will provide a 24/7 hotline service enabling Residents to contact the center via phone or by mail. Information is provided on Resident bulletin boards. This was observed throughout the onsite audit. The center will also provide an advocate to accompany the Resident during a forensic exam, if requested by the Resident. In an interview with the Executive Director from the Sexual Assault Support Center, she confirmed that an advocate is available 24/7 via the Hotline and available 24/7 to meet a Resident at the center to provide emotional support services throughout the forensic exam if requested and through any investigatory interviews, if requested.</p> <p>The facility also has trained advocates who can provide emotional support for a Resident victim of sexual assault if requested. This was confirmed through interviewing the staff advocate and reviewing the Certificates documenting his online training as an advocate.</p> <p>Residents also have access to the GDC Ombudsman, GDC Tip Line, and the State Board of Pardons and Parole, Victim Services. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to Residents.</p> <p>GDC Policy IIA23-0001, Consular Notification; affirms it is the policy of GDC that the Consulate General of a Resident's native country be kept informed as the Resident's custody status or occurrences to the Vienna Convention on Consular Relations. Residents will be provided information on how to access Foreign Consular Offices in the United States. This information</p>

is available for download at <http://www.state.gov/s/cpr/ris/fco> This policy prescribes the GDC's responsibility for notification and that the Resident be informed of such notification. Foreign National Residents are allowed visitation with representatives from the Consulate General of his/her native country.

Residents have access to their attorney's if they have one and may correspond with them, call them and visit with them at the center. Professional visits are available during normal duty hours and by other appointment to accommodate them. Residents have access to their parents or relatives daily via phone, through the mail, and through visitation.

Discussion of Interviews: The auditor interviewed the Executive Director of the Sexual Assault Support Center who described the services the center is committed to providing the facility. These services include providing a hotline for Residents to call 24/7 and for an advocate to meet them either at the center or hospital to provide emotional support through the forensic process and any investigatory interviews if requested by the Resident. Interviewed Residents indicated they are aware of the outside advocacy services available. Residents were generally aware of the service offered by the outside organization.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Columbus Transitional Center Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?”; Georgia Department of Corrections Website; The brochure entitled, “Sexual Assault, Sexual Harassment, Center Rape Elimination Act – How to Prevent It and How to Report It”; Reviewed PREA Related Brochures (An Overview for Residents – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Report of Calls to the PREA Hotline in the past 12 months</p> <p>Interviews: Staff and Residents</p> <p>Observations: Review of the Agency’s Website (Georgia Department of Corrections)</p> <p>Discussion of Policy and Documents: The Georgia Department of Corrections and Columbus Transitional Center provide multiple ways for Residents to access third parties who may make reports on behalf of a Resident. GDC provides contact information enabling Third Party reports to be made to the GDC Ombudsman’s Office, to the GDC TIP Line and to the agency’s PREA Coordinator. Information is provided to Residents that allow them to call or write the Ombudsman’s Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to Residents during admissions/orientation. The brochure entitled, “Sexual Assault, Sexual Harassment, Center Rape Elimination Act – How to Prevent It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and a Resident’s pin is not required to place a call using the “hotline”. The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.</p> <p>The Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?” These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Resident Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided.</p> <p>The agency also has a TIP Line accessible to Residents and to third parties. The Georgia Department of Corrections Home page provides the phone numbers of multiple departments/offices a third party could call to report sexual abuse or sexual harassment. The PREA brochure, An Overview for Residents, “Do You Know Your Rights and Responsibilities”? Provides contact information for the GDC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman’s Office. Family members, friends and other Residents, may make a report for a resident.</p>

The Georgia Department of Corrections has established ways to receive third party reports. GDC Policy 208.06, Center Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, page 23, Paragraph 2. Third Party Reporting provides for Third Party Reports to be made to the following:

- Ombudsman's Office (address and phone number provided)
- Email to the PREA Coordinator (email address provided)
- State Board of Pardons and Paroles, Office of Victim Services (mailing address provided)

Policy also requires, in 208.06, b. that staff will accept reports made verbally, in writing and from third parties and will promptly document any verbal reports.

The Georgia Department of Corrections Website provides a lot of information about PREA and in addition to including the Policy on PREA; the website has a section entitled: "How do I Report Sexual Abuse or Sexual Harassment". The section advises the viewer that GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Then it provides ways for third parties to report allegations of sexual abuse and sexual harassment. These include the following:

- Call the PREA Confidential Reporting Line (toll free number provided and advises that these reports are recorded, and messages are checked Monday through Friday.
- Report via email to: PREA.report@gdc.ga.gov
- Send correspondence to Georgia Department of Corrections, ATTN: Office of Professional Standards PREA Unit, (Address provided)
- Contact the Ombudsman and Resident Affairs Office (number provided)
- Contact the Pardons and Parole Victim Services office (number provided or via email-address provided)

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

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

- Georgia Department of Corrections PREA Hotline (dialing instructions provided)
- Statewide PREA Coordinator (mailing address provided)
- Ombudsman (mailing address and phone number)
- Director of Victim Services (mailing address provided)

