

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 8/6/19

Auditor Information

Name: Edwin Blansit	Email: EBlansit_PREA_Auditor@protonmail.com
Company Name:	
Mailing Address: 22 Rockcreek Dr NW	City, State, Zip: Rome, GA
Telephone: 706-767-8922	Date of Facility Visit: June 10-11, 2019

Agency Information

Name of Agency: Terrell County Correctional Institution		Governing Authority or Parent Agency (If Applicable): Terrell County Board of Commissioners	
Physical Address: 3110 Albany Hwy		City, State, Zip: Dawson, GA 39842	
Mailing Address: 3110 Albany Hwy		City, State, Zip: Dawson, GA 39842	
Telephone: 229-995-3005		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: [Click or tap here to enter text.](#)

Agency Website with PREA Information: www.terrellcounty.ga.us

Agency Chief Executive Officer

Name: Gregory McLaughlin	Title: Warden
Email: wardenmclaughlintcci@gmail.com	Telephone: 229-603-2674

Agency-Wide PREA Coordinator

Name: Gwendolyn Meriweather	Title: Deputy Warden
Email: dwmeriweathertcci@gmail.com	Telephone: 229-995-3005

PREA Coordinator Reports to: Gregory McLaughlin, Warden	Number of Compliance Managers who report to the PREA Coordinator N/A
--	---

Facility Information

Name of Facility:	Terrell County Correctional Institute		
Physical Address:	3110 Albany Hwy Dawson, GA 39842		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	229-995-3005		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	Click or tap here to enter text.		
Facility Website with PREA Information:	www.terrellcounty.ga.us		

Warden/Superintendent

Name:	Gregory McLaughlin	Title:	Warden
Email:	wardenmclaughlintcci@gmail.com	Telephone:	229-603-2674

Facility PREA Compliance Manager

Name:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Email:	Click or tap here to enter text.	Telephone:	Click or tap here to enter text.

Facility Health Service Administrator

Name:	Markeysha Holmes	Title:	Nurse-LPN
Email:	7396@shpjail.medical.com	Telephone:	229-995-3005

Facility Characteristics

Designated Facility Capacity:	150	Current Population of Facility:	139
Number of inmates admitted to facility during the past 12 months			274
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			274
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			233

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population: 18-66	Youthful Inmates Under 18: 0	Adults: 139	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		2-3 Years	
Facility security level/inmate custody levels:		Medium/Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		29	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		3	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		7	
Number of Segregation Cells (Administrative and Disciplinary):		7	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility has approximately 29 cameras with coverage of all dorms, segregation unit, laundry, chow hall, kitchen, fire hall, and perimeter fence line. Cameras can be monitored from the control room, Warden's office, and Deputy Warden's office. Video retention is a standard 7 days of footage.</p>			
Medical			
Type of Medical Facility:		On-site medical facility with full-time coverage/on-call providers	
Forensic sexual assault medical exams are conducted at:		Pheobe Puntney Hospital Albany, GA	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		10	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite 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.

Pre-Audit Phase

As the lead auditor of Terrell County Correctional Institute (TCCI), I began working with the agency one week before the on-site portion of the audit. The audit of TCCI was initially contracted with another auditor who subsequently retired. The previously contracted auditor requested this auditor's services in Mid-May of 2019; for the completion of TCCI's audit. On the 28th of May, 2019, I confirmed that I would be willing to take over the audit for TCCI and began my preparations immediately.

Due to the hurried acceptance of the audit, arranging logistics, and transfer of the facility's pre-audit documentation to the auditor; the pre-onsite portion of the audit was very brief and afforded very little time for document review. The pre-onsite, on-site audit, and post-audit phases were necessitated to overlap dramatically. The auditor spent extensive time reviewing documentation after the onsite phase before writing the report.

The pre-audit activities are designed to be initiated not later than six (6) to eight (8) weeks before the on-site portion of the audit. This time is intended to provide the auditor and facility the time to communicate regarding the many facets of the audit process. Typically, the auditor communicates with the facility regarding the necessary documentation required for review, provides the facility with formal notices of the audit, communicates pre-requisite timelines and deadlines for document submission and posting of the audit notices throughout the facility. The auditor and facility will also arrange logistics for the auditor's arrival and the itinerary for the on-site phase. The pre-audit phase also provides the auditor time to review the Pre-Audit Questionnaire, documentation submitted by the facility, and the ability to make contact with community advocates. The pre-audit activities were conducted by the initial auditor who subsequently turned over the facility flash drive to this auditor which contained documents such as the Pre-Audit Questionnaire, email communications, and the audit notices provided to the facility. The audit notices were provided to the facility PREA Coordinator on May 8, 2019. Based on interviews with the PREA Coordinator, staff, and inmates, the auditor was able to determine the audit notices were posted by the facility on or about May 10, 2019. While on-site the auditor also observed that the notices throughout the dormitories, common areas, visitation area, medical and administration did show signs that would be expected of a notice having been posted for approximately 30 days in a correctional facility. The previous auditor reported he did not receive any correspondence from inmates or staff of TCCI during the pre-audit phase. To confirm that there were no barriers to inmate communication, the auditor confirmed the facility's outgoing mail procedures, interviewed staff and inmates, and observed outgoing mail while on-site. Outgoing mail is not searched or sorted in any way that would provide a communication barrier for the inmates at TCCI.

The week of pre-audit activities afforded to the auditor was spent ensuring the facility was prepared to provide additional documentation necessary for the auditor to facilitate a quality audit and complete pre-audit activities that may not have been completed or not completed to the auditor's expectations in the typical pre-audit timeline.

Onsite-Audit Phase

The audit of TCCI was conducted by a one (1) probationary auditor certified in Jails, Prisons, and Lockups and one (1) assistant who is a retired auditor previously certified in both Adult Jails, Prisons, and Lockups; as well as Juvenile Facilities.

The auditor arrived at 8:30 a.m. on June 10-11, 2019. The auditor was greeted by TCCI Warden and Command Staff members. A brief meet and greet with the Warden, and Deputy Warden was conducted, and the itinerary of the on-site process was laid out. The auditor also notified the Warden and Deputy Warden of the probationary requirements the auditor is required to meet and the variance in the post-onsite timeline for the PREA Management Office (PMO) to review the probationary auditor's interim report. Upon completion of the initial meet and greet, the auditor began the site review with the Warden, Deputy Warden, Day Shift Lieutenant, and a line officer. The auditor toured all areas of the facility to include:

- Six (6) General Population Dormitories
- One (1) Inmate Fireman Dormitory
- Fire Hall
- Chow Hall
- Kitchen
- Laundry
- Shower Area
- Intake Area
- Visitation Area
- Chapel
- Education Area

While on the site review, the auditor noticed a plethora of signage relating to PREA throughout all areas of the facility. In all dormitories, to include the administrative segregation unit, the auditor observed the following signage; audit notices, PREA hotline sign, Lily Pad SANE Center poster, and informational signage regarding the facilities zero tolerance of sexual abuse and sexual harassment. In the dorms, the audit notices and zero tolerance signs were posted at the front and rear of each dormitory. Information relating specifically to internal and external reporting and access to confidential emotion support, via Lily Pad, was posted above or beside the phone in every dorm. The auditor tested the phone in each dormitory to ensure the phones were in working order, the dialing instructions for the hotline when followed allowed the auditor to connect to the hotline, and the dialing instructions for Lily Pad allowed the auditor to connect to the center.

In the administrative segregation unit, the facility had an all-in-one informational sign posted between each cell on both sides giving each cell 24-hour access to PREA information to include, the facility zero tolerance, the PREA hotline number, and the Lily Pad contact number as well.

In common use or work detail areas, to include the dining hall, medical, kitchen, education, visitation, and administration additional signage was observed. This signage included information about the

facility Zero Tolerance policy toward sexual abuse and sexual harassment; multiple internal and external methods to report sexual abuse and sexual harassment; and information was also posted detailing the facility's partnership with Lily Pad SANE Center. The information for Lily Pad SANE Center posted in all areas was informative to include the center's telephone number, offering of advocates, SANE nurses, and counseling for post-trauma emotional support.

Staffing and Video Monitoring

Staffing and video monitoring were adequate and compliant with the agency staffing plan. The auditor observed a line staff member patrolling at all times during the site review as well as intermittent patrols conducted by a Sergeant and a Lieutenant. TCCI is a small facility and compartmentalized with few blind spots or areas where inmates or staff can have isolated contact.

Each dorm had a minimum of one camera, providing a long view of the dormitory area from a raised position on the wall. The camera system is monitored from the control room and does not include views of the toilets. Each dormitory had two (2) toilets behind an approximately five (5) foot wall in the rear of the dorms. The facility also provided the inmates with curtains between each toilet that provided privacy. The curtain was a modified shower curtain that provided a view of each inmate from the knee down when on the toilet. The shower area is a group shower located in the rear of the facility. There are ten (10) shower heads in the facility shower. The shower area is utilized by all dorms and has a camera showing the entrance that leads to the shower area. The showers are walled in with one entrance which is covered by the facility camera without giving a view of the shower area itself. In the event of an allegation, the camera would provide a view of those entering and exiting the shower area. This area was not patrolled by female staff during shower times, which occur in the afternoon when work details are returning to the facility and before the evening mealtime. A male officer is present at all times during showers while conducting searches of inmates returning from work detail and continues to monitor the area until showers are completed. This practice was observed by the auditor and appeared to be an institutionalized practice.

Observed Inmate Activity

Staff and inmate interaction, observed by the auditor, in all parts of the facility appeared appropriate and natural. Inmates spoke freely to the auditor during informal interviews, and the auditor was not hindered by staff on the site review or during other inmate interactions during the audit. The inmates were appropriately dressed at all times, exhibited compliant behavior, and a generally pleasant attitude. Interactions between staff and inmate did not appear insincere or punitive; in fact, the rapport between inmates and staff was notably favorable.

Upon completion of the site review, the auditor and associate met with the Deputy Warden to review the staff and inmate rosters for the selection of specialized staff, targeted inmate, random staff, and random inmates for interviews.

Selection of Staff and Inmates: The auditor and associate would typically use an inmate alpha roster and a list of targeted inmate populations to select a representative sample from each. TCCI reported and documented no targeted populations of inmates currently housed at the facility. Therefore, the auditor and associate selected all inmates to be interviewed from the inmate alpha roster. The auditor selected a cross-section of inmates ensuring each dormitory was represented. The auditor paid particular attention to look for any Hispanic, Asian, or other inmates with racial demographics other than

Caucasian and African American as an attempt to ensure there were no inmates with potential language barriers. The auditor's selections from the alpha roster were made as follows: one (1) Caucasian, one (1) African American, and if available one (1) Hispanic or Asian from each dormitory. The auditor used this process to select three (3) inmates from each dormitory for random interview sampling.

During the site review, informal interviews, and formal random interviews, the auditor and associate took special notice of any inmates that may be perceived as gay, bi-sexual, transgender, or gender non-conforming. The auditor and associate did not view or interact with any inmates during the audit that were perceived to be LGBTI or gender non-conforming. The auditor and associate also took special notice during the on-site phase specifically during informal interactions with inmates when walking throughout the facility and during random interviews for any inmates with any physical, cognitive, or other type disability. The auditor and associate did not view or interact with any inmates that had readily identifiable physical, cognitive, or other types of disability. A total of 21 inmates were interviewed, equating to three (3) inmates from each dormitory and 15% of the total population.

The selection of random staff interviews began with all line staff members working the day and night shift on the first day of the audit. After each interview the auditor highlighted the staff members name on the duty roster. The auditor selected the remaining random staff members by selecting every third name from the list. The PREA Coordinator then arranged for any staff selected from rotations not working during the on-site portion of the audit to come in for interviews. The auditor was able to interview and interact with a representative cross-section of the staff including day and night security staff from all schedule rotations, a general population counselor, administrative support staff, educational support staff, and Fire Chief.

The specialized staff at TCCI often functioned in multiple specialized roles due to the facility size and minimal allocation of upper-level positions. The breakdown of staff and inmate interviews is as follows:

(26) Total Staff Interviews

(13) Randomly Selected Staff:

- (3) Day Shift Line Officers
- (4) Night Shift Line Officers
- (1) Day Shift Sergeant
- (1) Night Shift Sergeant
- (1) Night Shift Lieutenant
- (1) Fire Chief
- (1) Officer Supervising Inmate Work Detail
- (1) Administrative Support Staff

(14) Specialized Staff interviews:

Several specialized staff members functioned in multiple specialized roles. Staff members with dual roles were interviewed with each interview protocol that applied to their assigned duties.

- (1) Agency Head's Designee
- (1) Warden
- (1) PREA Coordinator
- (1) Human Resource Staff

- (1) Staff Who Screen for Risk
- (1) Intake Staff
- (1) Intermediate Staff
- (1) Retaliation Monitor
- (1) Agency / Facility Investigator
- (1) Incident Review Team Member
- (1) Staff Who Supervise Segregated Housing
- (1) Contract Medical Staff
- (1) Volunteer GED Teacher
- (1) Staff Member from Lily Pad SANE Center

The following specialized interviews were not conducted by the auditor based on the facility not employing or contracting with an applicable staff member, policy and procedure prevent the actions necessitating the interview protocol, or the staff member, volunteer, or contractor was unable to be available during the audit. The facility also does not house inmates under the age of 18 per Georgia Department of Corrections Guidelines; thus, all youthful inmate interview protocols were not necessitated by the auditor.

- (1) Mental Health Staff- The facility does not employ a mental health staff member.
- (1) Non-Medical Staff Involved in Cross-Gender Strip Searches- Policy precludes this type of search.
- (1) First Responder, Security- Staff member was not available or no longer employed.
- (1) First Responder, Non-Security- Non-Security staff have not functioned as first responders as of the date of the audit.

(21) Total Formal Inmate Interviews

The facility reported having no inmates from any targeted interview population. In facilities that report having no inmates from any of the targeted interview populations, it is incumbent on the auditor to corroborate that information. The auditor paid careful attention during the site review, informal interactions with inmates, formal interviews with inmates, and documentation of inmate risk screenings to identify any potential inmates belonging to the targeted populations for interviewing. While on-site, the auditor did not observe or interact with any inmates, who were perceived by the auditor to be Gay, Transgender, or Gender Non-Conforming. The auditor did not observe or interact with any inmates who were visibly or perceived to be physically or cognitively impaired, limited English proficient, or inmates who were blind, deaf, or hard of hearing. During the review of inmate risk screenings, the auditor paid careful attention to ensure there were no inmates identified through the risk screening as belonging to any of the above-targeted interview populations as well as any inmates who have reported any form of prior sexual victimization.

The auditor was satisfied based on all reviewed documentation, site review observations, staff, and inmate interviews that corroboration of the facilities statement was reasonable.

(14) Inmates were informally interviewed during the site review portion of the audit

The auditor interviewed inmates informally during the site review and at other times during the on-site audit process. The auditor was provided privacy while talking with the inmates. After explaining the auditor's role, inmates were asked about receiving Zero Tolerance, and PREA related information at intake and then if they were advised of their rights during orientation and how they would choose to report sexual abuse and sexual harassment if it happened to them or someone else. The majority of the

informally interviewed inmates affirmed they were told about Zero Tolerance. They indicated they had received PREA Information in all GDC Facilities they have been in to include TCCI. Those who came from another Georgia Prison stated they received PREA information there and watched the PREA video there as well as here. They indicated ways they could report and said they could call the PREA Hotline number or tell family so they can report it privately to the facility. Multiple inmates stated without prompting or the appearance of coaching that the facility "takes PREA serious."

The auditor also inquired about the facility grievance process in relation to PREA. Inmates receive grievance forms directly from the counselor who is readily accessible in the facility. Grievances are provided to the inmates and returned by the inmates in person to the counselor. All fourteen (14) inmates informally interviewed were aware that PREA was not a grievable issue by GDC policy, however they were aware that a PREA related grievance would be treated as a written allegation to be forwarded immediately for investigation.