Discussion of Interviews: Staff were asked to name ways Residents can make reports or allegations of sexual abuse or sexual harassment. They consistently could name multiple ways and when asked if an Resident could report anonymously and through a third party, they

said they could, and they would take those reports seriously like any other report and that they would report it verbally and complete a witness statement before the end of their shift. Residents may report via the PREA Hotline or J PAY. Most of the Residents who had family indicated a family member could report for them. One hundred percent of the staff said Residents could get a third party to report for them and that they would take that report seriously and act immediately. Interviewed Residents were aware they could report via third party, including a parent, relative or another Resident report for them.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Resident Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct; Rape Elimination Act (PREA) Education Acknowledgment Statement; Agency and Staff Reporting, Staff and Agency Reporting Duties; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Residents.</p> <p>Interviews: Director, Medical staff, Random staff</p> <p>Discussion of Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Resident Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation.</p> <p>Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. The Special Agent in Charge in the Regional Office will determine the appropriate response and assign a Special Agent to conduct the criminal investigation as indicated.</p> <p>Staff, failing to comply with the reporting requirements of GDC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of a Resident, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.</p> <p>This facility does not house youthful Residents; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a</p>

vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

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

The Georgia Department of Corrections Policy (SOP 208.06) mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions. Medical staff are required to report all allegations of sexual abuse that comes to their attention.

Staff are trained and policy requires that any information they obtain or become aware of is limited to a need-to-know basis and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments.

At the initiation of services, medical, counseling and mental health personnel understand that they are required to inform Residents of their duty to report and the limitations of confidentiality and any information medical or counseling staff receive will be reported in compliance with policy. This was confirmed through interviews with the Health Services Administrator, Director of Nurses, a registered nurse, and Deputy Director of Care and Treatment.

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

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

The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Residents discusses, in a section entitled, A Duty to Report, that staff must report any inappropriate staff/Resident behavior immediately. Failure to report will result in staff being held accountable and sanctioned through dismissal. Reporting includes not only verbal reporting but following up

with writing an incident report. Another section of the Guide requires that all employees have a duty to report immediately any findings in which Residents are having sexual relations with other Residents or staff.

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

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

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

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

Medical, Counselors and Mental Health providers are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform Residents at the initiation of services of the limits of confidentiality and their duty to report. This was confirmed through interviewing the Health Services Administrator, Director of Nursing, and a Registered Nurse. These staff are all mandated reporters.

Discussion of Interviews: The Department and the Director requires that staff report all knowledge or information they have regarding an incident of sexual abuse or sexual harassment. That also includes reporting anything suspected. Randomly selected staff, both

security and non-security staff affirmed that they must report “everything”. When pressed about “everything” they consistently said they would report anything they knew, saw, or heard of. When asked about something they just suspected, they said they would have to report that as well. When asked if they would take an “anonymous” report and report it, they said they did not know how that would help but they would report it. Asked about another Resident reporting for another, they said they would take that seriously and report it too. They also affirmed they would be required to write a statement following an immediate report to their shift supervisor/Officer in Charge. When asked about a time frame for completing a written report they said within 24 hours was policy they thought but they could not leave the shift until the statement was written. Staff indicated they had to take all things seriously even if the Resident had been known to “cry wolf”. Non-Uniform staff were as articulate as the security staff about reporting. Everyone indicated they too would report all information, knowledge, or suspicion regarding sexual abuse. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well. When asked if they would report their supervisor if they witnessed or heard of the supervisor violating the zero- tolerance policy, they said they would. When asked about any sanctions for failing to report, staff said they would be disciplined and most likely terminated from employment.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Pre-Audit Questionnaire, GDC Policy 208.06, Center Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; Monthly PREA Reports; Calls to the PREA Hotline in the past 12 months report; Incident Reports, Grievances</p> <p>Interviews: Agency Head, Director, Random Staff</p> <p>Discussion of Policy and Documents: GDC Policy 208.06, Center Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the Resident victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the Resident remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement.</p> <p>The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is a Resident and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the Resident remains in Administrative Segregation for 72 hours, the SART evaluates the Resident again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are responsible for the documentation.</p> <p>If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the Resident's file with specific reasons for returning the Residents to the general population or keeping the Residents segregated and ensure the SART has evaluated the victim within 24 hours of the report.</p> <p>Once a determination has been made that there is sufficient evidence of sexual assault, staff ensures closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is a Resident, and updates the victim's Resident file with incident information.</p>

The Pre-Audit Questionnaire documented there has been no incidents in the last 12 months in which a Resident was subject to a substantial risk of imminent sexual abuse during the past twelve months.

Reviewed incident reports, grievances, Monthly PREA reports, calls to the PREA Hotline in the past 12 Months Report; as well an interview with the Director indicated the facility has had no Residents at risk of imminent sexual assault/abuse. There have been thirty-one allegations of sexual abuse or sexual harassment during the period of November 2019 through December 2020. This was confirmed through reviewed monthly PREA reports and interviews with the Director.

Interviewed staff indicated that if a Resident told them they were in fear of another Resident or staff or at risk of imminent sexual abuse, they would take that report seriously and remove the Resident immediately from the threat or potential threat. They also, indicated, when asked, where they thought the Resident would be housed to keep them safe, that the Resident could be placed in another dorm possibly but most likely placed in a holding cell and transferred for his safety.

In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0

Discussion of Interviews: The Director stated there has been no Resident at risk of imminent sexual abuse in the past 12 months. All interviewed staff stated they would take the Resident's allegation seriously and would act immediately by removing the Resident from the source of the threat and keep that Resident with them and take them to the Shift Supervisor to ensure the Resident's safety until a decision could be made about where best to house the Resident.

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

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Columbus Transitional Center Pre-Audit Questionnaire; SANE's List; Local Operating Directive Procedure, Sexual Assault Response Protocol</p> <p>Interviews: Random Staff, Uniform and Non-uniform First Responders</p> <p>Discussion of Policy and Documents: Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that a Resident has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an Resident was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately. The Sexual Assault Response Team will be notified and will implement the local protocol.</p> <p>The local protocol, PREA Local Operating Directive and the Columbus Transitional Center Sexual Assault Response Plan, describe in detail the responses to an allegation of sexual abuse. Staff are trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings. This information was provided by staff during their interviews.</p> <p>Non-uniformed staff have been trained in first responding. They receive the same annual in-service training during Day 1, which includes PREA. They could describe the steps they would take in response to being informed a Resident had been sexually assaulted. They sated step by step the same procedures as correctional staff. The nurse stated that, in addition to conducting an assessment on the alleged victim the facility would attempt to protect any used evidence.</p> <p>Georgia Department of Corrections requires that all staff and contractors having contact with Residents attend, minimally, Day 1 of Annual In-Service Training. That training includes a refresher on first responding. The facility provided multiple training rosters documenting staff and contractors completing Day 1 Annual In-Service Training in 2020.</p> <p>Georgia Department of Corrections Policy and the Local Policy Directive for Columbus Transitional Center, PREA: Local Procedure Directive and Coordinated Response Plan identify the actions required of first responders. Columbus Transitional Center Sexual Abuse</p>

Response Plan also identifies actions to take after the Shift Supervisor on duty who receives the report, immediately notifies the Superintendent and Duty Officer and contacts the local Sexual Abuse Response Team members. The agency's Sexual Assault Response Checklist is also used in responding to allegations of sexual abuse.

Interviewed staff, including non-uniformed staff, explained the steps required as a first responder. They were consistent in their responses and the responses were consistent with the GDC Policy (208.06) and the Local Procedure Directive and Coordinated response Plan.

Correctional Staff consistently reported they would immediately separate the alleged victim from the alleged perpetrator, notify their supervisor, secure the crime scene, tell the victim and aggressor not to eat, shower, change clothes, use the restroom or brush their teeth. Some staff indicated that if possible, they would put the alleged perpetrator in a cell and cut off the water.

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

The Sexual Assault Nurse Examiner would be called to conduct the forensic exam, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, which would in turn, turns it over to the GDC Office of Professional Standards, Special Agent.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

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

115.265	Coordinated response
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 528">Policy and Documents Reviewed: GDC Policy 208.06, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 3, Coordinated Response; Local Operating Directive, Columbus Transitional Center Sexual Assault Response Plan; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive</p> <p data-bbox="252 573 603 607">Interviews: Superintendent</p> <p data-bbox="252 651 1430 898">Discussion of Policies and Documents: GDC Policy 208.06, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 3, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and counselor, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties.</p> <p data-bbox="252 943 1477 1189">The Local Operating Procedure Directive and the Columbus Transitional Center Sexual Assault Response Plan serve as the facility’s Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment.</p> <p data-bbox="252 1234 1477 1346">The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders. This document becomes a part of the investigation package.</p> <p data-bbox="252 1391 1477 1682">This center is manageable in terms of quick response. Housing units are close to each other. Medical Staff are on duty Monday – Sunday. If an emergency occurred an on-call Sexual Assault Nurse Examiner can travel to Columbus Transitional Center to conduct the forensic exam. The Facility’s on-call physician may make the determination regarding movement of a Resident victim. The facility’s coordinated response plan is documented in the Center’s PREA Local Procedure Directive and Coordinated Response Plan and in the GDC Sexual Assault Response Plan (with notifications).</p> <p data-bbox="252 1727 1430 1883">The facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and the GDC Sexual Assault Response Checklist serves as a coordinated response plan as well.</p> <p data-bbox="252 1928 1477 2152">The Local Operating Directive provides guidance in notifying all parties when there is an allegation of sexual abuse. After the shift supervisor notifies the Superintendent and the Duty Officer, the Sexual Assault Response Team is notified. The directive provides ready reference names and phone numbers. The SART is composed of the PREA Compliance Manager/SART Leader, a representative from medical and from counseling; the victim advocate and the Special Agent in Charge at the Regional Office is notified.</p>

Discussion of Interviews: In an interview the Superintendent related, the facility has a Coordinated Response Plan to ensure during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and GDC Sexual Assault Response Checklist serves as a coordinated response plan as well.

The Local Operating Directive provides guidance in notifying all parties when there is an allegation of sexual abuse. After the shift supervisor notifies the Superintendent and the Duty Officer, the Sexual Assault Response Team is notified. The directive provides ready reference names and phone numbers. The SART is composed of the PREA Compliance Manager/SART Leader, a representative from medical and from counseling; the victim advocate and the Special Agent in Charge at the Regional Office is notified.