The auditor requested copies of files to be made in advance and available for retention by the auditor on the date of the on-site portion of the audit. Document selection covers a vast array of facility documents. Documents are requested to supplement what a facility's formal and informal policies require and what the auditor ascertains is a consistent daily practice. Daily practices are ascertained from reviewing the trifecta of auditor observations, formal interviews, and the documents requested. The facility's practices in relation to each standard will determine the auditor's finding of compliance or non-compliance.

The review of documentation starts with the Pre-Audit Questionnaire provided to the auditor along with any forms, acknowledgments, logs, or other documentation of facility practice. The auditor was provided with a flash drive containing the representative samples of documents for each Standard. During the on-site portion of the audit, the auditor requested and reviewed additional documentation. The total number of files reviewed in all phases of the audit are listed in parenthesis beside each document below.

Documents and Files Reviewed:

Policy

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program
- Georgia Department of Corrections (GDC) policy 104.09, Filling a Vacancy
- Georgia Department of Corrections, policy 104.09, Filling a Vacancy, Professional Reference Check, Attachment 5
- Georgia Department of Corrections, policy 104.09, Filling a Vacancy, Applicant Verification Form, Attachment 4
- Georgia Department of Corrections(GDC), policy 103.10 Evidence Handling and Crime Scene Processing
- Georgia Department of Corrections (GDC), policy 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders
- Georgia Department of Corrections (GDC), policy 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment
- Georgia Department of Corrections (GDC), policy 209.06, Administrative Segregation
- Georgia Department of Corrections (GDC), policy 227.02, Statewide Grievance Process

Documentation

- Facility Organizational Chart (1)
- Inmate Roster (1)
- Staff Roster (1)
- Volunteer Roster (1)
- Contractor Roster (1)
- Facility Stratification Plan (1)
- Staffing Plan (1)
- Training Rosters (3) Day 1 Annual In-Service Training for 2018 (23 of 30)
- PREA Acknowledgement Statement from Staff (30 of 30)
- Employment Verification Forms (14 of 30)
- NIC Certificates, "Communicating Effectively and Professionally with LGBTI Offenders" (20 of 30)
- Volunteer and Contractor Awareness and Education Acknowledgments (10 of 14)
- Contractor/Volunteer PREA Acknowledgment Statements (14 of 14)
- NIC Certificates Documenting "Medical Care for Victims of Sexual Abuse in a Confinement Setting" (1 of 1)
- NIC Certificates documenting NIC Training, "Investigating Sexual Abuse in a Confinement Setting" (6 of 6)
- Staff Handbook (1)
- Language Line Contract for Interpretive Services (1)
- Inmate PREA Intake Acknowledgment Forms (60 of 149)
- Offender Orientation Checklists (40 of 149)
- Inmate Handbook (1)
- Victim/Aggressor Assessments (65 of 149)
- Victim/Aggressor 30 Day Reassessments (65 of 149)
- Verification of Background Checks for Staff (20 of 30)
- Staff Employment Files (20 of 30)
- Contractor/Volunteer Background Checks (10 of 10)
- Incident Reports (21 of 21)
- Inmate Grievances (9 of 9)
- Logbooks Documenting Unannounced Rounds (1 of 1)
- MOU with Lily Pad SANE Center (1)
- Investigation Files (1 of 1)

Investigations:

In the previous 12 months, the facility had one (1) allegation of staff to inmate sexual harassment. This allegation was received under the previous administration and involved a member of the previous administration's upper-level leadership. The allegation was substantiated administratively and by an outside agency for potential criminal prosecution. The substantiated allegation was referred to the District Attorney's Office however the Office declined to prosecute. Documentation of the investigation was submitted to the auditor by the current administration as well as documentation of the offending staff member's separation of employment with TCCI. Since that time, the Warden and Deputy Warden positions were vacated, and the current Warden and Deputy Warden have been in place since November of 2018.

The auditor reviewed monthly PREA Reports the facility is mandated to provide to the Georgia Department of Corrections (GDC) to determine whether there were any additional allegations of sexual abuse or sexual harassment. The facility provided reports for 2017 and 2018 which documented no additional allegations. The auditor also reviewed the most recent annual report on the GDC website which confirmed there were no additional allegations from TCCI.

Post-Audit Phase

Post-audit activities included providing the facility with a summation of auditor recommendations, issues that needed clarification, and preliminary corrective action. The auditor provided the information in the form of an issue log outlining specific questions, concerns, requests for additional documentation, and an action plan for any identified corrective action. The facility PREA Coordinator provided some proofs immediately upon request allowing the auditor time to review and make a determination of compliance. See the section below titled "Verification of Corrective Action" for discussion of all corrective action.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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.

Terrell County Correctional Institution (TCCI) is located in Dawson, GA which is approximately 160 miles southwest of Atlanta. The facility is centrally located in a vast agricultural community 21 miles west of Albany. The facility is a medium-security adult prison housing 144 state inmates with a maximum capacity of 150 state inmates. The inmates assigned to the facility are predominantly non-violent offenders, with no chronic medical conditions, no history of escapes, or institutional history of violence against staff or other inmates. The inmates are assigned to the facility by the Georgia Department of Corrections under an Intergovernmental Agreement between Terrell County and the Georgia Department of Corrections. The prison is governed by the Terrell County Board of Commissioners and the County Manager. The County Manager has designated the Warden as the Agency Head/CEO. TCCI complies with policy and procedures of the Georgia Department of Corrections.

The facility utilizes approximately 100 inmates daily on thirteen (13) outside and inside inmate work details. The facility provides multiple work details for local use and contract details for other agencies and jurisdictions. Work details are supervised by certified correctional staff from multiple agencies. The majority of details work off-site, this did not provide the auditor the ability to observe an actual off-site work detail. When speaking informally with staff and inmates concerning work details, both staff and inmates stated all work was done in very public areas with constant views from the public. Inmates are required to be in the view of an officer at all times and interactions with the general public are rare. Interaction with the general public is usually done by the officer except in instances of inmates showing basic courtesy or respectful responses to questions or comments. Staff members and inmates stated that opportunities for inmates to be isolated one on one with an officer or one another do exist but are rare. In the event that a sexual allegation related to an off-site work detail was reported the same procedure and response would follow to include separation of the alleged victim and aggressor and full investigation protocols.

Some of the inmate work details include:

- Roads Department
- Litter Pickup
- Fire Crew
- Mobile Construction
- Kitchen
- Laundry
- Barbershop

Programs are provided to inmates six (6) to seven (7) days a week. Programs consist of religious, rehabilitative, and educational content. All programs take place in the Education Building and occur on the night shift. The auditor observed that one officer is assigned to the Education Building during programming. The ratio of inmates to staff, volunteers, and contractors were 2:14 during the site review. Based on informal conversation with staff, volunteers, contractors, and inmates the auditor was able to determine that officer supervision of inmate interaction with volunteers was a routine practice. The only exceptions noted in any informal conversation was if the officer was required to respond to an emergency in another area of the facility.

The following is the frequency and capacity of each program:

- GED Prep: four nights per week – 15-20 inmates
- Motivation for Change – once per week – 25 inmates
- Reentry Skills – two days per weeks – 30 inmates
- AA/NA – once per week – open to all inmates

The staff of the prison includes:

Administrative and Support Staff

- Warden
- Deputy Warden of Security
- Deputy Warden of Care and Treatment
- Administrative Assistant
- Counselor
- Fire Chief
- Contract Medical staff

Security Staff

- Lieutenants
- Sergeants
- Correctional Officers (Full-Time)
- Correctional Officer (Part-Time)

The facility is a medium-security prison with a housing capacity of 150 adult male state inmates. The facility does not house any youthful offenders and presently has no offenders identified in the following targeted populations:

- Gay
- Transgender
- Intersex
- Gender Non-Conforming
- Physically Disabled
- Cognitively Disabled
- Inmates Who Reported Sexual Abuse
- Inmates Who Disclosed Prior Sexual Victimization

Offenders are housed in six (6) general population dormitories and one (1) dormitory for inmates assigned to the inmate Fire Department. The facility has a segregated housing unit consisting of seven (7) individual cells. No inmates were assigned to the segregated housing unit during the site review. Safe housing has been assessed and identified as Dorm 4 if needed. This dorm is directly monitored from the control room through a large open glass window giving a direct line of sight for staff assigned to the control room post. Safe housing has not been required for any vulnerable offenders under the current administration. The Deputy Warden of Care and Treatment / PREA Coordinator does give new inmates that are small in stature, serving a first-time incarceration, or otherwise potentially vulnerable priority assignment to Dorm 4. Assignment of potentially vulnerable inmates to Dorm 4 provides staff time to observe the inmate's ability to assimilate to prison routine and their interactions with other inmates.

The main building of the facility is laid out in a floor plan similar to residential housing. One dormitory leads into another dormitory or special purpose area as you make your way through the facility's six (6) general population dorms. The dorms are separated by solid metal doors with windows key controlled by staff members for security. Each dormitory is somewhat unique in population, size, shape, and layout. Each dorm has bunks on either side against the outer wall with a common area at one end and a small bathroom area at the other end. The bathrooms consist of two sinks and two toilets. The toilets in each dorm are located behind a partial wall approximately four (4) feet in height. Additional privacy is provided for inmate toileting in the form of a modified shower curtain that allows staff a view of the floor space of the toilet area. Each dorm has one (1) phone with an abundance of PREA information posted in both English and Spanish. Video surveillance and mirrors are strategically placed in each dorm according to that dorm's specific physical characteristics. Staff members are assigned to the "Floor Officer" post to make intermittent and irregular rounds to prevent, detect, and respond to all security issues to include sexual abuse and sexual harassment.

Dorms are not outfitted with showers. The facility has a ten (10) man capacity open shower area located in the center rear of the facility. The shower area is surrounded on one side by the shakedown area for returning inmate work details and on the other side by the inmate laundry room. The area containing and adjacent to the showers is considered a gender-specific post assignment and there are no views provided from any other non-gender specific posts. Video surveillance monitors the entrance to the corridor leading the shower and the shower entrance. A male staff member is assigned to this post during showers to provide assistance if any type of disturbance takes place in the shower area. This practice was observed by the auditor during the site review. Inmates returning from detail have first priority for showers in the early afternoon. After the facility runs the evening meal, ten (10) inmates at a time are called from each dorm for shower call. The inmates were observed by the auditor coming to the laundry window to receive clean laundry which is placed on a bench outside the shower area. The

inmates then enter the shower where there are hooks to hang the clothing worn to the shower area. This is completed dorm by dorm until all inmates have been given the opportunity to shower. The auditor did not observe any cross gender viewing or hear any inappropriate behavior while observing this process.

Outside the perimeter fence and adjacent to the facility is the Fire Hall. The Fire Hall has an open bay area for the facility fire engine and two (2) support vehicles. In the rear of the Fire Hall, there is a door that opens up to the Fire Hall Dormitory for Inmate Fire Fighters. The front of the dormitory is a common area with seating, a television, other accouterments provided for the inmates. The dorm telephone is located in the common area and had the same PREA information provided in English and Spanish as in the general population dorms. The dorm sleeping area is located behind the common area. Beds in this dormitory are single beds arranged around the outer wall of the sleeping area. Video surveillance is strategically located in front of the sleeping area to provide a long view of all the sleeping area. The bathroom and shower area is built in the far corner of the dorm sleeping area. Inside the bathroom are a single stall shower and two stalls for toilets. The doors to all stalls provide a view of the inmates head and feet while providing coverage of all private bodily parts from chest to knee height.

The breakdown of the dormitories by capacity and population on the day of the audit is as follows:

Dorm #	Capacity	Population
Dorm 1 (Fire Hall)	12	8
General Population Housed in Dorms 2-7		
Dorm 2	12	12
Dorm 3	20	18
Dorm 4	24	24
Dorm 5	24	23
Dorm 6	34	33
Dorm 7	26	26
Segregated Housing	7	0

Site Review

The auditor was escorted on a complete site review of the entire prison. The escort team consisted of the Warden, PREA Coordinator, daytime Lieutenant, and a line officer.

The site review included the following:

- Administrative Area/Administrative Offices
- Squad Room
- Main Building
- Intake
- Barbershop
- Education Area
- Counselor's Offices
- Kitchen
- Dry Storages
- Laundry
- Medical
- Isolation/Segregation Cells (7)

- Control Room
- Dormitories
- Visitation Area

PREA information was available and highly visible on walls throughout each area reviewed.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Click or tap here to enter text.

Number of Standards Met: 45

Click or tap here to enter text.

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

1. The auditor requested, pursuant to compliance with Standard 115.13(d), that the facility document intermediate or higher level staff conducting unannounced rounds consistently on all shifts. The auditor also requested that the facility document these rounds in a way that distinguishes the rounds from other logbook entries that notate an intermediate or higher-level staff member's presence in the area for purposes unrelated to this Standard.
2. The auditor requested, pursuant to compliance with Standard 115.13(c) that the facility conduct an annual review of their staffing plan; in order to assess, determine and document whether adjustments are needed to the staffing plan, the facility's video monitoring, and the resources available to ensure adherence to the staffing plan.
3. The auditor requested the facility update the inmate handbook with appropriate definitions for sexual abuse and sexual harassment, and the removal of the term sexual

misconduct so that the handbook, “accurately and completely reflect all of the information contained in the PREA Standard,” per guidance from the FAQ 115.6 dated May 18, 2018.

Verification of Corrective Action

The auditor was provided additional documentation to demonstrate the necessary corrective action as outlined above.

1. Additional logbook notations of unannounced rounds conducted by intermediate and higher-level supervisory staff. The additional documentation had distinguishable logbook entries notating unannounced rounds on all shifts.
2. An annual review of the facility staffing plan was provided to the auditor.
3. An updated inmate handbook with updated definitions of sexual abuse and sexual harassment and the removal of the term sexual misconduct.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, A. Prevention Planning
- Terrell County Correctional Institute, Organizational Chart
- Staff, Contractor, and Volunteer Training Records
- Staff, Contractor, and Volunteer PREA Acknowledgements
- Staff PREA Brochures
- Inmate Intake Acknowledgements
- Inmate Orientation Records
- Inmate PREA Brochures
- Inmate Handbook
- Inmate Orientation Video, "PREA: What You Need to Know"
- Zero Tolerance Posters

Interviews, Document, and Site Review:

This facility houses medium and minimum-security level offenders through an Intergovernmental Agreement between the Georgia Department of Corrections and the Terrell County Board of Commissioners. Although under the auspices of the Terrell County Government, the facility, in compliance with the Intergovernmental Agreement, must adopt and comply with the PREA Standards.

County facilities also are expected to comply with the policies promulgated by the Georgia Department of Corrections.

The facility, as required by the Georgia Department of Corrections standard operating procedure 208.06 and the PREA Standards, has a zero-tolerance for any form sexual abuse, sexual harassment, and retaliation for reporting sexual abuse, sexual harassment, retaliation or for reporting any staff negligence that may have contributed to sexual abuse or sexual harassment or retaliation. It appeared to this auditor that Terrell County Correctional Institute (TCCI) has created a culture of zero-tolerance toward all forms of sexual abuse and sexual harassment, as well being goal-oriented in its duty to prevent, detect and respond to incidents of sexual abuse, sexual harassment, and retaliation for reporting sexual abuse, sexual harassment, or negligence that may have contributed to sexual abuse or sexual harassment.

The Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, addresses outlines a comprehensive approach to preventing and addressing sexual abuse and sexual harassment, as wells as directing the prevention, direction, detection, responding and reporting sexual abuse and sexual harassment. The 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 procedures and the PREA Standards. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero-tolerance for retaliation as well. TCCI follows the GDC policy as the guiding policy and procedures for all aspects of PREA.

The Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that details the facility's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment. The information in the policy is arranged in a manner that flows logically and is easily understood. The policy affirms that the facility does not tolerate any form of sexual abuse or sexual harassment of an offender. The policy also states that the facility has a zero-tolerance for all forms of sexual abuse, sexual harassment, and sexual activity among inmates. It further indicates the purpose of the policy is to strengthen the facility's efforts to prevent occurrences of this nature by implementing key components of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. The PREA Policy addresses the facility's approach to preventing, detecting, responding, and reporting sexual abuse and sexual harassment.

The Warden has established a commitment to the zero-tolerance of sexual abuse and sexual harassment within the facility. During the interview of the Warden, he acknowledged that "zero-tolerance begins at the top." In the first month as Warden of TCCI, the Warden hired an experienced Deputy Warden with twenty (20) plus years of experience in corrections and appointed the Deputy Warden to the position of PREA Coordinator for the facility. The PREA Coordinator often serves as the Warden's designee and has direct access to the Warden. The Warden and PREA Coordinator interviews both confirmed the Warden has given the Deputy Warden an extension of his authority to function as PREA Coordinator and the authority to implement the PREA policy at all levels. The PREA Coordinator acknowledged the Warden's support as well as the time and authority to implement PREA at TCCI. The facility's organizational chart was also reviewed and shows the PREA Coordinator also serves as the Deputy Warden of Care and Treatment and reports directly to the Warden. The interview with the PREA Coordinator also confirmed that she has unfettered access to the Warden and the extension of his authority to implement PREA within the facility. The PREA Coordinator is well versed in GDC policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; and the PREA Standards. The PREA Coordinator also has extensive experience

at a high level in other adult correctional facilities and has been responsible for ensuring PREA compliance in other facilities.

The facility reinforces zero tolerance in multiple facility documents to include PREA Acknowledgment statements from staff, contractors, volunteers, and inmates; the inmate handbook; PREA Brochures provided to staff and inmates. During the site review, posters reinforcing zero-tolerance were observed throughout all areas of the facility, including all inmate dormitories, hallways, dining areas, staff areas, and segregated housing.

An inmate's training on the facility's zero-tolerance policy begins at intake, and more thorough training is given within thirty (30) days of intake during the official orientation. During inmate interviews, the overwhelming majority of inmates acknowledge that the zero-tolerance policy is discussed during intake, and they are given brochures with instructions on how to report sexual abuse and sexual harassment. This practice was confirmed when the auditor reviewed signed inmate PREA Intake Acknowledgments in both the pre-onsite and onsite portions of the audit. Inmates also were steadfast in their belief that the facility takes PREA serious and would investigate any allegation regardless of the method of reporting.

Staff, volunteers, and contractors also acknowledged during interviews being trained on the zero-tolerance policy and were well versed in the information required. The auditor reviewed Training Rosters documenting completion of Annual In-Service Training for all staff that includes PREA Training. Acknowledgment Statements for employees, contractors and volunteers affirm that they have received training on the 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 acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

The auditor finds TCCI in compliance with this Standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Intergovernmental Contract Between the Georgia Department of Corrections (GDC) and Terrell County Board of Commissioner

Interviews, Documents, and Site Review

Based on a review of the facility's contract with GDC, the Pre-Audit Questionnaire, and an interview with the Warden; the facility does not contract with other entities for the housing of inmates. Rather, TCCI is a contracted facility which houses state inmates for GDC. GDC's contract with TCCI does require that TCCI comply with all facets of the PREA policy and the PREA Standards.

The auditor finds that this Standard is not applicable to TCCI.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, A. Prevention Planning, 3
- Facility PREA Staffing Plan
- Facility Logbook Entries

Interviews, Document and Site Review:

TCCI has developed and implemented a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring to protect inmates from sexual abuse. Based on the interview with the Warden, the staffing plan was predicated on the requirements in sub-standard 115.13 (a). The Warden was knowledgeable of each requirement of the sub-standard and could articulate how each requirement was considered in the development of the staffing plan. The Warden stated that generally accepted detention and correctional practices had been considered when determining staff to inmate ratios. The staff to inmate ratio of TCCI is five (5) inmates to one (1) officer as determined from a review of the staffing plan. The auditor also utilized shift rosters and inmates rosters to calculate staffing ratios in comparison to the staffing plan. The staffing ratio was consistent with the plan, and at times, exceeds the ratio of the plan. The Warden stated that according to his review, there were currently no findings of inadequacy from any Federal, Internal, or External oversight bodies. The Warden had taken the ten (10) items in sub-standard 115.13(a) into account, and the staffing plan adequately articulates these requirements.

As the auditor's review of the staffing plan continued, the facilities unique physical plant was broken down into specific areas in section VII. B. 1-13. This section discusses the facility post by post, outlining the staff assigned to each post, and any video monitoring in each area. This section does not include a full description of the dormitories although they are discussed at length in a separate section of the plan. Section IV. of the staffing plan discusses "Inmate Housing," giving the reader the maximum population of each dormitory and the number of cameras monitoring the dormitory. Section VII and IV, allow the auditor to correlate how the staff is utilized, including all areas of the facility to include common areas, specific posts, housing units, and secondary areas.

Deviations from the staffing plan are covered in the facility staffing plan in section XV. TCCI requires that if a deviation from the staffing plan is determined that the post will remain manned by a staff member of the outgoing shift until a relief officer arrives. This practice was confirmed in interviews with the Warden and Deputy Warden/PREA Coordinator. The facility has no documented deviations as of the date of the audit. While onsite the auditor observed, several staff members were called in for staffing per the facility staffing plan.

In section X, the facility staffing plan requires unannounced rounds to be conducted by all supervisory staff to include the Warden, Deputy Wardens, Lieutenants, and Sergeants. The staffing plan requires that such rounds be documented in area logbooks. In addition to the normal unannounced rounds, as outlined in the first part of this section, Administrative Duty Officers also make such rounds during their designated tour of duty. These rounds are documented in the Duty Officer logbook.

The institution also documents the institutional programs that take place on each shift. All facility programs take place on the night shift. These programs include are enumerated in the facility staffing plan along with the frequency of occurrence and the number of inmates that typically attend. The facility has GED, Motivation for Change, Re-entry Skills, and AA/NA throughout the week in the education building. This area is monitored by staff and institutional cameras.

TCCI also discusses the composition of the inmate population with respect to staffing. This is discussed in section XIV. According to interviews with the Warden, Deputy Warden/PREA Coordinator, and the staffing plan the composition of the inmate population is predetermined by the Georgia Department of Corrections own criteria for an inmate to be placed at a county prison. "County Criteria" as listed in the staffing plan includes the following:

- No more than 13 years remaining on the sentence
- No medical issues or pending consults
- No mental health issues
- No detainers or pending charges
- No Sex Offenders
- No more than two (2) assaultive offenses
- No escape within the last five (5) years

The Warden stated, the staffing plan was written accordingly to facilitate the management and safety of the population; to include the sexual safety of all inmates.

The facility was unable to provide documentation of an annual review of the facility staffing plan. The Warden was hired in November of 2018 and has not yet completed the first year under the current staffing plan. The Deputy Warden/PREA Coordinator echoed the same sentiment as she had only been in her position since December of 2018. Both administrators were hired from outside the facility after the previous administrators had vacated both positions. The Warden and Deputy Warden/PREA Coordinator were aware that the staffing plan must be reviewed, "no less frequently than once each year," and have already contemplated changes they feel could complement the existing plan.

When reviewing documentation, it did come to the auditor's attention that unannounced rounds appeared to be inconsistent or consistently at reoccurring times. The facility also has a practice of logging supervisors, "on deck" in the logbook as well as other types of documentation showing a supervisor had entered specific areas. The auditor was unable to determine if these documented occurrences were indeed unannounced rounds as required in provision 115.13(d).

Corrective Action:

1. The auditor and Deputy Warden/PREA Coordinator agreed that based on current practices that the facility was only partially compliant when determining compliance with provision 115.13(d). The auditor requested that unannounced rounds are documented consistently in a way that designates intermediate and upper-level staff member's purpose in visiting the area is PREA related. The auditor requested thirty (30) days of documented unannounced rounds by intermediate or higher level staff, in all areas of the facility, on all shifts, and at intervals that prevent staff from expecting or alerting other staff of said rounds.
2. The auditor requested, pursuant to compliance with Standard 115.13(c) that the facility conduct an annual review of their staffing plan; to assess, determine and document whether

adjustments are needed to the staffing plan, the facility's video monitoring, and the resources available to ensure adherence to the staffing plan.

Verification of Corrective Action

1. Additional logbook notations of unannounced rounds conducted by intermediate and higher-level supervisory staff. The additional documentation had distinguishable logbook entries notating unannounced rounds on all shifts.
2. An annual review of the facility staffing plan was provided to and reviewed by the auditor.

In light of the addition of the corrective action provided by the facility, I find the facility compliant with the Standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program
- Inmate Institutional Files
- Victim / Aggressor Risk Assessments
- Burruss Correctional Training Center Web Page
- Pre-Audit Questionnaire

Interviews, Document, and Site Review:

The Warden and Deputy Warden/PREA Coordinator stated the facility does not house any youthful offenders, and the Pre-Audit Questionnaire showed no youthful inmates being admitted in the last 12 months. Youthful offenders are not appropriate for this type of facility, and the Georgia Department of Corrections houses all male youthful offenders at the Burruss Correctional Training Center, in Forsyth, Georgia. Documentation of the Burruss Correctional Training Center webpage was provided to the auditor as well for initial confirmation. During the file review of inmate institutional files and documentation of PREA Victim / Aggressor, risk assessments, the auditor paid careful attention to dates of birth. Of the approximately 71 pieces of documentation reviewed that contained dates of birth, the auditor found no inmates under the age of eighteen (18).

The auditor finds that this Standard is not applicable to TCCI.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- 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 No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, IV, A, 8. Limits to Cross Gender Viewing and Searches
- Staff Training Records
- Training Lesson Plan
- Warden’s Memo “Announcing Female Presence in the Living Units”

Interviews, Document and Site Review:

The facility follows GDC policy 208.06, which mandates that cross-gender staff announce their presence when entering inmate living areas. This policy prohibits cross-gender strip searches or cross-gender visual body cavity searches, and cross-gender pat searches of inmates except in exigent circumstances that are approved and documented or when performed by medical practitioners. The facility conducted no cross gender searches of inmates by the opposite sex in the 12 month review period. Interviews with staff and inmates confirm that inmates are only searched by male staff. In the event of exigent circumstances, documentation is required via a GDC Incident Report stating the exigent circumstances, the inmate’s name, the staff members name, and the method of search. The policy also prohibits the search or physical examination of transgender inmates for the sole purpose of determining the genital status.

Training attendance records for all staff members were provided on the facility flash drive, and training records were spot-checked during the site review for confirmation of training on cross-gender announcements, cross-gender pat searches of inmates, and the prohibition of searching transgender inmates for the sole purpose of determining genital status. During interviews with staff and inmates, the auditor confirmed that female staff announces their presence when entering inmate housing areas. This practice was also observed by the auditor at multiple times during the site review. All staff interviewed confirmed they had received training on conducting a cross-gender and transgender pat search, which was consistent with GDC lesson plans provided by the facility to the auditor. TCCI does not house any female inmates, although the policy does provide the guidelines applicable to Standard 115.15(b).

Inmates at TCCI are provided with the means to shower, use the restroom, and change clothes without being viewed fully naked by non-medical staff members of the opposite gender. GDC policy 208.06, requires each facility to implement procedures that enable inmates to shower, perform bodily functions, and change clothes without being viewed by the nonmedical staff of the opposite gender. The facility has facilitated inmate privacy in multiple ways. On the site review, the auditor observed that all toilets are located behind a wall approximately four (4) feet in height with an entrance on one end which can be covered with a modified shower curtain. The shower curtain provides approximately two (2) feet of view from the bottom. This ensures staff may still account for the number of inmates in the toilet area without cross-gender viewing of any naked inmates. During inmate interviews, 21 of the 21 inmates interviewed were quick to remark on the privacy afforded to them at TCCI compared to other prisons. This privacy also extended to the set-up of the inmate showers.

Inmates at TCCI utilize a group shower located in the rear of the prison adjacent to the laundry room. Staff and inmates confirmed that female staff members were not allowed in the areas near or adjacent to the showers. Inmates confirmed they were able to shower, receive clothing from the laundry orderly, and dress without being viewed by female staff members. This area is monitored by one correctional officer and video monitoring for additional security. Female staff interviewed stated they did not monitor or patrol the shower area at any time except in the event of an emergency. No staff or inmates interviewed recalled experiencing such an emergency.

The auditor finds TCCI in compliance with this Standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 - Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, A, 9
- Georgia Department of Corrections (GDC) policy, 101.63, Americans with Disabilities Act (ADA), Title II Provisions
- Contract with Language Line Solutions
- PREA Brochures in English and Spanish
- PREA Posters in Spanish and English
- PREA Video in English and Spanish, Closed Caption in both English and Spanish

Interviews, Document and Site Review:

TCCI follows the policy of the Georgia Department of Corrections (GDC). GDC policy 208.06 requires the PREA Coordinator to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective

interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.

TCCI has an agreement with Language Line Solutions to provide interpretation services. Language Line can provide interpretation services over the phone, video remote, and through on-site interpreting. TCCI also has PREA documentation available for inmates and is in English and Spanish format. If interpretation is needed for any other language, the contracted translation service provided by Language Line includes documentation translation. During interviews with random staff, all staff interviewed stated that inmate interpreters have not and would not be utilized to interpret for a limited English speaking inmate. A majority of the random staff members were aware of the facility contract with Language Line Solutions despite having never utilized the service.

This facility has contract GED teachers and instructors who can provide information regarding PREA for inmates with limited educational skills to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff also indicated they would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues. The facility has provided multiple PREA related posters in Spanish. The intake packages contain PREA Acknowledgement Statements in both English and Spanish. The facility also has a PREA Video that is in English and Spanish and has closed caption in both English and Spanish.

If TCCI receives an inmate with complex physical, mental, or cognitive disabilities, they have access to the GDC Statewide ADA Coordinator and GDC policy 101.63, Americans with Disabilities Act (ADA), Title II Provisions for guidance. At the time of the onsite portion of the audit, the facility did not have any offenders that required reasonable accommodation for equal access to PREA, including prevention, detection, responding, and reporting. TCCI's Deputy Warden/PREA Coordinator stated that resources are in place for any and all disabilities of state inmates per GDC policy.

The auditor finds TCCI in compliance with this Standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, A, 10a
- Georgia Department of Corrections (GDC) policy 104.09, Filling a Vacancy
- Georgia Department of Corrections, policy 104.09, Filling a Vacancy, Professional Reference Check, Attachment 5
- Georgia Department of Corrections, policy 104.09, Filling a Vacancy, Applicant Verification Form, Attachment 4
- Files of Personnel Hired in the Past 12 Months

- Files of Existing Personnel
- Named Based Criminal History Record Information Consent/Inquiry Form

Interviews, Document and Site Review:

The auditor was provided with GDC policy 208.06 and 104.09 which the facility utilizes for decisions on hiring and promotions, as well as contracting with others that may have contact with inmates. The facility in compliance with GDC policy does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Furthermore, these policies require the facility 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 inmates. Prior to hiring or contracting with someone, the applicant or prospective contractor must fill out Policy 104.09, Filling a Vacancy, Attachment 4, Applicant Verification Form; which has three required questions regarding PREA.

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you been civilly or administratively adjudicated to have engaged in the activities described?

Policy 104.09, Filling a Vacancy, Attachment 4, Applicant Verification Form, also imposes on employees a continuing affirmative duty to disclose any misconduct as outlined in the questions within twenty-four (24) hours of that employee's involvement.