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

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; 90 Day Resident Sexual Abuse Review Checklist (GDC Form)</p> <p>Interviews: Superintendent, Facility’s Retaliation Monitor, and Agency Head, Residents who reported sexual abuse - NA</p> <p>Discussion of Policy and Documents Review: GDC Policy 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting Residents or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or a Resident who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including housing changes for Residents, transfers, removal of alleged staff or Resident abusers from contact with victims and emotional support for Residents or staff who fears retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse.</p> <p>The Superintendent has designated a PREA Compliance Manager (Counselor) to serve as the Retaliation Monitor. In interview with the retaliation monitor she indicated she understands and is knowledgeable of the prevention measures the facility might take in a given situation to prevent retaliation in the first place. Prevention measures include separating the alleged victim and abuser by placing them in separate dorms when possible or in protective custody and the alleged perpetrator in segregation. If a staff is involved that staff may be placed on some form of “no contact” until the investigation is over. Reviewed investigation packages contained documented retaliation monitoring using the GDC Retaliation Monitoring Form. That form documented monitoring such things as DRs, movements to other dorms, and changes in details. Similarly, for staff, monitoring would include changes in shifts, posts, details, and performance reports and write ups.</p> <p>Monitoring will include monitoring the conduct and treatment of Residents and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes the following: review of Resident disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of Residents will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Resident Sexual Abuse Review Checklist. The checklist is completed for each Resident being monitored.</p> <p>The Georgia Department of Corrections 90 Day Resident Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:</p> <ul style="list-style-type: none"> · Resident Disciplinary Report(s) History

- Resident Housing Unit Placement Reviewed
- Resident Transfer(s) Placement Review
- Resident Program(s) History Review
- Resident Work Performance Review
- Resident Schedule History Review
- Resident Case Note(s) Review

Upon learning of an allegation whether, staff on Resident or Resident on Resident, the alleged victim and alleged aggressor are separated. For the Resident, that may mean placing either the alleged victim or alleged aggressor or both, temporarily in administrative segregation. If a staff is involved the staff will be separated from the alleged victim by placing the staff either on a post away from the Resident or placing the staff on administrative paid leave while an investigation is going on and placing a staff on administrative leave with pay is the most likely scenario according to the Superintendent.

The Retaliation monitor described her role in preventing retaliation and monitoring retaliation and explained to the auditor that she looks at things like housing assignments, reviews programming assignments, and detail changes. Retaliation monitoring is documented on the GDC Retaliation Monitoring Form. For staff she would review post assignments, changes in shifts, performance reports and write ups.

A review of investigations consistently documented multiple occasions of monitoring retaliation. These documented on the GDC Retaliation Monitoring Form the Retaliation Monitor checking all the indicators for retaliation.

The Georgia Department of Corrections has a zero tolerance toward retaliation against any Resident/Resident or staff who reports an allegation of sexual abuse or sexual harassment. This is expressed and documented in GDC Policy 208.06, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program.

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

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

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

The monitor indicated that any alleged victim will be removed and separated from the alleged

perpetrator and placed in a safe environment. If an officer was involved in an allegation, the officer would be placed on “no contact” depending on the nature of the allegation or would be placed on a post away from contact with the Resident. She confirmed there have been zero (0) incidents of retaliation occurring during the past 12 months.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; GDC Standard Operating Procedure, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents; Reviewed Investigation Packages; PREA Investigation Summary; PREA Initial Notification Form; GDC Incident Report; Reviewed NIC Certificates; Reviewed Special Agent Criminal Investigation Report; Coordinated Response Plan; Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Superintendent; Facility-Based Investigator; Two (2) Office of Professional Standards Investigators</p> <p>Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations and 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents asserts that the appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review.</p> <p>The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.</p>

The facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and a counselor. All Sexual Assault Response Team Members have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".

At the conclusion of each sexual abuse investigation, the PREA Team meets and discusses the allegations and findings of the investigator and essentially reviews the incident in compliance with the GDC Policy related to Incident Reviews.

The GDC PREA Unit has implemented a system in which staff enters the investigation into the GDC data system enabling the PREA Unit to review investigations for quality assurance purposes. If the PREA Unit believes the investigation needs additional information, the facility investigator is notified. The PREA Coordinator indicated that either she or the Assistant PREA Coordinator or the PREA Analyst must approve an investigation prior to closure.

Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.

GDC Policy 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Residents requires that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced Residents, against departmental employees, contractors, vendors or volunteers are fully investigated, and treated in a confidential and serious manner. It requires staff attitudes and conduct towards such allegations will be professional and unbiased, and staff member are required to cooperate with investigations into those matters. Policy also requires that investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct.

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

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

The Georgia Department of Corrections has several layers of investigators. An Office of Professional Standards investigator may be assigned to a specific facility and may conduct investigations related to contraband, use of force, gang related activity, and if needed, sexual

abuse. The Office of Professional Standards Investigator has completed mandated training. Mandated training is required by the state for any law enforcement officer and consists of (11) eleven weeks of training. OPS investigators have the authority to arrest.

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

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

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

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

- OPS will keep the Superintendent apprised of the status of the case.
- All interviews may be recorded by video or audio
- All documents, videos, polygraph results, and all other evidence will be treated as confidential
- Names of complainant and/or alleged victim will be confidential as required by the statutes
- A trained counselor will be made available to counsel the alleged victim before he is first interviewed by the investigator

These may be included in the investigation:

- Conducting video or audio recorded interviews
- Taking witness statements from all witnesses and all other parties

- All known documents
- All known photos
- All known physical evidence

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

- Alleged victim or complainant refuses to cooperate with the investigator
- Whether local, state, or federal agency conducts its own investigation, subject to binding limitations or restrictions imposed by the courts or the agency
- If the accused employee resigns during the investigation

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

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

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

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

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

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

Administrative and Criminal Investigations are documented in reports. Administrative

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

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

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

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

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

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

The investigation would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. The investigator would also look at staff rosters, assignments for that shift, and review any camera footage that may be available. Interviews with the SART members confirmed the investigation process.

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

115.273	Reporting to residents
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1460 526">The agency’s standard operating procedure, 208.06; Reporting to Residents, requires that Residents who are in custody of the Georgia Department of Corrections are entitled to know the outcome of the investigation. The Resident must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented.</p> <p data-bbox="252 571 1460 638">If the allegations involved a staff member, the staff making the notification will, using the GDC Resident Notification Form, inform the Resident whenever:</p> <ul data-bbox="252 683 1460 907" style="list-style-type: none"> <li data-bbox="252 683 909 716">· The staff is no longer posted in the institution <li data-bbox="252 750 949 784">· The staff is no longer employed at the institution <li data-bbox="252 817 1460 907">· The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution <p data-bbox="252 952 1460 1019">If the allegation involved another Resident, staff are required to inform the alleged victim when the alleged abuser has been:</p> <ul data-bbox="252 1064 1460 1209" style="list-style-type: none"> <li data-bbox="252 1064 1228 1097">· Indicated on a charge related to sexual abuse within the institution or; <li data-bbox="252 1131 1460 1209">· The alleged abuser has been convicted on a charge related to sexual abuse within the institution <p data-bbox="252 1254 1460 1321">Notifications are documented on the GDC Notification Form that documents all the above. The auditor reviewed investigation files. Notifications were consistently documented in the files.</p> <p data-bbox="252 1366 1460 1433">The investigator is knowledgeable of the investigative process and the requirements that Residents are notified at the conclusion of the investigation of the results of the investigation.</p> <p data-bbox="252 1478 1460 1646">Policy and Documents Reviewed: GDC Policy 208.06, Center Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Columbus Transitional Center Pre-Audit Questionnaire; Reviewed Investigation Packages, including notification forms</p> <p data-bbox="252 1691 1460 1724">Interviews: Superintendent, Facility-Based Investigator; Resident who reported sexual abuse.</p> <p data-bbox="252 1769 1460 2139">Discussion of Policy and Documents Review: Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the Resident of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GDC Policy 208.06, Center Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into a Resident’s allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the Resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p>

Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If a Resident is released from the Department's custody the Department's obligation to "notify" the Resident of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and GDC Policies.

If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the Resident of the outcome of the investigation.

A member of the SART is required to notify the Resident when a staff member is no longer posted within the Resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the Resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The notification form would document, for the Resident, if the investigation is determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the Resident is notified of any of the following if applicable:

Staff member is no longer posted within the Resident's unit

Staff member is no longer employed at the facility

Staff member has been indicted on a charge related to sexual abuse with the facility

Staff member has been convicted on a charge related to sexual abuse within the facility

The alleged abuser (Resident) has been indicted on a charge related to sexual abuse within the facility

The alleged abuser (Resident) has been convicted on a charge related to sexual abuse within the facility

Other: Include explanation of why "other:" was checked

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 1

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

1

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

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Center Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Center Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Termination letter; Reviewed Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Discussion of Policy and Document Review: Department of Corrections Policy, 208.6, Center Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engages in sexual misconduct with a Resident are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.</p> <p>The presumptive disciplinary sanction for sexual touching and violation of sexual abuse policies is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. If an allegation is substantiated by the Special Agent conducting the sexual abuse investigation, the Agent will consult with the local District Attorney and a warrant for the staff's arrest will be taken if warranted and approved by the District Attorney.</p> <p>Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies (Special Agent) unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST) for uniformed staff.</p> <p>Substantiated cases of nonconsensual sexual contact between Residents or sexual contact between a staff member and a Resident will be referred for criminal prosecution. This was confirmed through interviews with the Superintendent, PREA Compliance Manager/SART Leader, and interviews with Special Agents and Office of Professional Standards Investigators.</p> <p>Staff, as a part of their PREA training signs a GDC Sexual Assault/Sexual Misconduct Center Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understands that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an Resident commit sexual assault, a felony punishable by incarceration of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that a Resident cannot consent to sexual activity. The auditor reviewed 64 PREA Acknowledgment Statements signed by employees and contractors.</p> <p>To deter staff from violating the agency's sexual abuse policies and for other reasons, the</p>

facility, as in all other Department of Corrections Facilities, has a “Wall of Shame” that has the photos of staff who have violated their oath of office and/have had personal dealings with Residents, including bringing contraband.

The GDC Policy requires that staff that engage in sexual abuse with Residents and violate and agency sexual abuse and sexual harassment are banned from all Georgia Correctional Institutions and subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction. If the allegation was criminal in nature, recommendations may be made for referral for prosecution. Special Agents work with the District Attorneys to determine if, and when, they have enough evidence to refer for prosecution. Administrative investigations in which staff violates policy, may result in a staff member being disciplined up and including dismissal.