GDC Policy 104.09, Filling a Vacancy, requires that before hiring anyone who may have contact with offenders, the facility 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 Policy 104.09, Filling a Vacancy, Professional Reference Check, Attachment 5.

The auditor reviewed three (3) personnel files comprising all new hires for the audit review period and twelve (12) personnel files for existing staff. All files reviewed contained both the "Professional Reference Check" (if applicable) and the "Employment Verification Form." The facility did not promote any personnel during the audit review period, but the HR Representative was clear that all required forms outlined in policy would be utilized and the information considered before any promotion.

Criminal History Record Checks are conducted on all employees prior to hire and annually thereafter. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also 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. The facility's HR

Representative requested, as a best practice, that the facilities conduct annual background checks of all employees and contractors to ensure that a five-year check did not fall through the cracks. As part of the interview process, potential employees and employees being promoted are asked about any prior histories that may have involved PREA related issues prior to hiring and approval to provide services.

The auditor reviewed three (3) personnel files comprising all new hires for the audit review period and twelve (12) personnel files for existing staff. All files reviewed current verification of Criminal History Records Checks via the Georgia Crime Information Center database. The facility also provided documentation of signed "Named Based Criminal History Record Information Consent/Inquiry Forms" for all volunteers and contractors approved to enter and have contact with inmates. The facility did not promote any personnel during the audit review period, but the HR Representative was clear that all required forms outlined in policy would be utilized and the information considered prior to any promotion.

GDC policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that unless prohibited by law, the facility 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. The HR Representative stated during the interview that requests of this nature had not been received before or within the audit review period. She did go on to state that she would supply the necessary information per the policy and confirmed that this practice would not be prohibited by local or State law.

The facility HR Representative was knowledgeable of the importance of her duties in relation to PREA compliance. She has functioned in her position for over twenty (20) years.

The auditor finds TCCI in compliance with this Standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Facility Pre-Audit Questionnaire

Interviews, Document and Site Review:

The facility has not had any substantial modifications or expansions into the existing facility or installed or updated the video monitoring system since the last audit. The last audit was conducted in 2016. The facility Pre-Audit Questionnaire listed no substantial modification to the facility or upgrades to video monitoring technology. During the site review, the auditor did not observe any modifications or expansions to the existing facility or upgrades to the video monitoring technology.

During interviews with the Warden and Deputy Warden/PREA Coordinator, they confirmed to the auditor that they did plan to upgrade the facility camera system, but the planning was still in the early stages. They also confirmed that the upgrade was considered based on enhancing the facility's ability to run a safe and secure facility, especially in regards to the sexual safety of the inmate population.

The auditor finds TCCI in compliance with this Standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, B, 1
- Georgia Department of Corrections(GDC), policy 103.10 Evidence Handling and Crime Scene Processing
- Georgia Department of Corrections (GDC), policy 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders
- Georgia Department of Corrections (GDC), policy 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment
- TCCI Local Procedural Directive
- Facility Pre-Audit Questionnaire
- MOU with Lily Pad SANE Center
- Lily Pad SANE Center Website
- National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, 2nd Edition
- Staff Certificates from the National Institute of Corrections, PREA: Conducting Sexual Abuse Investigations in Confinement Setting

Interviews, Document and Site Review:

TCCI has had one allegation of sexual harassment during the audit review period. Based on the Pre-Audit Questionnaire and investigative documents provided by the facility, there has been one allegation resulting in one administrative investigation involving staff sexual harassment of an offender. Based on interviews with the Warden and PREA Coordinator, the allegation and investigation took place prior to their being hired by Terrell County. The documented sexual harassment allegation not only pre-dates the current Warden and PREA Coordinator's employment with the facility; the allegation took place prior to the previous administration securing an MOU with an organization providing services as outlined in this standard. The facility follows documented policies of the Georgia Department of Corrections (GDC); these policies address responsive planning that includes guidelines for evidence protocol and forensic examinations. The facility administration has also secured an MOU with Lily Pad SANE Center in order to provide compliance with this standard. The MOU is discussed in greater detail below.

GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, describes the facility's responsibility regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Policy 208.06 requires that facilities housing state inmates utilize the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. TCCI provided the auditor with an MOU with Lily Pad, SANE Center which provides for forensic medical exams of inmates alleging sexual abuse, victim advocates, emotional support services for victims of sexual abuse or sexual harassment, and crisis intervention on behalf of an inmate victim of sexual abuse or sexual harassment. Based on an interview with the director of Lily Pad SANE Center; the director confirmed

the facility does have a current signed MOU providing for the above services for inmates incarcerated at TCCI. The director stated they had not had a request from inmates or staff referrals of inmates for the services provided for in the MOU as of the date of the on-site portion of the audit. Lily Pad's director also confirmed that they use the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, 2nd Edition, 2013" to ensure evidence is preserved and collected in a uniform manner that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PREA Coordinator and Lily Pad SANE Center director both confirmed in interviews that forensic medical examination would be offered to all alleged victims of sexual abuse with the only stipulation being that the allegation has been made within seventy-two (72) hours of the time the abuse occurred. The cost of forensic medical examinations is deferred to the facility and provided free of any fees, copay, or other charges being assessed to the inmate. All services offered to inmate victims of sexual abuse or sexual harassment are enumerated in the MOU. During random interviews of the inmate population, a majority of inmates knew that services were offered by "Lily Pad" and could direct the auditor to posters located above or adjacent to the phones in each dorm.

If an allegation of alleged sexual abuse is substantiated at the administrative level, TCCI then defers to the GDC Office of Professional Standards Regional Special Agent-in-Charge. The facility would then cooperate with the assigned investigator provided by GDC's Office of Professional Standards. In all instances of alleged sexual abuse, the facility would follow GDC policy, 103.10 Evidence Handling and Crime Scene Processing. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff is required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch or disturb anything that could be considered for evidentiary usage. Random interviews with staff confirmed that staff is trained on their responsibility in the event of an allegation of sexual abuse and the preservation of evidence. Randomly interviewed staff routinely stated the need to move the alleged sexual abuse victim to a safe place; secure the crime scene to prevent disturbance or contamination of evidence; (if known) secure the alleged perpetrator in segregation; request that the alleged victim and instruct the alleged perpetrator to take no actions that would diminish or destroy evidence; such as eating, drinking, urinating, defecating, brushing teeth or bathing; and initiating the facility's investigation protocols. The facility also has a Local Procedural Directive that outlines the response by staff first responders and contains contact numbers for the PREA Coordinator, facility investigator, and Lily Pad SANE Center.

The auditor finds TCCI in compliance with this Standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC) policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, E, 2c

- Georgia Department of Corrections (GDC) policy 103.10, Evidence Handling and Crime Scene Processing
- Georgia Department of Corrections (GDC), policy 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders
- Staff Certificates from the National Institute of Corrections, PREA: Conducting Sexual Abuse Investigations in Confinement Setting
- Facility Pre-Audit Questionnaire
- TCCI Local Procedural Directive

Interviews, Document and Site Review:

GDC policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that all reports of sexual abuse and sexual harassment will be considered allegations and will be investigated. The facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. That included any sexual behavior that was observed, that staff have knowledge of, or have a received a report about, suspicions. Interviews with random staff confirm that staff is trained to report any knowledge; suspicion; information regarding an incident of retaliation against staff or inmates for reporting an allegation or cooperating with an investigation; or any knowledge of staff negligence that contributed to an incident of sexual abuse or contributed to retaliation against staff or inmates. Staff was aware of the different methods of reporting that is made available to them; however, the majority stated they were comfortable reporting to their immediate supervisor. Staff confirmed they were able to make an anonymous report via the GDC PREA Hotline if they chose to do so, but the majority did not relate a need for anonymity.

GDC policy 208.06 also investigations be referred to the agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Allegations that do not involve potentially criminal behavior will be handled through the administrative investigation process. All allegations regardless of administrative or criminal designation require documentation of the allegation, investigation determination, and notification to the inmate making the allegation. Administrative investigations are conducted by a multi-discipline team of facility staff referred to as the Sexual Abuse Response Team or SART. The SART team at TCCI consists of the following staff members by rank and their designated responsibility on the Team:

- SART Investigator- Captain
- SART Medical- Contract LPN
- SART Mental Health- Counselor
- SART Retaliation Monitor- Lieutenant

All SART team members have completed specialized training provided by the National Institute of Corrections (NIC) entitled: "PREA: Conducting Sexual Abuse Investigations in Confinement Settings." The SART Medical member also received specialized training from the NIC entitled: "Behavioral Healthcare for Sexual Assault Victims in a Confinement Setting." A specialized interview was conducted with the facility SART Investigator. The facility SART Investigator was aware of policy and Standards requiring all allegations of sexual abuse and sexual harassment requiring a thorough and objective investigation. He also was able to articulate the different standard of evidence for administrative versus criminal investigations.

GDC policy 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders, asserts that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders against a departmental employees, contractors, vendors, or volunteers be reported, thoroughly investigated and otherwise treated in a confidential and serious manner. The policy also 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. If a reported allegation appears to be criminal in nature, the Warden will refer the allegation to GDC Office of Professional Standards Regional Special Agent-in-Charge who will assign an investigator who is a Special Agent, trained extensively in conducting investigations and who has the power to affect an arrest of staff or inmates. TCCI follows these provisions of all GDC policy related to sexual abuse and sexual harassment investigation, as confirmed in interviews with the Warden, PREA Coordinator, and SART investigator.

TCCI does not have an individual webpage at this time and does not have the authority to post policy of the Georgia Department of Corrections (GDC). As a contract facility for GDC, the facility PREA Coordinator would refer requests related to the publication of policy and practice in Standard 115.22 (b)(c) to the Georgia Department of Corrections webpage. GDC'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.

The auditor finds TCCI in compliance with this Standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, C, 1 Employee Training
- Reviewed 2018 Lesson Plan for PREA
- Reviewed Power Point Presentation for Annual In-service Training: PREA
- Staff Training Rosters Documenting Day 1 of Annual In-Service Training: PREA
- Staff NIC Certificates, "Communicating Effectively and Professionally with LGBTI Offenders"
- Staff PREA Acknowledgments
- Facility Pre-Audit Questionnaire

Interviews, Document and Site Review:

Georgia Department of Corrections Policy 208.06 requires that staff be trained in the following:

- Zero Tolerance Policy for Sexual Abuse and Sexual Harassment
- How to fulfill staff responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures
- Offender's right to be free from Sexual Abuse and Sexual Harassment
- Right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment
- The dynamics of Sexual Abuse and Sexual Harassment in confinement settings
- How to detect and respond to signs of threatened and actual Sexual Abuse
- How to avoid inappropriate relationships with offenders
- How to communicate effectively and professionally with offenders, 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.

The auditor was able to confirm that all requirements of training outlined in the policy are met by reviewing the lesson plan and accompanying PowerPoint presentation for annual in-service training. The auditor was also provided with staff rosters with individual signatures of each staff member that attended. All thirty-one (31) TCCI staff are accounted for on the roster provided. The staff at TCCI receives this training on-site at Lee State Prison from a POST Council Certified Instructor employed by the Georgia Department of Corrections. The training is tailored to staff who work with male inmates but covers topics specific to female inmates as well. Random interviews with staff confirmed that refresher training is received annually.

100% of the interviewed staff were knowledgeable of the facility's zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation. They also indicated they take all allegations seriously. Staff was specifically asked if they had received PREA training in each of the identified PREA Standards training topics. 100% of the interviewed staff reviewed the topics and said they were trained in each of the topics and that training was provided during annual in-service training. Staff reported they are trained to take everything seriously and report everything and even 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 they left the shift. Staff explained their roles as first responders; this included both uniform and non-uniform staff. If an inmate reported being at risk of imminent sexual abuse staff stated, they would act immediately and remove the inmate from the threat and report it to their immediate supervisor. 100% of the interviewed staff affirmed they took the online NIC Training, "Communicating Effectively and Professionally with LGBTI Offenders."

Staff were knowledgeable of zero tolerance towards all forms of sexual abuse and sexual harassment; how they would fulfill their individual responsibilities, the offender's right to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement settings; detecting and responding to signs of threatened and actual sexual abuse; avoiding inappropriate relationships with inmates; communicating effectively with LGBTI and gender non-conforming inmates; and complying with laws related to mandatory reporting of sexual abuse and sexual harassment. Staff consistently stated that they take PREA very serious and that all allegations are reported.

Several staff members stated they were initially trained on PREA during their Basic Correctional Officer Training (BCOT) and each year after that during in-service training. Staff members that had been in the field of Corrections for more than five (5) years stated had received the training when GDC initiated the training in the annual in-service training around 2014. Regardless of the tenure of the staff interviewed, all were competent in PREA related knowledge outlined above and in the Standards. Staff sign PREA Acknowledgement Statements annually to confirm understanding of the training received. The auditor was provided with a copy of this Acknowledgement Statement signed by each staff member on the agency roster.

TCCI also requires additional training in professional and respectful communication with Lesbian, Gay, Bi-sexual, Transgender, Intersex, and Gender Non-Conforming inmates. This training is provided by the National Institute of Corrections (NIC) titled, "Communicating Effectively and Professionally with LGBTI Offenders." During the onsite portion of the audit, the auditor was provided with twenty-one (21) certificates issued by the NIC to confirm this training.

While on the site review, the auditor observed a prolific amount of PREA information posted in dormitories, staff work areas, staff break areas, and each fenced entry point to the facility compound.

The auditor finds TCCI in compliance with this Standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, IV, C, 2 Volunteer and Contractor Training

- Facility Staffing Plan
- Volunteer / Contractor Files
- Volunteer / Contractor PREA Training Roster
- Volunteer / Contractor PREA Acknowledgements
- GDC PREA Brochure

Interviews, Document and Site Review:

TCCI has fourteen (14) volunteers and contractors that provide a litany of services to the facility and inmates. The volunteer list is comprised of individuals from local churches who provide services twice a week on Sunday afternoons and Tuesday evenings. The contractor list is comprised of multiple vendors, service providers, GED instructors, and also includes the contracted medical staff member.

Training for Volunteers and Contractors is provided by the facility PREA Coordinator, who is also a Georgia POST Council Certified Instructor. The training is tailored according to the services they provide and the level of contact they have with the inmate population at TCCI. The training provided is given in the form of a brochure provided by GDC. The brochure covers the zero-tolerance policy and affirms that the policy applies to contractors and volunteers as well. The brochure covers some of the dynamics of sexual abuse in the confinement setting. Specifically, the brochure covers the imbalance of power between offenders and staff; offenders and contractors/volunteers; and often between two or more offenders. The brochure includes eighteen (18) indicators or “red flags” that could indicate the sexual abuse or sexual harassment of an offender. Other topics addressed in the brochure are ways to avoid inappropriate relationships with offenders, the duty to report, and numerous ways to report an allegation of sexual abuse or sexual harassment.

When the volunteer or contract has completed the training session with the PREA Coordinator, each one is required to sign a PREA Acknowledgement Statement. This statement affirms the volunteer and contractors understanding of the training received. During an interview with a contract GED instructor, the auditor was able to confirm that TCCI has provided the necessary training. The instructor was aware of his duty to report and the methods available to report any allegations or suspicions of sexual abuse and sexual harassment. When asked the probing question, “What steps would you take if an inmate reported to you that he had been sexually abused at the facility?” The instructor stated that his response would be different depending on whether a staff member or another inmate had sexually abused the inmate. He went on to state that his priority would be to ensure the inmate was separated from his alleged abuser and to do so, he would notify the PREA Coordinator to ensure the inmate was protected. The GED instructor was well informed of the facility’s zero-tolerance policy toward sexual abuse and sexual harassment as well.