If an offense is less than sexual abuse the appropriate sanction would be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This was confirmed through interviews with the Superintendent and PREA Compliance Manager. Staff interviews confirmed the likely sanction for violating a sexual abuse or sexual harassment policy would be termination. Failure to report is cause for disciplinary action up to and including termination.

The Georgia Department of Corrections has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from employment and possible referral for prosecution. The Department requires each facility to have a “Wall of Shame” that contains the photos of staff who have been arrested for issues including contraband and staff misconduct, including staff misconduct with a Resident. Staff acknowledge in the PREA Acknowledgment the potential sanctions, including arrest and referral for prosecution and the punishment if found guilty. Staff also signs a Code of Conduct/Ethics Acknowledgement as well.

In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0

Staff and contractors found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. Contractors and volunteers will be banned from any contact with Residents and reported to law enforcement agencies, unless the activity was not criminal. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified.

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

the volunteer or contractor would be prohibited from coming into the facility while the investigation is being conducted. If the investigation determined the allegation was substantiated, local law enforcement would be notified and a recommendation would be made to refer the volunteer for prosecution. Interviews with contractors confirmed understanding zero tolerance and potential sanctions for violating GDC Policies.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Residents, Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Superintendent, Medical and Mental Health staff</p> <p>Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between Residents and Residents may be subject to disciplinary action for such activity. Consensual sexual activity between Residents does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b. requires that Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the Resident engaged in Resident-on-Resident sexual abuse or a criminal finding of guilt for Resident-on-Resident sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Resident Discipline.</p> <p>Policy requires that the disciplinary process consider whether a Resident’s mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending Resident to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a Resident may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.</p> <p>Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the Resident making the report, then the Resident will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Resident Discipline.</p> <p>The GDC Disciplinary Process and Policies follow the standards of the American Correctional Association and Residents are afforded a forma due process hearing in accordance with those standards. This was documented by the Agency’s most recent quality assurance audit. Residents may also have an advocate present if they request it.</p> <p>The facility due process officer uses an Resident Disciplinary Code Sheet documenting that offenses designated as either “great” or “ high” severity offenses, that include sexual assault or soliciting sexual activity, may be sanctioned by 1) Isolation one to fourteen days; 2) Referral to Classification Committee for review; 3) Disciplinary transfer; 4) Removal from specified programs; 5) Affect issuance of a warrant for violation of law; 6) Centers restriction on privileges for up to 90 days; 7) Impound personal property for days; 8) Change in work or quarters assignment; 9) Extra duty for two hours/day up to 90 days and 13 other sanctions. If the allegation of sexual assault is substantiated, the Special Agent may consult with the district</p>

attorney and refer the Resident for prosecution. The Code Sheet addresses violations of statutes and asserts that Residents under the jurisdiction of the State Board of Corrections are subject to all laws of the United States and of the State of Georgia and any Resident violating these laws may be charged and tried for that violation in the same manner as any other citizen in the appropriate state or federal court. The filing of charges in a judicial court of record for a violation of state or federal laws does not in any way prevent or preclude the administrative handling of the same act as a centers disciplinary manner or of the taking of disciplinary action against the Resident.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Discussion of Interviews: During interviews with the Superintendent, medical and mental health staff the indicated the policy requires that the disciplinary process considers whether an Resident's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending Resident to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a Resident may be disciplined for sexual contact with a staff member only upon finding that the staff member did not consent to such contact.

115.282	Access to emergency medical and mental health services
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1460 448">Policy and Documents Reviewed: GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Columbus Transitional Center Pre-Audit Questionnaire; Victim/Aggressor Assessments</p> <p data-bbox="252 481 1412 560">Interviews: Counselor (Staff responsible for risk screening); HAS; Residents who reported prior victimization</p> <p data-bbox="252 593 1484 851">Discussion of Reviewed Policy and Documents: GDC Medical Policies are specific and voluminous regarding health care and mental health. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures.</p> <p data-bbox="252 884 1484 1052">If a Resident discloses prior victimization during the initial intake victim/aggressor assessment, the Resident will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The Resident may choose to refuse the offer and if so, the refusal will be documented.</p> <p data-bbox="252 1086 1476 1332">If the screening process indicates an Resident has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the Resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The interviewed staff stated if a Resident disclosed a previous history of sexual abuse during the initial PREA Assessment, the Resident will be offered a follow-up with mental health.</p> <p data-bbox="252 1366 1452 1624">Care is taken to protect reported information. Information reported by Residents related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. Residents sign consent for evaluation and consent for treatment.</p> <p data-bbox="252 1657 1484 1960">Documentation of Residents alleging any form of sexual abuse being seen by medical, referrals are made for follow-up with mental health and interviews with medical and counseling staff confirmed this facility complies with offering and providing follow-up with a medical or mental health professional Mental health staff. Additionally, it is evident that referrals are made to mental health; it appeared that the medical and mental health departments communicate frequently to meet the needs of Residents who alleged previous sexual abuse or sexual abuse while in the facility.</p> <p data-bbox="252 2060 1476 2139">GDC Policy, 208.06, asserts that if a Resident's intake assessment indicated the Resident has experienced any prior victimization or has perpetrated any sexual abuse, whether in an</p>

institutional setting or in the community, the Resident will be offered a follow-up meeting within 14 days of the intake screening. This will be documented on the Resident's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is required to be strictly limited to necessary staff maintaining strict confidentiality.

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

Referral Forms

Consent for Evaluation

Consent for Treatment

Mental Health Evaluation

Forensic exams, if needed, are conducted onsite by a SANE nurse. Previous interviews with the SANEs confirmed that they respond to the calls from the centers and one or two of the team members respond to conduct the exam.

Forensic exams are provided by a SANE nurse without financial cost to the Resident. This was confirmed through an interview with the Health Service Administrator.

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

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Standard Operating Procedures, VH85-0002; Medical Management of Suspected Sexual Assault, Abuse or Harassment; GDC Standard Operating Procedure, VH85-0001; Forensic Information; Procedure for SANE Evaluation/Forensic Collection; Medication Guidelines for Sexual Assault Patients; National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, Major Updates; PREA Medical Logs; Coordinated Response Plan; SANE Procedures</p> <p>Interviews: Health Services Administrator; Counselor; SANE Nurse (Previous Interview)</p> <p>Discussion of Reviewed Policies and Documents: Resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through interviews with medical and counseling staff. The facility's medical care program is also accredited through the Medical Association of Georgia for meeting the MAG Standards which are essentially the National Commission on Correctional Healthcare Standards.</p> <p>GDC Policy, 208.6, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the counselor. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence.</p> <p>Medical staff is charged with conducting an initial assessment of the Resident to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiates all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes.</p> <p>When medically indicated medical staff are required to arrange transfer the Resident (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the Resident does not require transport to the emergency room, the designated facility SANE Nurse shall be immediately notified and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected.</p> <p>If the sexual assault occurred more than 72 hours previously, the decision on whether the</p>

evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case-by-case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that if the facility does not have a designated SANE Nurse, the Resident is sent to the designated emergency room for collection of forensic evidence.

When an Resident has been the victim of sexual abuse, medical staff assess the Resident to ensure there are no life threatening or emergency needs, and if stable, initiate the Nursing Protocol, contact the SANE, if needed, be taken to the local or other Hospital to be stabilized.

GDC Policy and Practice ensures that Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed policies and procedures, reviewed monthly PREA reports, Interviews with staff, Residents, PREA Compliance Manager, Health Services Administrator; and the Deputy Superintendent of Care and Treatment.

GDC Policy requires that when a Resident makes an allegation of sexual abuse, the Resident will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the Resident will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the Resident needs emergency care beyond the capability of the facility, he will be transported to the local hospital.

Interviewed health care staff indicated that if there was a sexual assault, their role would be to assess and stabilize the Resident and if stabilized, preserve the site and evidence. If there is emergency care is required, the Resident would be taken to the local hospital.

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

Sexual Assault Nurse Examiners are provided through a contract. Previous interviews with both Sexual Assault Nurse Examiners confirmed their role in responding to a sexual assault and conducting the forensic exam. Interviews with two SANEs indicated the Resident would be offered testing for HIV and other Sexually Transmitted Infection and offered STI Prophylaxis. The SANE indicated that following the forensic exam, she would recommend the STI Prophylaxis and any other medication required. The facility's physician would have to approve the recommendation and order it to be done.

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

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

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: GDC “Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Mental Health Suspected Sexual Assault Policy 508.22, Reviewed Columbus Transitional Center Pre-Audit Questionnaire</p> <p>Interviews: Medical staff, Sexual Assault Nurse Examiners (previous interview)</p> <p>Discussion of Policy and Documents Reviewed: The agency’s “Procedure for Sane Nurse Evaluation/Forensic Collection” provides specific actions required when a Resident alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam.</p> <p>The facility has a facility specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Counseling. GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known Resident on Resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.</p> <p>If a Resident had to go to the hospital for a forensic exam, the hospital would offer the Resident STI prophylaxis. If the Resident had his forensic exam at the center, the SANE will recommend the STI prophylaxis and the staff will administer it on the doctor’s orders.</p> <p>The facility offers medical, and counseling and mental health evaluations and treatment are offered at Columbus State Medical Prison for all Residents victimized by sexual abuse in at center, the facility offers appropriate follow-up services and mental health evaluation, including referrals for continued care following transfer or placement in other facility or their release from custody.</p> <p>Victims of sexual assault are assessed following an allegation to determine the presence and extent of any injuries. Nursing staff, responding to a sexual assault do a visual exam to assess injuries and If there are no injuries requiring care at the hospital, the Sexual Assault Nurse Examiner is called and comes to the center to conduct the forensic exam. At the conclusion of the exam, the SANE (in a previous interview) stated she recommends the STI Prophylaxis and testing for STIs. The recommendations still must be approved by the physician. Because the facility offers a variety of health care services, ongoing treatment, testing and follow-up are provided at the facility. In an interview with the HSA related they have access to the prophylactics and can administer them on the orders of the facility physician.</p> <p>Mental Health assessments are conducted on victims of sexual abuse and they are either offered services or are continued in care on the caseload, if already on the mental health caseload. Some Residents interviewed who had suffered sexual abuse were already on mental health caseload.</p>

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0

Discussion of Interviews: The HSA confirmed the process for providing ongoing physical and mental healthcare services. Resident victims of sexual abuse, identified as potential victims as well as any Resident who becomes a victim, is offered a follow-up with mental health services. All cost for services associated with a sexual assault victims are provided at no cost to the Resident.