When the auditor reviewed the Contractor and Volunteer files, all had a signed copy of the PREA Acknowledgement Statement and a signed consent form giving the agency permission to run a criminal background check. Interviews with the PREA Coordinator and HR representative both confirmed that criminal background checks are run before Contractors or Volunteers being granted access to inmates and annually to ensure there are no instances of conduct that would endanger the sexual safety of TCCI’s inmate population.

The auditor finds TCCI in compliance with this Standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, IV, C, 3 Offender Education
- Language Line Documentation for Interpretive Services
- Inmate PREA Intake Acknowledgment Forms
- Offender Orientation Checklists
- Inmate Handbook

Interviews, Document and Site Review:

GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 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 information is required to be provided to every inmate upon arrival at the facility. It also requires that offenders receive the information both written and verbally.

Within 15 days of arrival, the policy requires inmates to receive PREA education. The initial notification and the education are documented in writing by the signature of the inmate. In the case of exigent circumstances, the training may be delayed, but no more than 30 days, until such time is appropriate for delivery. This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation. The facility Pre-Audit Questionnaire reported that 100

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) and Notice that male and female routinely work and visit housing area.

PREA Education is required to be provided in formats, accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

Education, according to GDC policy, requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, policy requires that the following are posted: a) Notice of Male and Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Offenders receive verbal and written information during the admission process.

During the admission process, offenders are provided information on the facility's zero-tolerance policy towards sexual abuse and sexual harassment. Offenders are also provided a copy of a PREA Intake Acknowledgement informing them of the multiple internal and external methods of reporting. This reporting information is provided in the list below:

- 1) PREA Hotline
- 2) Verbally or in writing to any staff
- 3) Email to the PREA Unit; email address provided
- 4) Ombudsman; phone number provided
- 5) In Writing to the State Pardons and Parole, Victim Services Director
- 6) Third-Party, including another inmate who can report for them
- 7) Family

A signed copy of the PREA Intake Acknowledgment is also retained for each inmate's institutional file. Staff in charge of intake state this is done consistently with all offenders and that if time is available, the inmates may also watch the PREA video entitled; PREA: What you need to know. The auditor reviewed twenty (20) intake acknowledgments during the pre-onsite portion of the audit and an additional forty-two (42) during the onsite portion of the audit.

Staff in charge of the orientation process stated that usually within 72 hours of intake and always within the first thirty (30) days that inmates receive a more thorough orientation of their rights under PREA. This orientation consists of the PREA video, a PREA brochure, and facility-specific information such as ways inmates can report sexual abuse and sexual harassment. Inmates are encouraged to ask questions during both intake and orientation. Interviews with the intake and orientation staff members

confirmed these practices. The auditor was unable to observe PREA education as no training was scheduled; however, the staff member in charge of inmate education provided me with a description of the training.

Inmates interviewed at the facility overwhelmingly affirmed that PREA information is given to them both in writing and explained verbally during the intake process. Inmates also confirmed that they received a more comprehensive orientation on PREA within the first 30 days after admission. The inmates interviewed were knowledgeable of the facility's zero-tolerance stance on sexual abuse and sexual harassment; methods of reporting allegations of sexual abuse and sexual harassment; as well as their individual right to be free from sexual abuse and sexual harassment.

Twenty-one (21) total inmate interviews were conducted, and the auditor aggregated the following data collected relevant to inmate education:

- 19 of 21 inmates said they received information of zero tolerance and methods of reporting allegations during the intake process. This is consistent with the TCCI policy and practice.
- 19 of 21 inmates said they received a formal orientation regarding their right to be free from incidents of sexual abuse and sexual harassment; their right to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.
- 19 of 21 inmates stated the formal orientation within the first thirty (30) days after admission to the facility.
- 2 of 21 inmates stated they either received no PREA related information during intake or a formal orientation in relation to PREA.

TCCI reportedly presents PREA information to inmates in a manner that enables the inmate to understand and to participate fully in the Agency's prevention, detection, responding, and reporting PREA efforts. If the facility receives a limited English speaking inmate, TCCI has a contract with Language Line professional interpretive services. Language Line provides a qualified interpreter via phone for a plethora of languages. The interpreter provides staff communication in the language of the LEP inmate and inmate communication back to the staff member.

Although generally excluded by the GDC selection criteria for assignment to a county facility, if on an admission an inmate has literacy issues, is cognitively disabled, has a hearing or visual impairment, is blind, or deaf the initial intake information can be read to the inmate or the facility may contact the GDC ADA Coordinator for assistance. The facility also has access to GED/ABE/Literacy teachers from the local college to provide assistance and ensure the inmate understands the PREA related information in order to ensure the inmate's safety.

A review of the pre-audit questionnaire stated 100% of the current inmates had received PREA training. In relation to Standard provision 115.33(c) which requires that all inmates housed at the facility prior to the effective date of the Standards, the auditor did not observe in the Pre-Audit Questionnaire or any documents, files, acknowledgments, formal interviews, or informal interviews any current inmates that were at the institution pre-2012, when the Standards were implemented.

Inmates transferred in from other facilities still receive the same information, at intake as well as a comprehensive orientation within thirty (30) days, even if they have received it at the prior institution.

During the site review, the auditor observed multiple posters with PREA related information, ways to report sexual abuse, as well as information related explicitly to Lily Pad SANE Center services. These posters were observed by the auditor in each housing unit, facility common areas, education area, medical, and administration. The observed all posters were in English and Spanish formats.

During the auditor's review of the TCCI inmate handbook, the auditor did find language inconsistent with the PREA Standards 115.5 and 115.6. The inmate handbook has definitions for "Inmate on Inmate Sexual Assault," "Staff on Inmate Sexual Assault," and "Sexual Misconduct." The definitions provided in the handbook do not "accurately or completely reflect all of the information contained in the PREA Standards definitions," per the guidance found in the PREA Resource Center FAQ dated, May 18, 2018.

Corrective Action

The facility PREA Coordinator was notified by the auditor of the inadequacy of the definitions in the inmate handbook and was provided with a copy of the FAQ dated May 18, 2018. The handbooks definitions gave vague definitions of sexual abuse and sexual harassment. The definitions did not list specifically prohibited actions. The handbook also used the terminology of sexual misconduct, which gave the impression of such conduct being less severe. The handbook is one of the facility's inmate education documents and provides inmates with the most accessible information in the event an inmate needs clarification. The PREA Coordinator has reportedly updated the inmate handbook with definitions culled from the PREA Standards definitions in Standards 115.5 and 115.6.

Verification of Corrective Action

The facility PREA Coordinator provided the auditor with an updated inmate handbook with definitions culled directly from the PREA Standards in 115.5 and 115.6.

The auditor finds TCCI in compliance with this Standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that to the extent, the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, C, 4

- NIC Certificates documenting NIC Training, "Investigating Sexual Abuse in a Confinement Setting."

Interviews, Document and Site Review:

GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, requires all investigators are appropriately trained in conducting investigations in confinement settings. That training must include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Each facility is required to maintain documentation of that training.

The facility Sexual Assault Response Team (SART) is tasked with the initial investigative inquiry into an allegation of sexual abuse and sexual harassment. SART functions as the administrative investigators of allegations of sexual abuse and sexual harassment. The administrative investigation should determine if the allegation is PREA related and if there is evidence that the allegation appears to be criminal in nature. If an allegation is determined to contain evidence of a criminal nature the facility SART would turn over the investigation to the GDC Office of Professional Standards, Regional Special Agent in Charge (OPS SAC). The OPS SAC will assign a GDC investigator to conduct any criminal investigation with support provided as necessary from the facility SART.

All members of TCCI SART, have received specialized training per GDC policy and the PREA Standards. This training is provided by the National Institute of Corrections. The course is titled, "Investigating Sexual Abuse in a Confinement Setting," and each SART member receives a certificate upon completion of the course. The facility provided the auditor with a list of all SART members and alternates, as well as NIC certificates showing each member had completed the training. In addition to SART, the facility PREA Coordinator and Warden have also completed the NIC investigation training.

The auditor's interview with the facility SART Investigator confirmed that in addition to the NIC investigation training, SART members also receive annual training provided by GDC. The investigator was knowledgeable but admitted he lacked any opportunity to utilize the knowledge of his training up to this point. The investigator was able to describe techniques for interviewing abuse victims, utilization of Miranda and Garrity Warnings, how to preserve and process evidence, and the standard of evidence to substantiate an administrative investigation and referral for prosecution.

The auditor finds TCCI in compliance with this Standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? Yes No

- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, C, 5
- NIC Certificates Documenting "Medical Care for Victims of Sexual Abuse in a Confinement Setting"
- MOU with Lily Pad SANE Center
- National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, 2nd Edition

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires medical and mental health staff who have contact with offenders to be trained using the National Institute of Corrections (NIC) "Medical Care for Victims of Sexual Abuse in a Confinement Setting." The policy also requires that they also attend annual PREA in-service training. The specialized training provided by the National Institute of Corrections is provided in an online course; Health Care for Victims of Sexual Abuse in Confinement Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. The specialized training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.

Interviews with contract medical staff confirmed the specialized training was received. Staff described detecting signs and symptoms, how they would protect evidence, care for victims of sexual abuse, and reporting. There are no mental health professionals assigned to this facility.

The facility does not perform forensic exams. Interviews indicated the SANE exam would be conducted at the local hospital in Albany, GA, and the exam would be conducted by a representative from Lily Pad SANE Center, per the MOU. The auditor reviewed the MOU between Lily Pad SANE Center and TCCI as well as the evidence protocol to ensure material compliance of other PREA Standards related to medical care for sexual abuse victims.

Contract medical staff are trained in PREA as newly hired employees and through annual in-service, just as any other employee of the facility. That 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 is trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.

The auditor finds TCCI in compliance with this Standard.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION
AND ABUSIVENESS**

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates 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 No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, D, 1-9
- Inmate Victim/Aggressor Assessments
- Inmate Victim/Aggressor 30 Day Reassessments

Interviews, Document and Site Review:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

The policy requires counseling staff to conduct a screening for risk of victimization and abusiveness, in SCRIBE, the offender database using the instrument, PREA Sexual Victim/Aggressor Classification Screening Instrument. The screening instrument is objective and takes into account both the answers provided by the offender and perceptions by the staff member conducting the screening where applicable. The 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.

The facility Pre Audit Questionnaire states that 274 inmates whose stay was at least thirty (30) days were admitted to the facility in the previous twelve (12) months and that 100% of those were screened within twenty-four (25) hours. The auditor reviewed sixty-five (65) screening forms, and all were completed within 24 hours of admission.

Information from the screening will be used to inform housing, bed assignment, work, education, and program assignments. The policy requires that the outcome of the screening is documented in SCRIBE.

The Offender PREA Sexual Victim/Aggressor Classification Screening Instrument considers all the following sexual victim factors:

- The offender is a former victim of institutional rape or sexual assault
- The offender is 25 years old or younger or 60 years or older
- The offender is small in physical stature
- The offender has a developmental disability/mental illness/physical disability
- Offender's first incarceration
- The offender is perceived to be gay/lesbian/bisexual transgender/intersex or gender non-conforming
- The offender has a history of prior sexual victimization
- The offender's own perception is that of being vulnerable
- The offender has a criminal history that is exclusively non-violent
- The offender has a conviction(s) for sex offense against adult and/or child?

The Standards also require screening to consider inmates detained solely for civil immigration purposes. The facility does not house any offenders solely for civil immigration purposes. Inmates assigned to the facility must be convicted and sentenced for crimes in violation of Georgia law.

Inmates who have been victims of prior sexual assault in confinement will automatically be classified as a Victim regardless of the other questions. This generates the PREA Victim icon on the SCRIBE Offender Page. If three (3) or more of questions are determined to apply to the inmate, the inmate will be classified as a Potential Victim. This will generate the PREA Potential Victim icon on the SCRIBE offender page.

The Offender PREA PREA Sexual Victim/Aggressor Classification Screening Instrument considers the following Sexual Aggressor Factors:

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

Inmates with a history of sexually aggressive behavior will automatically be classified as a Sexual Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Offender page. If two (2) or more of questions are determined to apply to the inmate, then the inmate will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Offender page.

During the interview, the counselor who conducts the assessments accurately described the items that are considered and reviewed during the intake process. The counselor stated he encouraged inmates to respond to the questions honestly to allow the facility to provide the safest environment for them during incarceration. The counselor ensured the auditor that refusing to respond to questions from the assessment would never be grounds for disciplinary action against the inmate.

Policy requires that offenders whose risk assessment indicates a risk for victimization or abusiveness is required to be reassessed when warranted and within thirty (30) days of arrival at the facility based upon additional information and when warranted due to referral, report or incident of sexual abuse, or receipt of additional information that may weigh upon the inmate's risk of sexual victimization or abusiveness. The auditor reviewed sixty-five (65) reassessments to confirm the practice of reassessing with the thirty (30) day timeline is an institutionalized practice. The auditor did not find any reassessments that were conducted as a result of a referral, allegation or additional information that warranted a reassessment in the sample of files reviewed. The counselor who conducts the assessments did show knowledge of the requirement outlined in the Standards and affirmed he would conduct such reassessments in the event necessary.

The policy requires that any information related to sexual victimization or abusiveness, including information entered into the comment section of the risk screening form, is limited to a need to know basis for staff. This information is only for the purpose of treatment, security, and management decisions such as housing and cell assignments as well as work, education, and programming decisions. The only staff at TCCI with access to review the detailed assessment in the SCRIBE database is the Warden, PREA Coordinator, and Counselor. Other staff members with access to the SCRIBE database will only be able to view the potential victim or potential aggressor and the victim or aggressor icons displayed on the SCRIBE inmate page, if applicable.

100% of the twenty-one (21) inmates interviewed confirmed they completed the assessment with the counselor at intake in a private setting.

The auditor finds TCCI in compliance with this Standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, D, 1-9
- Georgia Department of Corrections (GDC), policy 209.06, Administrative Segregation
- Inmate Victim/Aggressor Assessments
- Inmate Victim/Aggressor 30 Day Reassessments

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, requires that information from the risk screening is used to inform housing, bed, work, education, and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens and Superintendents are required to designate a safe dorm (s) for those inmates (inmates) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the policy requires the facility to consider on a case by case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate are to be reassessed at least twice a year.

The policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there are no alternative means of separation from likely abusers. If an assessment cannot be made immediately, the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in Georgia Department of Corrections (GDC), policy 209.06, Administrative Segregation, which also provides for reassessments as well and the offender will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified. Potential victims are assigned to the general population in dorm four (4) but are housed, insofar as possible in a bed closer to the front where they can be more easily viewed.

An interview with the counselor, who conducts the screening for risk of victimization or abusiveness, affirmed that the facility utilizes the risk screening to inform housing assignment, education, and program assignments to provide a sexually safe environment for the inmates of TCCI. The counselor also affirmed that determinations are made for each individual inmate to include those inmates who identify or are perceived to be transgender or intersex. The counselor stated that transgender inmates would be asked if they felt vulnerable, and if so, what the facility might do to make them feel safer. The counselor also indicated that the offender's views for their own safety would be given serious consideration.

The counselor was aware and affirmed that in the event, a transgender or intersex inmate was assigned to the facility that he would ensure the inmate was given the opportunity to shower separately from the general population. When probed how he would ensure all the considerations enumerated in the Standard would be considered the counselor affirmed he was in charge of initial housing assignments and was on the classification committee which determines the inmate's education and programming assignments. He also stated that the PREA Coordinator was always notified of any considerations he felt needed to be taken into account for future housing, programming, and education

assignments. The counselor was open that these considerations had not been related to PREA so far in his time at the facility.

An interview with the facility PREA Coordinator confirmed that inmates would not be housed in special units solely as a result of being bisexual, gay, transgender or intersex or as a sole result of an inmate's PREA classification. The PREA Coordinator also indicated that staff would reassess transgender inmates' housing, education, and program assignments twice annually with respect to his or her own views of safety, in the event a transgender inmate was assigned to the facility.

Interviews with transgender or intersex inmates were not possible as the facility did not house any inmates that identified or were perceived to be transgender or intersex during the onsite phase of the audit. The PREA Coordinator confirmed that during her time at TCCI, no transgender or intersex inmates had been assigned to TCCI. She stated that based on all prior documentation and staff knowledge she had reviewed, there had not been a transgender or intersex inmate admitted to the facility to date.

The auditor finds TCCI in compliance with this Standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, D, 9
- Georgia Department of Corrections (GDC), policy 209.06, Administrative Segregation

Interviews, Document and Site Review:

The facility documents and interviews indicated that the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months nor were there any inmates at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff was aware however of the requirements of GDC policy, which is consistent with the PREA Standards.

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety, is noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. An assignment does not ordinarily exceed a period of 30 days.

Inmates at high risk for sexual victimization are housed in the general population. TCCI has designated dorm four as the safest place to house inmates at high risk of sexual victimization due to the direct line of sight of this dorm from the control room. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the inmate/resident. Inmates identified as having a risk for victimization would be housed in a designated safer dorm.

If there was no place to house a potential or actual victim safely, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility. If an inmate is assigned to involuntary segregated housing policy requires and staff understand it is only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed 30 days. If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate's safety and the reason why no alternative means of separation can be arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary protective custody, in compliance with policy, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone.

Interviewed staff indicated they had not had any inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment. The interviews also affirmed there had been no inmates who were held in involuntary or segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There have been no inmates placed in involuntary segregation as the result of having a high potential for victimization or for being at risk of imminent sexual abuse. If they were placed in involuntary protective custody, the justification would be documented. This was confirmed through reviewing the sampled inmate files, and interviews with the Warden, PREA Compliance Manager, Staff Supervising Segregation, and randomly selected inmates.

The auditor finds TCCI in compliance with this Standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, E, 1
- Georgia Department of Corrections (GDC), policy 227.02, Statewide Grievance Process
- Inmate Handbook
- Inmate PREA Intake Acknowledgment Forms

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The facility has provided inmates access to the GDC sexual abuse (PREA) hotline enabling inmates to report via telephone without the use of the inmate's PIN. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided).

Staff has been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well; however, allegations of sexual abuse and sexual harassment are not grievable based on GDC policy. If, however, a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART, and an investigation begins.

This facility and the Georgia Department of Corrections provide multiple ways for inmates to report 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. Additionally, the agency and this facility provide a way for inmates to report to a public or private entity that is not a part of the agency. The Director of Victim Services, Officer of Pardons and Parole is such an entity.

This facility is a medium-security prison housing medium and minimum-security offenders who have been convicted of felony crimes and are serving incarceration in prison. The prison does not house any inmates who are being detained solely for civil immigration purposes.

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

Staff may report allegations of sexual abuse and sexual harassment in the same ways the inmates may make. Additionally, a Staff Poster advises staff they may call the PREA Hotline or leave a voicemail with the PREA Coordinator. 100% of the interviewed staff stated they would and have been trained to take all allegations seriously and to report any knowledge, information, or suspicions immediately to their immediate supervisor and follow-up with a written statement before the end of the shift.

Inmates are given information through multiple venues. These venues include the following:

- Offender Handbook
- PREA Brochure
- PREA Intake Acknowledgment
- Zero Tolerance Posters
- Lily Pad SANE Center Posters

The Inmate Handbook informs offenders they may report in the following ways:

- PREA Hotline
- Verbally and/or in Writing to any staff
- Email PREA, email address provided
- Ombudsman; phone number provided
- Writing to the State Board of Pardons and Parole, Victim Services
- 3rd Party on behalf of an offender
- Family members as a 3rd party

Phone posters provide dialing instructions for contacting the GDC PREA Hotline. Zero Tolerance posters provided multiple ways to report.

21 of 21 interviewed inmates indicated they would report via the hotline/phone.

20 of 21 interviewed inmates stated they could also contact and report through their families.

20 of 21 interviewed inmates said they could make an anonymous report.

21 of 21 interviewed inmates said they could “fly a kite”/note to report.

21 of 21 interviewed inmates said they could report via a grievance.

21 of 21 interviewed inmates stated they believed staff would take an allegation of sexual abuse seriously

The facility also provides inmates the tools to make reports. Basic telephones are provided in each dormitory, enabling inmates to communicate with family and others on their approved list. Inmates can also use the phone to report, via the PREA Hotline, allegations of sexual abuse and sexual harassment to the PREA Unit. Instructions were provided for inmates on their PREA Acknowledgment Forms received at intake. Each phone issues prompts enabling offenders to understand the easy step by step procedures for accessing the hotline. The PREA Phone allows offenders to make calls to the PREA Unit without having to enter a personal identifying number so offenders can make an anonymous report that way.

Staff is 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 Warden and duty officer, who then determines who else needs to be notified.

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 before 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, either a witness statement or incident report, before the end of the shift.

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

The auditor finds TCCI in compliance with this Standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No 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.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No 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.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, E, 3
- Georgia Department of Corrections (GDC), policy 227.02, Statewide Grievance Process
- Offender Grievances

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program states that all allegations of sexual abuse and sexual harassment are not grievable issues. These should be reported by immediately turning them over to the Sexual Assault Response Team for investigation. If a grievance alleged sexual abuse, it would be turned over to the SART to begin an investigation, as the grievance process ceases.

100% of grievances for TCCI were reviewed, and none documented sexual abuse or sexual harassment allegations.

A review of policy, interviews with the Warden, PREA Coordinator, Grievance Coordinator (informal), random staff, and random inmates confirm that a grievance containing a sexual abuse or sexual harassment allegation will be turned over to SART for investigation. The grievance is essentially rendered a written allegation and nothing more under GDC policies that govern facilities housing state inmates.

TCCI does not require the exhaustion of administrative remedies through a formal grievance process, and PREA is not subject to the grievance procedures. The auditor finds this Standard not applicable.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, B, 1 (e-f)
- Facility Pre-Audit Questionnaire
- MOU with Lily Pad SANE Center

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with inmates. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process. The agency provided a Memorandum of Understanding (MOU) acknowledging the services that the Lily Pad SANE Center, in Albany, Georgia agreed to provide including a victim advocate to meet the inmate victim of sexual abuse and accompany him through the forensic process and any investigation interviews, to provide emotional support services and to provide a 24/7 hotline for reporting sexual abuse. The auditor's review this MOU and noted the services provided. The effective date of the MOU was listed as December of 2018. Inmates also have access to the GDC Ombudsman, GDC PREA Hotline, and the State Board of Pardons and Parole, Victim Services. Contact information, including phone numbers and mailing addresses, are provided on pamphlets, posted near the phones in each dormitory, and accessible to inmates in English and Spanish. The facility allows confidential incoming and outgoing communication with Lily Pad SANE Center. According to the PREA Coordinator if the facility had any doubt as to the validity of mail addressed from Lily Pad SANE Center only a cursory check of the envelope contents would be made which is consistent with procedures for legal mail.

An interview with the Executive Director Lily Pad SANE Center confirmed that an advocate is available 24/7 via the hotline and available 24/7 to meet an inmate at the prison or at a hospital to provide emotional support services throughout the forensic exam if requested and through any investigatory interviews if requested. Lily Pad is a member of the Georgia Network Against Sexual Assault. Lily Pad will conduct forensic exams for victims of sexual abuse from the TCCI. The Executive Director also confirmed that limitations to confidentiality would be discussed with the inmate as well as any mandatory reporting laws; the director stated her staff was not mandatory reporters unless the inmate was determined to be under the age of eighteen (18). The Executive Director did not recall receiving any calls or letters from TCCI inmates to date.

Interviews with the Warden; PREA Coordinator, Twenty-One (21) inmates; the Executive Director of the Lily Pad SANE Center confirm the resources outlined in the MOU are available, and the facility has made this information accessible to the inmates. While on the site review, the auditor observed signs detailing Lily Pad's services provided to inmates in need in all dormitories and common areas.

The auditor finds TCCI in compliance with this Standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, E, 2
- Facility Pre-Audit Questionnaire
- PREA Brochures

Interviews, Document and Site Review:

The Georgia Department of Corrections has established ways to receive third-party reports. GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 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)
- Staff will accept reports made verbally, in writing and from third parties and will promptly document any verbal reports.

This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent

It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third-party reports, and an inmate’s pin is not required to place a call using the “hotline.” The auditor tested several phones and found each operational and calls were placed using the dialing instructions a posted beside the phone.

During random interviews, staff members were asked to name ways inmates can make reports or allegations of sexual abuse or sexual harassment. They consistently could name multiple ways, and when asked if an inmate 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 an incident before the end of their shift. Twenty-one (21) out of Twenty-One (21) inmates interviewed, indicated they would report via the PREA Hotline, and twenty (20) out of twenty-one (21) stated a family member could report for them. 100% of the staff said inmates could get a third party to report for them and that they would take that report seriously and act immediately. Interviewed inmates were aware they could have a third party, including a parent, relative, or another inmate report for them.

The auditor finds TCCI in compliance with this Standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- 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 No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- 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 No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- 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 No NA

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, E, 2(b-c)
- Facility Pre-Audit Questionnaire
- Staff Training Rosters
- Volunteer / Contractor PREA Training Roster
- PREA Acknowledgement Statement from Staff, Contractors and Volunteers

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, 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. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with the 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.

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 an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job. This facility does not house youthful offenders; however, the policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgment statements were provided. The policy requires that staff be aware, attempt to detect, and attempt to prevent sexual abuse, sexual harassment or sexual misconduct, through offender communications, comments to staff members, offender interactions, changes in offender behavior, and isolated or vulnerable areas of the institution.

The Warden 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. Interviews with staff, both randomly selected staff (security and non-security) and specialized staff, affirmed that they must report "everything." When pressed about "everything" they consistently said they would report anything they knew, saw, or suspected. 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 would report it. Asked about another inmate reporting for another, they said they would take that seriously and report it too. Staff stated 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, but they could not leave the shift until the statement was written. Staff indicated they had to take all things seriously. Non-Uniform staff, like uniform staff, all confirmed they are mandated reporters and are going to report any knowledge, information, reports or suspicions of sexual abuse or sexual harassment and follow up with a written

statement before the end of the shift. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well.

During interviews with random inmates, they were each asked if they feel like staff would take a report of sexual abuse or sexual harassment serious. 100% of the inmates interviewed stated they believed staff would take an allegation of sexual abuse seriously. Several inmates even made value statements about the staff such as, “staff would take it very seriously,” and “they don’t tolerate that stuff here.”

The auditor finds TCCI in compliance with this Standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, F, 4(a-c)
- GDC Policy 209.06, Administrative Segregation
- Facility Pre-Audit Questionnaire
- Facility Grievances
- Facility Incident Reports
- Monthly PREA Reports

Interviews, Document and Site Review:

GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that upon learning of an imminent risk of sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE, indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART re-evaluates the offender within 72 hours, and if a continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are responsible for the documentation. 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 another 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, the GDC Regional Director, the GDC PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report.

The Pre-Audit Questionnaire; reviewed monthly PREA Reports, reviewed grievances and incident reports and interviews with staff confirmed there had been no inmates at risk of imminent sexual abuse during the past 12 months. Staff are asked what actions they would take if they became aware that an inmate was at risk of imminent sexual abuse. At times they would ask for clarification. The auditor would give a situation in which an inmate tells the staff that they are afraid to go back into the dorm because they are afraid they are going to be sexually assaulted because of a debt they owe and cannot repay. Staff were consistent in stating that if an inmate were at risk of imminent sexual abuse, they would take the inmate' report seriously and would separate him from the threat immediately. They indicated their first responsibility would be to separate the inmate from the threat after which they would report it to their immediate supervisor; they were consistent in believing the supervisors would place the inmate in protective custody until the SART could investigate the allegation. Staff indicated that if possible, the inmate would be immediately removed from the threat and placed in another dorm or in involuntary protective custody if there was no other place to keep them inmate safe. The staff supervising segregation indicated that an inmate placed in involuntary protective custody would have access to programs and services like those of the general population. He indicated they could receive educational materials and possible attend class, depending on the threat, or attend other programs they are enrolled in. He also stated they have access to the phone, to exercise, to counseling, and medical, if needed. The staff could not recall any inmate being placed in involuntary protective custody as the result of being at risk of imminent sexual abuse.

This was also confirmed through reviewing Monthly PREA Reports, Grievances, Incident Reports, and interviews with the Warden, PREA Coordinator, randomly selected staff and inmates.

The auditor finds TCCI in compliance with this Standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, F, 2 Reporting to Other Confinement Facilities
- Facility Pre-Audit Questionnaire
- Facility Grievances
- Facility Incident Reports

- Monthly PREA Reports

Interviews, Document and Site Review:

GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that in cases where there is an allegation that sexually abusive behavior occurred at another facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the PREA Coordinator. 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. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the GDC Office of Professional Standards Special Agent-In-Charge.

The facility's Pre-Audit Questionnaire documented and staff confirmed there had been no allegations during the past 12 months in which an inmate at this facility alleged sexual abuse at another facility. The Warden and PREA Coordinator 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 an offender 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.

This facility has not received any reports or allegations from other facilities that an inmate formerly housed at TCCI had been abused at TCCI, nor have they received any allegations from an inmate currently housed at TCCI. This was confirmed by reviewing the facility's Pre-Audit Questionnaire, review of incident reports, reviewed grievances, and interviews with specialized staff and random inmates. The Warden and PREA Coordinator detailed the actions they would take in either case and that the notifications would be as soon as they became aware of an allegation and not later than 72 hours. The Warden would contact the Warden of the other facility, to notify that an allegation was made that an incident occurred at the other facility and the Warden and his team would cooperate with any investigation and initiate an investigation immediately upon receiving the allegation.

The auditor finds TCCI in compliance with this Standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, F, 1 Staff, First Responder, and Department Reporting Duties
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program- Attachment 7 Local Procedural Directive and Coordinated Response Plan
- Facility Pre-Audit Questionnaire
- Warden's Memo, "PREA Reporting Process"

- Warden’s Memo, “Coordinated Response”
- Facility Local Procedure Directive

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires each facility to personalize a Local Procedural Directive and Coordinated Response Plan via a policy attachment template. TCCI’s directive 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 Memorandums from the Warden require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with the Georgia Department of Corrections (GDC), policy 103.10, Evidence Handling and Crime Scene Processing;
- 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;
- 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.

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. The Local Procedural Directive, Warden’s memos “PREA Coordinated Response,” and “PREA Reporting Process” describe in detail the responses to an allegation of sexual abuse.

Staff are trained in the first responder’s duty during annual in-service training. This information was provided by the staff during their interviews. Non-custody staff have been trained in first responding. They receive the same yearly in-service training that includes PREA. They could describe the steps they would take in response to being informed that 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 would be to attempt to protect the evidence. There were no occasions in which a non-security staff was the first responder.

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. 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 inmate from the alleged aggressor and report the allegation and conduct a visual assessment of the inmate but would take all precautions possible to protect any evidence. The inmate would be taken to the local hospital where they would be met by a representative from Lily Pad SANE Center for a forensic exam. A chain of custody would be started, and the sexual assault kit turned over

to the security staff at the facility, who would, in turn, turn it over to the GDC Office of Professional Standards, Special Agent.

Interviews with the Warden, randomly selected staff, representing both uniform and non-uniform staff and specialized staff, including medical staff, confirmed they are knowledgeable of their roles as first responders. They detailed the steps they would take if they were the first person to be alerted that an inmate had been sexually assaulted.

The auditor finds TCCI in compliance with this Standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, F, 1 Staff, First Responder, and Department Reporting Duties
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program- Attachment 7 Local Procedural Directive and Coordinated Response Plan
- Facility Pre-Audit Questionnaire
- Warden's Memo, "PREA Reporting Process"

- Warden’s Memo, “Coordinated Response”

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. Policy 208.06, Attachment 7 Local Procedural Directive was provided in template form to all facilities housing state inmates. The directive can be edited for each facility to tailor the directive to their unique needs while still materially complying with the PREA Standards. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there were a sexual assault allegation, the facility, complying with GDC Policy would 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.

The facility’s coordinated response plan is documented in the Prison’s PREA Local Procedure Directive, and a memorandum from the Warden titled, “Coordinated Response.” The facility has a Local Procedural Directive to serve as an Emergency Plan. As with other emergency plans, the directive provides guidance in notifying all parties and managing all steps of the response when there is an allegation of sexual abuse. The Local Procedure Directive lists all duties, names, and contact telephone numbers for specific staff to include the PREA Coordinator, SART Investigator, Retaliation Monitor, SART Medical Representative, SART Mental Health Representative, and GDC Regional Special Agent in Charge. The Local Procedure directive also provides the contact information for the Lily Pad SANE Center if a victim advocate and forensic sexual assault examination is required.

The coordinated response, as outlined by the Local Procedure Directive, is outlined below:

- Notify Shift OIC and ensure the victim is separated from the aggressor.
- Request that the victim refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- If known, instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an investigator arrives.
- Ensure victim receives immediate medical attention if applicable, ensure the escorting officer retrieves the rape kit or other physical evidence from medical (Lily Pad) personnel, document the contents, and store the evidence in a secure place until it can be turned over to an investigator.
- Maintain a written chain of custody on the evidence at all times. Remember, it is only necessary for one staff member to receive, transport, and secure the evidence.
- Implement Local PREA Notification procedures (ex. Warden, County Coordinator, Deputy Warden/PREA Coordinator, SART Leader, etc.)
- Ensure the incident report and supporting documentation has been completed before leaving the institution for the day.
- Ensure the victim receives a mental health evaluation promptly within 24 hours.

- Ensure the victim is housed separately from the alleged perpetrator; inmate shall be placed in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim.
- If applicable ensure the alleged perpetrator has been placed in administrative segregation.
- If the alleged perpetrator is a staff member, separate the staff member from the victim pending further instructions from the Warden.
- If applicable, consult with the Warden, SART, GDC County Coordinator, and Investigator 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 inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated.

The Warden, PREA Coordinator, Randomly Selected Staff, Specialized Staff, including medical, were able to articulate the individual roles in response to a sexual assault allegation.

The auditor finds TCCI in compliance with this Standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No NA

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The State of Georgia is a right to work state. Based on interviews with the Warden as the Agency Head, he confirmed that TCCI staff are not part of any organized union, nor do they collectively bargain in any form. The Warden has the authority to remove any staff from contact with an inmate during any investigation and can sever their employment in the event of a violation of state or local sexual abuse or sexual harassment policies.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- 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 No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, F, 4(a-c)
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Attachment 8- Retaliation Monitor Checklist
- Warden's Memo, "Agency Protection from Retaliation"

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program affirms the facility's zero tolerance for any form of retaliation and the commitment to protecting inmates or staff, who report sexual abuse and sexual misconduct or sexual harassment, from retaliation. The policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. The policy requires a staff member to be identified to monitor for retaliation. The Warden designated a Lieutenant to serve as the Retaliation Monitor.

The Warden also issue a memorandum regarding the facility response to monitoring retaliation. The memo titled, "Agency Protection from Retaliation," provides multiple protection measures including housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fear retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring for retaliation against inmates includes reviewing the following: disciplinary reports history, housing placement, transfer placement, program history, work performance history, schedule history, and a review of inmate case notes in SCRIBE. Monitoring for retaliation against staff includes employee post-rotation (for security staff), job duties, work schedule history, work location, employee personnel files (letters of concern, reprimands, or adverse actions), and performance management documents.

The retaliation monitor looks for any discrepancy that may potentially be a subtle or direct form of retaliation against either inmates or staff. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. The policy requires that monitoring is documented on the GDC Retaliation Monitor Checklist. The checklist is completed for each inmate and staff member being monitored.

The Retaliation monitor, a facility Lieutenant, discussed her role in preventing retaliation, monitoring retaliation, and explained to the auditor that she looks at things like inmates Disciplinary Reports,

Grievances, Housing Changes, and Changes in Programming. For staff, she would monitor Posts Changes, Disciplinary Write-Ups, Shift changes, and anything else that might indicate potential retaliation. She stated that she would initiate contact with the monitored party immediately to inform them of their rights under the zero-tolerance policy and the open-door policy she employees for all staff and inmates. The Lieutenant also stated she would continue to monitor past the 90-day point if signs pointed to the need. She further expounded that she would look at each one on a case by case basis.

The auditor finds TCCI in compliance with this Standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, D, 9(a-d)
- Georgia Department of Corrections (GDC), policy 209.06, Administrative Segregation

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program prohibits placing inmates in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there are no possible alternative means of separation from likely abusers. If an assessment cannot

be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, SCRIBE, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with the Georgia Department of Corrections (GDC), policy 209.06, Administrative Segregation.

The reviewed Pre-Audit Questionnaire documented that there were no inmates held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment; none for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility provides a review at least every 30 days to determine whether there is a continuing need for separation from the general population. This was also confirmed through interviews with staff and inmates.

Georgia Department of Corrections (GDC), policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety, is noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. An assignment does not ordinarily exceed a period of 30 days.

Inmates at high risk for sexual victimization are housed in the general population. Generally, inmates at high risk for victimization will be placed in one of the dorms identified as providing a safer environment with no aggressors assigned to the dorm. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the detainee/resident. If there was no place to house a potential or actual victim safely, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility where he could feel safe. If an inmate is assigned to involuntary segregated housing, it is only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed a period of 30 days.

If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate's safety and the reason why no alternative means of separation can be arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary protective custody, in compliance with policy, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone. The staff member supervising segregation stated, in an interview, that any inmate placed on involuntary protective custody will have access to programs, including education. Individual Records are required and will

document, among other required things, all activity such as bathing, exercise, medical visits, program participation, and religious visits. It should also include documentation of unusual occurrences.

The Warden, PREA Coordinator, and staff supervising segregation indicated that placing someone in involuntary protective custody would be a last resort and may be used only in the absence of any other safe place to house the resident. They may be placed in there temporarily to determine what happened. Potential Victims of sexual abuse are not housed in a dorm designated solely for potential or actual victims.

The PREA Coordinator and Staff Supervising Segregation indicated, in their interviews, that there have not been any inmates involuntarily placed in segregation or protective custody after alleging sexual abuse or sexual harassment during the past 12 months.

An interview with staff supervising segregation indicated that if an inmate were placed in involuntary segregation, they would be placed there with the reasons documented in SCRIBE. He also stated the inmate would have access to things like medical services, counseling; visitation; and phone, as well as recreation.

The auditor finds TCCI in compliance with this Standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, G, 1-14
- Georgia Department of Corrections(GDC), policy 103.10 Evidence Handling and Crime Scene Processing
- Georgia Department of Corrections (GDC), policy 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders
- NIC Certificates documenting NIC Training, "Investigating Sexual Abuse in a Confinement Setting"
- Facility Pre-Audit Questionnaire
- Incident Reports
- Inmate Grievances
- PREA Criminal Investigation from 2018

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. The 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.

Georgia Department of Corrections (GDC), policy 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders requires that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders, against departmental employees, contractors, vendors or volunteers be reported, thoroughly investigated, and treated in a confidential and serious manner. It requires staff attitudes and conducts towards such allegations will be professional and unbiased, and staff are required to cooperate with investigations into those matters. The policy also requires that investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct.

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 and/or mental health. The facility-based investigator has completed the online training entitled: "PREA: Conducting Sexual Abuse Investigations in a Confinement Setting." All the SART Members at TCCI have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting." The auditor was provided with certificates from the NIC verifying each SART member completed the "PREA: Investigating Sexual Abuse in a Confinement Setting." The Warden and PREA Coordinator, in addition to the SART team members, completed the NIC specialized training for investigations for a total of six (6) certified investigators. The local SART conducts the administrative investigation. During the interview with the facility-based investigator, he indicated that SART would assess the credibility of an alleged victim, suspect or witness on an individual basis and not on the basis of identity, status and would make the determination on an individual basis and that it would be based only on the evidence. The facility investigator confirmed that an inmate would never be required to submit to a polygraph or other truth-telling device as a condition of proceeding with an investigation.

If the allegation appears criminal or is alleging penetration, the allegation is referred by the Warden or designee to the GDC Office of Professional Standards, Criminal Investigation Division Special Agent in Charge, who will assign a criminal investigator (Special Agent). Special Agents with the GDC Criminal Investigations Division receive training from the Georgia Bureau of Investigation and they complete a Basic POST Mandate Training certifying each agent's arrest powers,

Administrative investigations into allegations of sexual abuse are documented locally. If penetration or any criminal conduct is alleged all allegations will be referred on to the Special Agent for an investigation into the alleged criminal conduct.

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 any direct and indirect evidence to include DNA evidence, electronic monitoring data, interviews with alleged victims, alleged perpetrators, and potential witnesses. If during

the initial investigation by the SART, the allegation appears to be criminal in nature, the Warden or designee will contact the GDC Office of Professional Standards, Criminal Investigation Division Special Agent in Charge to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy.

The Special Agents, the staff who will conduct investigations of allegations that appear criminal in nature, per GDC policy 208.06 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.

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.

The Facility-Based Investigator/SART enters the alleged incident and notifications into the agency's database, enabling the GDC'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 GDC PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that the investigation was appropriate, the GDC PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

The facility 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. TCCI in compliance with GDC policy is required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the GDC Office of Professional Standards Special Agent in Charge and GDC 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 a Special Agent to initiate a criminal investigation.

After each SART investigation, all substantiated cases are referred to the GDC Office of Professional Standards Special Agent in Charge while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The facility follows a uniform protocol for obtaining usable physical evidence for administrative proceedings. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations, as outlined in the policy, 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, the 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 facility does not provide a basis for termination of the investigation.

TCCI has had only one PREA allegation in the last 12 months of staff to inmate sexual harassment. The allegation involved a former member of the senior leadership. The review of the investigation by

the auditor confirmed there was an administrative investigation and was determined to be substantiated. Due to the potential for criminal conduct in the substantiated allegation, the administrative investigator referred the case directly to the GDC Office of Professional Standards Special Agent in Charge. The Special Agent in Charge (SAC) conferred with the local District Attorney (DA) before conducting compelled interviews, and the DA returned the investigation to the SAC. The GDC County Coordinator summarized the allegation step by step from the administrative investigation through the case being returned from the DA. The summary lists the investigation as ongoing and confirms criminal conduct was ruled out by the District Attorney. Since that time the facility Warden in command at the time of the allegation retired and the senior staff, alleged to have sexually harassed an offender(s), was terminated by the County.

It should be noted that the current Warden and Deputy Warden/PREA Coordinator took the helm approximately one month after the close of the investigation into the allegation. The Deputy Warden/PREA Coordinator reported that the majority of the documentation retained for PREA had been removed from the facility computer when she took the position. The current administration started their PREA compliance efforts from the outset of their employment. The Warden designated the new Deputy Warden of Care and Treatment as PREA Coordinator and appointed staff members to form a facility Sexual Abuse Response Team.

An interview with the Warden confirmed that all allegations are taken seriously and are referred to the agency with the responsibility for conducting criminal investigations, when applicable. He also affirmed the facility's Sexual Assault Response Team conducts an initial investigation into all allegations.

An interview with the facility-based investigator indicated he had completed the online specialized training provided by the National Institute of Corrections titled, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings." The investigator also explained and described the steps he would take in initiating and conducting an 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.

The auditor finds TCCI in compliance with this Standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, G, 13

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program 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. The Facility-Based Investigator affirmed in an interview that the standard of evidence to substantiate an allegation of sexual abuse is “the preponderance of the evidence.”

The auditor finds TCCI in compliance with this Standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, IV, G, 14
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Attachment 3- PREA Disposition Offender Notification Form

Interviews, Document and Site Review:

This facility complies with the Georgia Department of Corrections Policies and PREA Standards related to notifying inmates of the results of a concluded investigation. Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that inmates who are in custody of the Georgia Department of Corrections are entitled to know the outcome of the investigation. The inmate must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented.

If the allegations involved a staff member, the staff making the notification would use the GDC Inmate Notification Form, inform the inmate whenever:

- The staff is no longer posted in the institution
- The staff is no longer employed at the institution
- 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

If the allegation involved another inmate, staff are required to inform the alleged victim when the alleged abuser has been

- Indicated on a charge related to sexual abuse within the institution or;
- The alleged abuser has been convicted on a charge related to sexual abuse within the institution

Notifications are documented on the GDC Notification Form that documents all the above.

The investigator is knowledgeable of the investigative process and the requirements that inmates are notified after the investigation of the results of the investigation.

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that following the close of an investigation into an inmate's allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The 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 an inmate is released from the Department's custody, the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated.

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

The auditor finds TCCI in compliance with this Standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, H, 1(a-d)
- Georgia Department of Corrections (GDC), policy 104.47, Employee Standards of Conduct

- GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment
- 2018 Sexual Harassment Investigation
- Facility Pre-Audit Questionnaire

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that staff who engage in sexual misconduct with an offender are banned from correctional institutions and subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate. The presumptive disciplinary sanction for staff involved in any form of sexual abuse and violation of sexual abuse policies is termination. Violations of GDC 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 a Special Agent from the Office of Professional Standards, conducting the sexual abuse investigation, the Agent will consult with the local District Attorney and a warrant for the staff members arrest may be taken if warranted and approved by the District Attorney. Terminations for violations of the GDC policy regarding sexual abuse or sexual harassment or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST) for uniformed staff. Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution. Failure to report will also be cause for disciplinary action up to and including termination. This was confirmed through interviews with the Warden, PREA Coordinator, and the SART investigator. Staff, as a part of their PREA training, sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers. This document 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 offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that an offender cannot consent to sexual activity. The auditor reviewed 47 PREA Acknowledgment Statements signed by employees, contractors, and volunteers.

Georgia Department of Corrections (GDC), policy 104.47, Employee Standards of Conduct reaffirms the disciplinary sanctions as outlined in Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program. The Employee Standards of Conduct also place an affirmative duty on all staff to report any act of abuse or corruption to the State of Georgia Inspector General, prohibition on retaliation against staff member for reporting an act of abuse or corruption, and requirement to cooperate fully with any official investigation carried out by any law enforcement or administrative agency. Employees who violate the representative standards of the policy may be subject to disciplinary action, including dismissal, even on the first offense.

Interviews with the Warden, PREA Coordinator, SART Investigator; 13 randomly selected staff and 11 specialized staff, indicated that the facility has a zero-tolerance for all forms of sexual activity. If a staff

was involved in an allegation of sexual abuse, the staff would most likely be placed on no-contact with the inmate alleging abuse and could possibly be placed on administrative leave, with pay, while an investigation was being conducted. A substantiated allegation of sexual abuse would result in termination and potential criminal prosecution if warranted.

TCCI has had only one (1) PREA allegation in the last twelve (12) months, consisting of staff to inmate sexual harassment. The allegation involved a former member of the senior leadership. The investigation appeared to have been administratively investigated and was substantiated at that level. Due to the potential for criminal conduct in the substantiated allegation, the administrative investigator referred the case directly to the GDC Office of Professional Standards Special Agent in Charge. The Special Agent in Charge (SAC) conferred with the local District Attorney (DA) before conducting compelled interviews, and the DA returned the investigation to the SAC. The summary lists the investigation as ongoing and criminal conduct was ruled out by the District Attorney. Since that time the facility Warden in command at the time of the allegation retired and the senior staff, alleged to have sexually harassed an offender(s), was terminated by the County. During the interview with the current Warden, he stated that he would have pursued the same course of action if the same allegation was substantiated under his command.

The auditor finds TCCI in compliance with this Standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, H, 2
- Georgia Department of Corrections (GDC), policy 104.47, Employee Standards of Conduct
- GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment
- Facility Pre-Audit Questionnaire
- Monthly PREA Reports to GDC PREA Unit

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of GDC sexual abuse or sexual harassment policies by a contractor or volunteer.

Contractors and Volunteers, as a part of their PREA training, sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers. This document 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 offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Contractors and volunteers acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 14 PREA Education Acknowledgment Statements for Volunteers and Contractors.

Contractors and Volunteers are provided information related to the Zero Tolerance Policy and sign an acknowledgment statement affirming they understand the prohibited behaviors as well as the potential consequences for violating them. During the past 12 months, there have been no allegations against any contractor or volunteer. This was confirmed through reviewed investigation packages for the past 12 months, reviewed incident reports, reviewed grievances, Monthly PREA Reports to the GDC PREA Unit; and interviews with the Warden, PREA Coordinator, and SART Investigator. These staff indicated

any contractor or volunteer violating an agency sexual abuse or sexual harassment policy would be removed from the facility, banned from entering the facility, as well as notification being made to GDC to prevent the volunteer or contractor entering any other correctional facility.

TCCI has a zero-tolerance policy 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 perpetrates sexual abuse or sexual harassment will be immediately barred from the facility. Pending investigation, the contractor or volunteer will not be allowed entry into the facility or have contact with an inmate. The local law enforcement will be notified, and a recommendation will be made to refer the contractor or volunteer for prosecution if warranted. If the contractor or volunteer is a licensed person, the licensing agency will also be notified.

The auditor finds TCCI in compliance with this Standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- 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 No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, H, 3(a-i)
- Georgia Department of Corrections (GDC), policy 209.01, Offender Discipline

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. This policy also affirms that non-coercive sexual activity between offenders does not constitute sexual abuse, but it is considered a disciplinary issue. Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in the Georgia Department of Corrections (GDC), policy 209.01, Offender Discipline.

The policy requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. Moreover, if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.

The policy affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with policy 209.01, Offender Discipline.

Following a due process hearing, the facility hearing officer uses the GDC Offender Disciplinary Code Sheet to designate the severity level of the charge against the offender. Administrative charges placed against the offender are designated from "Greatest," "High," "Moderate," "Moderate," or "Low" severity levels. Sexual assault or soliciting sexual favors are of the "Great" or "High" severity level may be sanctioned by 1) Isolation one to fourteen days; 2) Referral to the Classification Committee for review; 3) Disciplinary transfer; 4) Removal from specified programs; 5) Affect issuance of a warrant for violation of law; 6) Prisons 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 an allegation of sexual assault is substantiated, a Special Agent assigned by GDC Office of Professional Standards may consult with the district attorney and refer the inmate for prosecution. The Code Sheet addresses violations of statutes and asserts that inmates under the jurisdiction of the State Board of Corrections, to include state inmates assigned to county institutions, are subject to all laws of the United States and the State of Georgia and any inmate 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 prisons disciplinary manner or of the taking of disciplinary action against the inmate.

The facility has not had any Disciplinary Reports generated during the past 12 months that were PREA related. This was confirmed through reviews of incident reports, grievances, monthly PREA reports, and interviews with staff, including the Warden, PREA Coordinator, Deputy Warden of Security, and the SART investigator.

The auditor finds TCCI in compliance with this Standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, D, 8-9
- Victim / Aggressor Classification Screenings
- Facility Pre-Audit Questionnaire

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program asserts that if an inmate's intake assessment indicated the inmate has experienced any prior victimization or has perpetrated any sexual abuse, whether in an institutional setting or in the community, the inmate will be offered a follow-up meeting with medical or mental health within 14 days of the intake screening. This will be documented on the inmate'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 Classification Screening) if the inmate endorses the question about having been a previous victim of sexual abuse, the counselor offers the inmate a referral to mental health. The inmate may choose to refuse. If the inmate wants to have a follow-up with mental health, the counselor makes the referral to medical. Medical would then initiate the mental health follow-up with GDC utilizing GDC form VG-36-01-01.

At TCCI, if an offender's intake assessment indicates that he has experienced any before victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the offender will be offered a follow-up meeting within fourteen (14) days of the intake screening. Documentation is required to be noted on the offender's intake screening instrument. Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to necessary staff maintaining strict confidentiality. Interviews with the counselor in charge of the Victim / Aggressor Classification Screening confirmed this would be the standard procedure despite no current or prior inmates having disclosed prior abuse to him.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. The initial assessment and follow-up assessment is not accessible by staff except those who conduct the assessments and upper-level staff involved in

housing assignments and classification activities. This information is restricted access according to permissions granted by GDC to SCRIBE database users.

Mental health treatment services are provided to TCCI by Calhoun State Prison. TCCI would obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate was under the age of 18. TCCI does not house youthful offenders. TCCI's MOU with Lily Pad SANE Center also affords inmates, who disclose prior sexual abuse, access to emotional support services as referred by the facility.

Interviews with the counselor who conducts the victim/aggressor classification screening and the PREA Coordinator confirmed that the screening asks the inmates 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. Inmates can refuse the referral. Interviews with twenty-one inmates confirmed the questions asked in the assessment and, all confirmed they had not disclosed any prior victimization or prior abusiveness.

The auditor finds TCCI in compliance with this Standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

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

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program,
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Attachment 5- Procedure for SANE Evaluation/Forensic Collection
- Georgia Department of Corrections (GDC), policy 507.04.84 and 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment
- Georgia Department of Corrections (GDC), policy 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment
- National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, Major Updates

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, 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. An inmate alleging sexual abuse will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment may be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the inmate would be counseled regarding the need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. TCCI inmates who allege sexual abuse will and consent to a forensic evaluation will be transferred to the local hospital.

SART will arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. The contract medical representative is a SART member, and she is required

to contact the appropriate Sexual Assault Nurse Examiner (SANE), who will respond as soon as possible, but within 72 hours of the time, the alleged assault occurred to collect forensic evidence. SANE's are provided by Lily Pad SANE Center per an MOU between TCCi and the Center. Medical staff may conduct an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds, and other traumas, as needed. All physical examinations are documented if conducted by contract medical staff. In most cases, inmates will be transported immediately to the local hospital to meet the Lily Pad SANE staff member who will provide for all care.

Forensic exams will occur if there has been any form of penetration, including oral or digital penetration, reported by the patient. Otherwise, no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done will be made by the SANE Nurse on a case by case basis.

GDC policy ensures that inmate victims of sexual abuse will receive timely unimpeded access to medical treatment and crisis intervention services; access to timely information regarding sexually transmitted disease prophylaxis; and all services provided will be provided at no cost to the inmate victim. SANE staff from Lily Pad will be utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections and confirmation that services are provided at no cost to the victim. The inmate would be offered testing for HIV and other Sexually Transmitted Infection and offered STI Prophylaxis.

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.

Requirements of this standard were confirmed in policies; interviews with contract medical staff, Lily Pad SANE Center staff; the MOU between Lily Pad SANE Center and TCCI; and interviews with the PREA Coordinator and SART Investigator.

The auditor finds TCCI in compliance with this Standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, I Medical and Mental Health Care
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Attachment 5- Procedure for SANE Evaluation/Forensic Collection
- Georgia Department of Corrections (GDC), policy 507.04.84 and 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment
- Georgia Department of Corrections (GDC), policy 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment

Interviews, Document and Site Review:

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program requires that prompt and appropriate medical and mental health services are provided in compliance with the PREA Standards. Moreover, in accordance with the Georgia Department of Corrections Standard Operating Procedures regarding medical and mental health care. The facility offers medical and mental health evaluation and, if needed, treatment to all inmates victimized by sexual abuse in a prison, jail, lockup or juvenile facility and as appropriate, 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.

The facility has had no allegations of penetration in the past 12 months. 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 inmate is taken to the local hospital to meet the Lily Pad SANE Center for a forensic exam conducted by a Sexual Assault Nurse Examiner. The inmate is offered STI Prophylaxis and testing for STIs. The facility can provide these if needed and ordered by the facility physician. Mental Health assessments are conducted on victims of sexual abuse upon the victim's consent, and they are offered services as deemed appropriate by the mental health practitioner. 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.

Medical and mental health staff provide services consistent with the community level of care, consistent with the GDC Policy. This was confirmed through interviews with the contract medical nurse and the Lily Pad SANE Center representative. There are no female inmates at this prison; therefore, inmates are not offered pregnancy tests nor is the substandard regarding providing timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmates would be

offered STI prophylaxis either at the hospital or in the facility, and as recommended by the Sexual Assault Nurse Examiner and ordered by the Doctor and if the inmate requested it after it is offered.

Policy 208.06- Attachment 5- Procedure for SANE Evaluation/Forensic Collection provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow-up visit by a clinician is required three working days following the exam. The facility has a facility-specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical, and Mental Health. 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, interviews with medical staff, and interviews with the director of Lily Pad SANE Center.

The auditor finds TCCI in compliance with this Standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No

- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, J Data Collection and Review
- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Attachment 9- Sexual Abuse Incident Review Checklist
- Facility Pre-Audit Questionnaire
- Monthly PREA Reports
- Incident Reports
- Grievances

Interviews, Document and Site Review:

TCCI in compliance with Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, conduct sexual abuse incident review within 30 days of the conclusion of all substantiated and unsubstantiated allegations of sexual abuse and sexual harassment. Policy 208.06, Attachment 9- Sexual Abuse Incident Review Checklist provides the facility with a formatted report form for all reviews.

Using the GDC Incident Review Form, the following are a part of the review process:

- Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution.
- Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse;
- Assess the adequacy of staffing levels in that area during various shifts;

The review team, in compliance with policy and confirmed in interviews, then will prepare a report of its findings to the Warden and PREA Coordinator who are authorized to implement the recommendations for improvement or document the reasons for not doing so.

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program affirms and requires that each facility conduct incident review for each substantiated or unsubstantiated sexual abuse allegations that have been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

This policy requires that the members of the incident review team consisting of the PREA Compliance Manager, SART and representatives from upper-level management, line supervisors and other staff members, as designated by the Warden of the facility.

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to, determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager.

The reviews are required by policy to be conducted at the end of the investigation. Interviews with representatives of the incident review team confirmed their knowledge that incident reviews are required to be conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang-related etc.), where it happened, blind

spots, the presence of cameras, staffing and other items included in the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

TCCI has not had an allegation since the current Warden and PREA Coordinator were appointed. Despite no additional allegations, investigation packages, or incident reviews to be reviewed by the auditor; the Warden, PREA Coordinator, and Incident Review Team knew the course of action to take and the specific information to be reviewed.

The auditor finds TCCI in compliance with this Standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- 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 No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, J Data Collection and Review
- Georgia Department of Corrections 2017 Annual Report

Interviews, Document, and Site Review:

Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files, and sexual abuse reviews. Upon request, all data from previous calendar years will be provided to the Department of Justice. 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.

The auditor reviewed the monthly reports supplied to the GDC PREA Unit, which contains aggregated data in the form of a spreadsheet. The spreadsheet breaks down allegations into substantiated, unsubstantiated, and unfounded headings. Under each heading, allegations are classified as staff to inmate sexual abuse; staff to inmate sexual harassment; inmate to inmate sexual abuse; and inmate to inmate sexual harassment. The spreadsheet aggregates the number of each type and sub-type of allegation under the appropriate designated investigative outcome.

The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC

contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included in 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 2017 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, thirteen (13) transitional Centers, nine (9) probation detention centers, five (5) substance abuse and integrated treatment facilities, and four (4) private prisons. Data is collected from each of the facilities and aggregated.

Georgia DOC compiles and investigates PREA allegations in 4 major categories including:

- 1) Staff on inmate Abuse,
- 2) Staff on Inmate Harassment,
- 3) Inmate on Inmate Abuse, and
- 4) Inmate on Inmate Harassment.

The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by the facility. The 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant, and an increase in the total number of allegations is influenced by process improvements and prevention training.

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 comply with the investigation standards. Beginning in 2018 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 to include TCCI.

The current Warden and PREA Coordinator have not completed an annual report due to the inadequate time in authority to conduct a proper review. They confirmed that after 2019, they will aggregate any available data for review and corrective action if needed. Both confirmed that the review was necessary to both seek improvements and depending on any future allegations possibly provide corrective actions to ensure a sexually safe environment. The annual report and any corrective action will be made public to any person(s) requesting the report from the facility.

The auditor finds TCCI in compliance with this Standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section IV, J Data Collection and Review
- Georgia Department of Corrections 2017 Annual Report

Interviews, Document and Site Review:

The Georgia Department of Corrections requires each facility to 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.

Likewise, 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.

The current Warden and PREA Coordinator completed an annual report for 2018, which compares the years since the last audit. They confirmed that at the conclusion of 2018 they aggregated all available data for review and corrective action if needed. Both confirmed that the review was necessary to both seek improvements and depending on any future allegations possibly provide corrective actions to ensure a sexually safe environment. The annual report is made public to any person(s) requesting the report from the facility.

The auditor finds TCCI in compliance with this Standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program
- Georgia Department of Corrections 2017 Annual Report

Interviews, Document and Site Review:

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 ten (10) years after the date of the initial collection unless the Federal, State, or local laws require otherwise.

TCCI complies with Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, which requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy. Sexual abuse data, files, and related documentation requires they are retained at least ten (10) years from the date of the initial report. 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 ten (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 ten (10) years from the date of the initial report, whichever is greater. The facility has had no allegations of sexual abuse in the past twelve (12) months. The facility has had only one (1) PREA allegation of staff to inmate sexual harassment on record since 2016. The PREA Coordinator related that data collected will be securely retained. All sexual abuse data will be available to the public upon request. All data in the future will be contained in an annual report compiled by the facility's new Warden and PREA Coordinator. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than ten (10) years from the initial date of collection.

The auditor finds TCCI in compliance with this Standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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.) Yes No 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 No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia Department of Corrections (GDC), policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program 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. The policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the GDC PREA Coordinator upon completion of the audit and must be conducted every three years. TCCI complies with this policy and was audited on May 3, 2016.

The auditor accepted the audit of TCCI approximately two (2) weeks before the onsite portion of the audit. The contracted auditor decided to retire. However, the contract stipulated that he provide a certified auditor to complete the facility audit in the event he was unable to facilitate the audit.

This did not afford the auditor or facility the standard six (6) to (8) weeks of pre-audit activities. The facility was expedient in all requests made in the week before the onsite portion and during the onsite portion of the audit. The facility has continued to provide all documentation requested in the post onsite portion of the audit, to include documentation for corrective action. The facility Warden and PREA Coordinator have been transparent about audited elements that were not completed by the previous administration. Both the Warden and PREA Coordinator were open to recommendations and participated in the development of corrective action plans as needed.

The auditor finds TCCI in compliance with this Standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not have a dedicated website at this time. However, the facility's last audit report dated May 3, 2016, along with PREA information provided to the public is posted on Terrell County Government's website. The information is readily accessible from the home page of the County's website via direct link. The facility is aware that the final audit report is required to be made publicly available within 90 days from the date of issuance from the auditor.

The auditor finds TCCI in compliance with this Standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Edwin Blansit
Auditor Signature

August 6, 2019
Date