115.287	Data collection
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 741">This standard is rated “exceeds” because of the sophisticated reports the GDC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled Residents/Residents for the auditor prior to each audit, enabling the auditor to identify Residents who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.</p> <p data-bbox="252 786 1453 864">Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files and sexual abuse reviews.</p> <p data-bbox="252 909 1414 987">Upon request all data from previous calendar years will be provided to the Department of Justice.</p> <p data-bbox="252 1021 1477 1223">The aggregated sexual abuse data will be readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.</p> <p data-bbox="252 1267 1445 1469">Policies and Documents Review: GDC Policy 208.06, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Reports from the GDC PREA Analyst, Incident Review Check List, Incident Demographic Information, Investigation Summary Form, Private Center Annual PREA Report</p> <p data-bbox="252 1514 1398 1592">Interviews: Statewide PREA Coordinator (previous interview), Assistant Statewide PREA Coordinator (previous interview), PREA Compliance Manager and Superintendent</p> <p data-bbox="252 1626 1469 2051">Discussion of Policies and Documents: The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of Residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.</p> <p data-bbox="252 2085 1461 2163">GDC Policy 208.06, Center Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department’s PREA Analyst,</p>

each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2019 Georgia Department of Corrections Center Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 centers, 13 Transition Centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private centers. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on Resident Abuse, 2) Staff on Resident Harassment, 3) Resident on Resident Abuse, and 4) Resident on Resident Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2020 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module. Statistics are provided for each GDC facility.

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

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

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

disability.

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

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

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

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Georgia Department of Corrections 2019 Annual Report; Agency Website; Monthly Facility PREA Reports'; Compstat Reports</p> <p>Interviews: Agency Head, PREA Compliance Manager, Previous interview with the Agency's Statewide PREA Coordinator and Agency Assistant Statewide PREA Coordinator</p> <p>Discussion of Policy and Document Review: The Georgia Department of Corrections requires each facility conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future.</p> <p>The agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.</p> <p>The GDC requires each facility to maintain PREA related data and to report to the GDC PREA Unit, monthly the number of allegations of sexual abuse and sexual harassment, including Resident on Resident and staff, contractor, volunteer on Resident. The agency collects the data for each facility and aggregates it at least annually and provides comparisons from previous years as well as actions the Department has taken as a result of analysis of the data. The annual reports are comprehensive and informative.</p> <p>Discussion of Interviews: The agency collects data from each facility and reviews the aggregated data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data. Columbus Transitional Center has had no corrective actions for this audit period.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and Documents Reviewed: GDC Policy 208.06, Center Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy</p> <p>Interview: Statewide PREA Coordinator (previous interview)</p> <p>Discussion of Policies and Documents: Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.</p> <p>GDC Policy 208.06, Center Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.</p> <p>Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.</p> <p>Discussion of Interview: The Agency PREA Coordinator related that data collected will be securely retained. All sexual abuse data will be available to the public on the center’s website and in annual reports. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than 10 years from the initial date of collection.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 488">The Georgia Department of Corrections ensures that 1/3 of their centers are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all centers have been audited. The Columbus Transitional Center was previously audited for compliance with the PREA Standards on November 24, 2017.</p> <p data-bbox="252 533 1485 689">The medical care at this facility is accredited by the Medical Association of Georgia for meeting the Medical Association of Georgia’s Standards which are essentially the standards of the National Commission on Correctional Health Care. Augusta University contracts for service with Columbus Transitional Center.</p> <p data-bbox="252 734 1453 846">Policy and Documents Reviewed: GDC Policy, 208.06, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit;</p> <p data-bbox="252 891 1437 1048">GDC Policy, 208.06, Center Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.</p> <p data-bbox="252 1093 1485 1384">The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state Residents) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department’s PREA Coordinator upon completion of the audit and must be conducted every three years.</p> <p data-bbox="252 1429 1469 1675">The facility posted the Notices of PREA Audit in areas of the facility accessible to Residents, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. These were observed in living units and other areas accessible to staff, Residents, contractors, volunteers and visitors. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were often and productive.</p> <p data-bbox="252 1720 1485 2011">The information contained on the uploaded PAQ contained the GDC policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of medium security adult females and youthful Residents. The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available.</p> <p data-bbox="252 2056 1481 2157">The on-site audit of the Columbus Transitional Center was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the Residents. The auditor</p>

was to move about the facility any time needed. Adequate space was provided for auditor and assistant to conducted interviews in complete privacy with staff and Residents.

The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with Residents and staff. Prior to the onsite portion of the audit the auditor received no correspondences from Residents.

The auditor reviewed Resident files, made observations throughout the on-site audit, thoroughly reviewed large samples of documentation, tested processes (including checking victim/aggressor assessment time periods), interviewed staff, contractors and Residents. Multiple personnel files were reviewed to assess the hiring process and background checks.

The auditor and the PREA Compliance Manager continued to work together following the on-site phase of the audit, when additional information was needed; all information requested was provided in a timely manner.

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

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

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

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

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

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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

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

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

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

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

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

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

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

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

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

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

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

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes