

PREA Facility Audit Report: Final

Name of Facility: Lee State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/04/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 05/04/2021

AUDITOR INFORMATION	
Auditor name:	O'Connor, Darla
Email:	darla@preaauditing.com
Start Date of On-Site Audit:	03/15/2021
End Date of On-Site Audit:	03/16/2021

FACILITY INFORMATION	
Facility name:	Lee State Prison
Facility physical address:	153 Pinewood Drive, Leesburg, Georgia - 31763
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Lauren Phillips
Email Address:	Lauren.Phillips@gdc.ga.gov
Telephone Number:	229-759-3122

Warden/Jail Administrator/Sheriff/Director	
Name:	Allen Dills
Email Address:	Allen.Dills@gdc.ga.gov
Telephone Number:	229-759-3074

Facility PREA Compliance Manager	
Name:	Lauren Phillips
Email Address:	lauren.phillips@gdc.ga.gov
Telephone Number:	O: (229) 759-3122

Facility Health Service Administrator On-site	
Name:	Peggy Livingston
Email Address:	Peggy.Livingston@gdc.ga.gov
Telephone Number:	229-759-3095

Facility Characteristics	
Designed facility capacity:	762
Current population of facility:	732
Average daily population for the past 12 months:	730
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-76
Facility security levels/inmate custody levels:	minimum, medium, close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	190
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	25
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	146

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

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

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

AUDIT FINDINGS

Narrative:

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

Lee State Prison (LSP) is located in a rural area of Leesburg, Georgia. It opened in 1979 and is located at 153 Pinewood Drive, Leesburg, GA. LSP is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit occurred at the address stated above March 15-16, 2021. The assigned PREA auditor is an independent sub-contractor, working for the primary contract holder from the Georgia Department of Corrections. Following coordination preparatory work and collaboration with management staff at the LSP, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit, the inmate count was 534, with a designated capacity of 762. LSP reported the average length of stay is 2 years and 263 days.

PRE-AUDIT PHASE

February 7, 2020, the Auditor signed a contract to complete the PREA audit at Lee State Prison. The auditor took over for a previous auditor who had a scheduling conflict when the date of the audit changed.

February 11, 2020 the auditor was introduced via email to the facility PREA Compliance Manager (PCM) by the audit contract holder, PREA Auditors of America (PAOA).

February 17, 2020 the Auditor emailed the PCM, with the appropriate individuals copied. The email outlined rudimentary housekeeping details to ensure smooth information flow. The same date the Auditor provided, via email, the Notice of Audit in English and Spanish with instructions to post copies in housing units, and other places deemed appropriate by facility staff. It was recommended to print the notices on bright colored paper for easy visibility. The notice provided the dates of the intended onsite audit, as well as a mailing address for the Auditor in the event an individual wished to contact the Auditor prior to the onsite audit. The audit notice also advised that any correspondence be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at LSP allows the inmate to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring the information remains confidential.

Notices were posted throughout the facility, in areas that were accessible to both inmates and staff. The PCM forwarded the Auditor (10) ten date stamped pictures of audit notices posted in different locations within the facility to include housing units, general areas, hallways, etc. The pictures were provided to the Auditor February 28, 2021, which was six (6) weeks prior to the on-site audit.

March 23, 2020 the Georgia Department of Corrections (GDC) postponed the LSP PREA Audit due to COVID-19 pandemic concerns, restrictions and guidelines. Due to COVID-19, this audit was scheduled,

postponed, rescheduled, postponed, rescheduled, cancelled, then finally scheduled again.

April 13, 2021 the LSP audit was rescheduled for June 1-3, 2021.

April 13, 2020, Just Detention International was emailed requesting information related to the sexual safety practices of LSP. This same date Just Detention International responded saying a review of their database indicates they have not had information from LSP since 2017.

April 13, 2020, Lily Pad SANE Center was emailed inquiring if they had any information related to the sexual safety practices of LSP.

April 14, 2020, Lily Pad SANE Center responded that they had not had any referrals for services from LSP. Lily Pad also confirmed they had a MOU with LSP for services.

April 22, 2020, following the review of documentation provided in OAS by the facility, a Pre-Audit Issue Log was forwarded to the facility.

April 29, 2020, received completed Pre-Audit Issue log from facility.

May 4, 2020, received missing documentation for staff PREA training from PCM.

May 4, 2020 received updated Staffing Plan from facility.

May 13, 2020, received additional PREA training documentation.

May 21, 2020, The auditor received updated list of SART members from facility.

May 26, 2020, the LSP audit was rescheduled for August 11-13, 2020, due to COVID-19 restrictions and guidelines.

June 10, 2020, the LSP audit was rescheduled for September 28-30, 2020, due to COVID-19 restrictions and guidelines.

July 22, 2020, the auditor sent the facility revised Pre-Audit Notices for the September 28-30, 2020 audit.

August 8, 2020, the auditor received pictures of posted Pre-Audit notices from the PCM.

September 8, 2020, the September 28-30, 2020 audit has been postponed due to COVID-19 concerns. A new audit date has not been set.

September 15, 2020, the new date for the LSP PREA on-site audit is March 15-17, 2021.

January 15, 2021, the Auditor contacted the facility regarding the specifics of Specialized Staff interviews.

January 19, 2021, the Auditor contacted the facility and requested a complete alpha roster of inmates, as well as a breakdown of inmates in targeted categories.

January 21, 2021, the auditor emailed the facility and requested a complete alpha roster of staff with the new hires and promotions in the last 12- months identified.

February 5, 2021 pictures of posted Pre-Audit Notices was received from the facility, ten (10) weeks before the on-site portion of the audit. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

March 3, 2021, the auditor submitted a request for personnel information to LSP.

March 6, 2021, the auditor emailed LSP to provide the names of the inmates chosen for interviews, as well as provide the inmate PREA education information needed for review during the on-site audit.

The Auditor was able to speak with a nurse from Lily Pad SANE Center, Inc., 320 W. 2nd Avenue, Albany, GA 31701; 229-435-0074, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams and services are free of charge to the inmate. Further, each inmate who has a SANE exam is assigned an advocate for medical accompaniment, prior to the forensic examination.

Pre-Audit Section of the Compliance Tool: The PCM provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

LSP has had two previous PREA audits. They received their Final Report on June 12, 2015, for their first PREA on-site that occurred May 18-19, 2015. They received their Final Report on July 11, 2017, for their last PREA on-site that occurred June 12-13-, 2017.

There were no barriers in completing the audit. The staff, whom the Auditor encountered, were prepared, cordial and accommodating. The Georgia Department of Corrections, as an agency, which includes LSP, chose to utilize the Online Audit System (OAS).

ON-SITE PHASE

March 15, 2021, the Auditor arrived at LSP and met with Warden, the PREA Compliance Manager (PCM) and a member of the agency PREA Coordinator team. During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook.

Prior to arrival, the Auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The Auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and inmates who were part of targeted populations as defined in the PREA Auditor Handbook. From these rosters, the interview lists were selected in a complete random fashion.

Each staff roster was utilized to create a list of staff randomly for interviews. The only selection criteria used for staff were individuals with a specialized position or individuals who had been promoted or hired within the last 12 months. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates

- Inmates Identified as LGBTI
- Inmates in Segregated Housing or Isolation
- Inmates who Reported Sexual Abuse
- Inmates who reported Sexual Victimization during Risk Screening
- Contractors or Volunteers who have Contact with Inmates.

Note: LSP reported it does not house youthful inmates. This was confirmed during the audit by a review of the LSP inmate roster, as well as a visual inspection of the housing area and facility, and no youthful inmates were present.

In addition to the inmate and staff lists, the Auditor requested and subsequently received the following listed items:

- All grievances made in the 12-months preceding the audit that claim allegations sexual abuse, sexual harassment, or retaliation.
- All incident reports from the 12-months preceding the audit related to allegations of sexual abuse, sexual harassment, or retaliation.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded
- All hotline calls made during the 12-months preceding the audit.

On the Pre-Audit Questionnaire (PAQ), LSP reported they had no grievances in the past twelve (12) months. The Warden provided a memorandum regarding grievances which confirms LSP does not have administrative procedures to address inmate grievances regarding sexual abuse.

The Institutional PREA Compliance Manager (PCM) provided the information requested, and the Auditor conducted a review of the information. During the past 12-months there have been two (2) allegations of sexual abuse, sexual harassment, or retaliation. One was staff-on-inmate sexual abuse, which the investigation determined to be unfounded. The other was inmate-on-inmate sexual abuse, which the investigation determined to be unsubstantiated.

During the past 12-months there was one (1) PREA Hotline call made to report sexual abuse or sexual harassment. The PCM confirmed this and stated this hotline call was the basis of one of the PREA allegations in the past 12-months.

The Auditor conducted an extensive amount of internet research regarding the Lee State Prison (LSP) and found little information. There were various articles discussing COVID-19 and the Georgia Department of Corrections, which mentioned LSP, but no information regarding lawsuits, civil rights issues, security issues, sexual abuse or sexual harassment, or sexual violence. There was not any information discovered during the research portion of the audit to suggest an unhealthy correctional environment within LSP.

During the research to prepare for this audit, the Auditor learned Georgia law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities, to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities.

Because of the posted audit notices, the Auditor did receive correspondence from inmates prior to arrival. Those inmates who sent correspondence and were still assigned to LSP were interviewed during the on-site portion of the audit.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. LSP consists of twenty (20) buildings. There are seven (7) housing units, all of which are multiple occupancy cells. There are sixteen (16) segregation cells, with thirty-two (32) beds, used for administrative, disciplinary or protective custody as needed. All cells have a toilet and sink inside the cell. The showers are separate, single stall showers, which provide ample privacy. Each housing unit has a central day room area with tables, chairs, telephones, televisions, video visitation, etc. The officer station is elevated to provide excellent viewing and ready access to controls.

Other buildings on the compound house administration, education, vocation, medical, intake, classification, laundry, greenhouse, recreation, chapel, barber shop, visitation, maintenance and storage. There is outdoor recreation for the inmates with large green spaces.

During the tour of the facility, the Auditor observed several inmates interact with the PCM, as well as the Warden, each time indicating a positive and respectful relationship with the inmate population.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of and security mirrors, inspected bathrooms, showers and toilets to identify potential cross gender viewing concerns, checked for blind spots, observed staff to inmate ratios, etc.

The facility had phones available for all inmates to use. The Auditor tested these phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. When each receiver was picked up, an inmate or staff member can dial *7732 at no charge and be instantly connected to the PREA hotline. Using the *7732 does not require an individual to provide any identifying information prior to making the call. During the on-site tour, each phone that was tested was able to connect to the functioning PREA hotline, which provided sufficient time to leave a detailed message to follow-up and never required personal identifying information be left.

In all inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff entered a housing area, the respective staff member always made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times. In all cases if there was a response, the opposite gender staff did not enter until the inmate had completed their purpose, if there was no response after several announcements; then the staff entered. During the interviews, several inmates indicated some of the female staff will not enter the bathing areas under any circumstances and will always defer that responsibility to a male staff member.

During the on-site audit, the facility staff explained the intake process. The staff was able to guide the Auditor through the intake screening process, by modeling the process that each inmate is required to participate in during the initial screening and ongoing intake processes. The intake staff member discussed each of the documents and assessments utilized as we proceeded through the processes. The intake staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake process.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or proper procedures were demonstrated by staff on hand.

PREA Management Interviews: During the audit period, the Auditor conducted interviews with the following members of the management team:

- Warden
- PREA Compliance Manager

Because of logistics, the Auditor conducted telephonic or written interviews with the following members of the management team:

- Human Resources
- Agency Head or designee
- SART - Investigative Staff
- PREA Coordinator
- SAFE/SANE Nursing Staff

Each of their remarks are documented and presented in this report. Each of these individuals was interviewed using the applicable interview protocols, and responses were recorded by hand.

All in-person interviews occurred in private area. The Auditor conducted the following number of staff interviews:

CATEGORY OF STAFF	NUMBER OF INTERVIEWS CONDUCTED
Random Staff	16
Specialized Staff	22
TOTAL STAFF INTERVIEWED	38
BREAKDOWN OF SPECIALIZED STAFF INTERVIEWS	
• Agency Head	1
• Agency PREA Coordinator	1
• Agency Contract Administrator	1
• Facility Head	1
• SAFE/SANE Nurse	1
• Investigative Staff	1

<ul style="list-style-type: none"> • Facility PREA Compliance Manager 	1
<ul style="list-style-type: none"> • Human Resources Staff 	1
<ul style="list-style-type: none"> • Intermediate or Higher Staff 	1
<ul style="list-style-type: none"> • Non-Medical Cross Gender Strip/Visual Body Cavity Searches 	1
<ul style="list-style-type: none"> • Intake Staff 	1
<ul style="list-style-type: none"> • Classification Staff 	1
<ul style="list-style-type: none"> • Medical Staff 	1
<ul style="list-style-type: none"> • Mental Health Staff 	1
<ul style="list-style-type: none"> • Contractor with Inmate Contact 	1
<ul style="list-style-type: none"> • Volunteer with Inmate Contact 	1
<ul style="list-style-type: none"> • Staff who perform screening for risk of victimization and abusiveness 	1
<ul style="list-style-type: none"> • Incident Review Team 	1
<ul style="list-style-type: none"> • Mailroom Staff 	1
<ul style="list-style-type: none"> • Monitor(s) of Retaliation 	1
<ul style="list-style-type: none"> • Staff who Supervise Inmates in Segregation 	1

<ul style="list-style-type: none"> • First Responder (Security/Non-Security) 	1
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Note: In several instances, a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc.

Specialized Staff Interviews: Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers based on the line of questioning on the specific interview protocols for their position and responsibilities. There were nineteen (19) individuals interviewed using twenty-two (22) protocols.

During interviews with specialized staff, the Auditor learned PREA investigations are initiated in several ways; reports can be made to staff verbally or in writing; through PREA hotline calls (*7732), or third-party reporting.

Depending on whether the PREA complaint is classified as Administrative, or Criminal determines who investigates the allegation. All allegations are initially given to the SART personnel at the facility. If upon the beginning of the investigation, the allegation is administrative, the SART team completes the investigation. If at any time during the investigation process it appears the allegation may have included criminal behavior, SART stops investigating and turns everything over to the Office of Professional Services (OPS) to investigate.

Random Staff Interviews: There are 190 staff currently assigned to LSP. Random staff were chosen from the remaining staff who did not participate in the specialized staff interviews.

Work shifts for custody staff are:

- 1st shift: 0600 – 1400 hours
- 2nd shift: 1400 – 2200 hours
- 3rd shift: 2200 – 0600 hours

Non-custody staff work similar variations of the three shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

LSP usually offers the inmate population a varied and robust volunteer programs. Unfortunately, due to COVID-19 protocols volunteer programs have been scaled back. The Auditor conducted (1) one interview with an individual who is a bee keeping volunteer. During the interview process, he was able to verbalize the key components of PREA and what his responsibilities would be if alleged sexual abuse were reported to him.

LSP does have contract workers in the facility. The primary contract workers who have any contact with the inmate population are directly associated with the medical services provided at the facility. All contract staff receive specific PREA training as it relates to their specific position, in addition to the GDC specific PREA training. The Auditor conducted (1) one interview with a contract staff member who is the lead nurse. During the interview process, she was able to verbalize the key components of PREA and what her responsibilities would be if alleged sexual abuse were reported to her.

All in-person interviews occurred in a private space in a conference room. The Auditor conducted the

following number of inmate interviews:

CATEGORY OF INMATES	NUMBER OF INTERVIEWS CONDUCTED
Random Inmates	16
Targeted Inmates	11
TOTAL NUMBER OF INMATES INTERVIEWED	27
BREAKDOWN OF TARGETED INMATE INTERVIEWS	
<ul style="list-style-type: none"> • Inmates who reported sexual abuse 	0
<ul style="list-style-type: none"> • Inmates who disclosed prior sexual victimization during risk screening 	1
<ul style="list-style-type: none"> • Inmates who identify as Lesbian, Gay or Bisexual 	1
<ul style="list-style-type: none"> • Inmates who identify as Transgender or Intersex 	0
<ul style="list-style-type: none"> • Inmates in segregated housing for risk of sexual victimization 	0
<ul style="list-style-type: none"> • Inmates with a physical disability 	4
<ul style="list-style-type: none"> • Inmates with hearing impairment 	1
<ul style="list-style-type: none"> • Inmates with visual impairment 	0
<ul style="list-style-type: none"> • LEP inmates 	4
<ul style="list-style-type: none"> • Inmates with cognitive disability 	0

Random Inmate Interviews: The institutional count the first day of the on-site audit was 534. The

Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the PCM, to the area designated for interviews.

During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used as lagniappe to supplement the overall audit information gathering process. Sixteen (16) formal random inmate interviews were conducted with inmates in varying custody levels. One random inmate declined to be interviewed.

The Auditor did receive correspondence from inmates because of the PREA audit announcement posting. All inmates who were still assigned to LSP were interviewed during the on-site portion of the audit.

At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained the purpose of the interview. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the protocol questions. All responses were recorded by hand.

During the random interviews, no PREA issues were revealed; no other interview protocols accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation, and they felt the facility staff took PREA issues seriously.

Regarding personal safety at LSP, every random inmate interviewed stated he felt safe from sexual harassment and sexual abuse.

Targeted Inmate Interviews: The Auditor conducted eleven (11) interviews of those inmates identified for interviews based upon specific PREA standards. Out of the ten (10) categories, there were inmates who fell into five (5) categories, as identified in the table above.

The Auditor selected inmates from the list received from the PCM. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the PCM, to the private interview area.

At the beginning of each interview, the Auditor explained to the inmate why she was at the facility, what her role was in the PREA process and explained the purpose of the interview. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand.

Regarding personal safety at LSP, every targeted inmate interviewed stated he felt safe from sexual harassment and sexual abuse.

Document Reviews:

A thorough review of the Georgia State Policies, as well as the facility specific policies were included in all three (3) phases of the audit: Pre-Audit, On-Site portion, and Post-Audit.

Prior to conducting the onsite visit to the facility, the Auditor requested the facility identify a

comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the onsite portion of the PREA audit. From these lists, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The lists requested by the Auditor in the pre-onsite audit phase were:

1. Alpha listing of all inmates assigned to the facility
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities).
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing or isolation
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk screening
8. Roster of inmates who reported sexual abuse in the past 12-months
9. Complete alpha staff roster
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations
13. Complete list of contractors who have contact with inmates assigned to the facility
14. Complete list of volunteers who have contact with inmates assigned to the facility
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months
16. List of all hotline calls made in the 12 months preceding the audit
17. List of all 3rd party reports of inmate sexual abuse, sexual harassment, or retaliation
18. Copies of all incident review team cases conducted over the past 12 months
19. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address.
20. List of community-based advocacy organization(s) utilized by the facility
21. Copies of all allegations submitted over the past 12 months which claim sexual abuse, sexual harassment, or retaliation, including
 1. Total number of allegations
 2. Number determined to be Substantiated, unsubstantiated or unfounded
 3. Number of cases in progress
 4. Number of criminal cases investigated
 5. Number of administrative cases investigated
 6. Number of criminal cases referred to prosecution; number indicted; number convicted; number acquitted
 7. List of all hotline calls made in the 12 months preceding the audit

The facility provided the Auditor the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

NAME OF RECORD	TOTAL NUMBER OF RECORDS	NUMBER SAMPLED AND REVIEWED
Personnel Records	190	37
Training Records	190	190
Inmate Records	534	30
Allegations	2	2
Incident Reports	2	2
Investigation Records (SA and SH)	2	2

Personnel and Training Files:

Thirty-seven (37) record reviews were conducted on staff from various categories, including employees hired or promoted in the past 12 months. All the files contained all the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

Inmate Records:

There were thirty (30) inmate records, chosen randomly from the master roster, with arrival dates varying throughout the previous 12 months. All thirty (30) records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. Further all thirty (30) had received PREA information during intake, had their PREA screening within 72 hours of admission, had 30-day reassessments and had comprehensive PREA education within 30-days of intake.

Grievances:

On the Pre-Audit Questionnaire (PAQ), LSP reported they had zero (0) no grievances in the past twelve (12) months. The Warden provide a memo confirming LSP does not have administrative procedures to address inmate grievances regarding sexual abuse.

Incident Reports:

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months LSP had two (2) allegations of sexual abuse and sexual harassment. The auditor reviewed the complete PREA investigative file for each allegation. The files contained all required information. The inmate was notified timely in both cases. Retaliation monitoring was enforced per policy. Incident reviews were conducted within 30-days of the investigation being closed.

Investigation Files:

Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months LSP had two (2) allegations of sexual abuse and sexual harassment. The auditor reviewed the complete PREA investigative file for each allegation. The files contained all required information. The inmate was notified timely in both cases. Retaliation monitoring was enforced per policy. Incident reviews were conducted within 30-days of the investigation being closed.

During the past 12-months there was one (1) PREA Hotline calls made to report sexual abuse or sexual harassment. The PCM confirmed this information.

The Auditor scheduled the exit briefing with the Warden and the PCM. The Warden, PCM, PREA Coordinator participated in this meeting. During this exit briefing, the participants were provided with an overview of what had been observed and information regarding the interim or final audit report that is due no later than May 4, 2021.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section 115.404 (d) states, “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

This information was discussed with the Institutional Compliance Manager and Warden, as well as the agency PREA Coordinator.

Audit Section of the Compliance Tool: The Auditor reviewed onsite documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the onsite audit should be reviewed to decide of compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

Final Audit Report: Following completion of the compliance tool, the Auditor started completing the final report. The final report identified which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted, and what observations were made during the on-site review of the facility to decide of compliance for each standard provision. The Auditor then provide an explanation of how evidence was used to draw a conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.

AUDIT FINDINGS

Facility Characteristics:

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

The Lee State Prison (LSP) is located at 153 Pinewood Drive, Leesburg, GA 31763. The facility primarily houses adult male inmates with medium custody classifications. The facility has a perimeter fence that surrounds the compound. The last major renovation reportedly occurred in 2002.

The facility consist of 20 buildings. There are seven (7) housing units, all of which are multiple occupancy cells. There are sixteen (16) segregation cells, with thirty-two (32) beds, used for administrative, disciplinary or protective custody as needed. All cells have a toilet and sink inside the cell. The showers are separate, single stall showers, which provide ample privacy. Each housing unit has a central day room area with tables, chairs, telephones, televisions, video visitation, etc. The officer station is elevated to provide excellent viewing and ready access to controls.

The remaining buildings house administration, education, vocation, medical, intake, classification, laundry, greenhouse, recreation, chapel, barber shop, visitation, maintenance and storage.

LSP is an Evidence Based Program and provides inmates with multiple opportunities to become mentors, modeling responsible behavior. It also provides inmates with an opportunity to become leaders and teach classes under the supervision of facility staff. LSP offers GED and adult based education, moral recognition therapy, active parenting, lifers' group, re-entry skills building, confronting self, family violence basic computer and typing, and motivation for change. Vocational programs include automotive, carpentry, small engine repair, HVAC, food preparation, barbering, laundry, custodial maintenance, building maintenance, landscaping, general office clerk, wastewater management and horticulture. They also have access to medical acre, general recreation and religious activities and services.

LSP has a maximum capacity rate of 762 inmates. The number of inmates admitted to the facility during the past 12 months was 416. The first day of the on-site portion of the audit the facility reported 534 inmates confined at the facility. The facility has 190 staff, 146 volunteers, and 25 contractors.

The facility had PREA signage posted. The signs were visible at the entrance point, in the food service area, the various housing units, visitation, facility hallways, classrooms and above the inmate telephones, etc.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

Standards Exceeded: 0

List of Standards Exceeded: N/A

Standards Met: 45

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 587 365">Documentation Reviewed</p> <ul data-bbox="300 432 1460 1021" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 1-7; 28-30. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, pp. 1-2. • Georgia Department of Corrections (GDC), Inmate Handbook, pp. 65 - 67 • Georgia Department of Corrections (GDC), Prison Rape Elimination Act (PREA) Organizational Chart. • Warden Memorandum. SART Team Members, dated January 2, 2020. • Warden Memorandum, PREA Compliance Manager, dated January 2, 2020. • Georgia Department of Corrections, FY 2017 – FY2020 Strategic Plan. <p data-bbox="248 1059 624 1095">Interviews with the following:</p> <ul data-bbox="300 1162 791 1238" style="list-style-type: none"> • PREA Coordinator (PC) • PREA Compliance Manager (PCM) <p data-bbox="248 1274 432 1310"><u>Provision (a)</u></p> <p data-bbox="248 1346 1460 1597">The Pre-Audit Questionnaire (PAQ) indicates LSP has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.</p> <p data-bbox="248 1635 1477 1841">The agency has numerous policies and procedures relative to this provision. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 1, Section I, specifically asserts the zero-tolerance policy.</p> <p data-bbox="248 1879 1437 2130">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 2-6, Section III, lists the definitions describing prohibited behaviors in relation to sexual abuse and sexual harassment. Policy language is specific in providing the definitions of inappropriate behavior, how to report and the investigative process. Additionally, policy language outlines staff responsibilities,</p>

procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment.

Georgia Department of Corrections (GDC), Inmate Handbook, p. 65 specifies the GDC fully supports the guidelines set forth in the Prison Rape Elimination Act of 2003 and remains committed to a zero-tolerance policy against sexual violence. Page 67 in the handbook states when it comes to sexual activity within a correctional setting, the GDC policies and procedures are clear and prohibit any form of sexual activity. Forced or coerced sexual behavior is a criminal act that merits criminal prosecution.

The policy is consistent with the PREA standards.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 6-7, Section IV, A, 1, specifically addresses the requirements of this provision. Additionally, it identifies the roles and responsibilities of the agency PREA Coordinator (PC), and the institutional PREA Compliance Manager (PCM) and relates directly to the implementation, management, and monitoring of the GDC's compliance with PREA Standards, including collaboration with the various levels of management. The reviewed policy is consistent with the PREA Standards and outlines the agency's approach to sexual safety.

The agency PC is classified as an upper-level management position, as confirmed through a review of the agency organization chart. The PC has regular contact with all GDC facilities throughout the state. According to the GDC Organizational Chart, the PC reports to the Compliance Director.

The interview notes of the PC indicate the PC is a full-time position dedicated solely to PREA compliance. The PC feels she has sufficient time to manage her PREA related responsibilities. Each facility has one (1) PREA Compliance Manager (PCM).

The PC is a resource for the PCM's and interacts with them via email, telephone, and in-person, when she visits their facilities.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 6-7, Section IV, A, 1, establishes, identifies, and outlines the roles and responsibilities of the LSP PCM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the PCM to coordinate the institutions efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards and outlines the agency's approach to sexual safety.

The LSP PCM is the Deputy Warden of Care and Treatment who reports directly to the Warden of the facility, which was confirmed by a review of the institutional organizational chart. Through interviews with the agency PC and the institution PCM, it was confirmed the PCM has the responsibility to ensure the institution's compliance with the PREA standards and has the

authority to address all PREA issues.

During interviews with the LSP PCM, she indicated she has sufficient time to complete her responsibilities. It is evident that she is deeply knowledgeable with the expectations and responsibilities of her position and is able to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency exceeds the standard which addresses zero tolerance of sexual abuse and sexual harassment; PREA coordinator. No recommendations or corrective action is required.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Warden Memorandum, Outside Agencies, dated January 2, 2020 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Facility Head or Designee (Warden) <p><u>Provision (a)</u></p> <p>LSP Pre-Audit Questionnaire (PAQ) revealed the GDC requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. LSP does not individually contract for the confinement of inmates.</p> <p>The Warden Memorandum, Outside Agencies, dated January 2, 2020, states at this time, Lee State Prisons has no contracts with any outside agencies to hold our inmates in confinement.</p> <p><u>Provision (b)</u></p> <p>See Provision (a) for details.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the LSP meets the standard which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.</p>

115.13	Supervision and monitoring
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 596 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1461 763" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018 • LSP, <i>Facility PREA Staffing Plan</i>, effective January 1, 2020 • Chief of Security Memo, <i>Post Deviations</i>, undated • Warden Memorandum, <i>PREA Checks</i>, dated January 1, 2020 <p data-bbox="248 797 632 831">Interviews with the following:</p> <ul data-bbox="300 898 879 1066" style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) • Agency PREA Coordinator (PC) • Intermediate-or-Higher Level Facility Staff <p data-bbox="248 1099 432 1133"><u>Provision (a)</u></p> <p data-bbox="248 1178 1453 1256">LSP Pre-Audit Questionnaire (PAQ) indicated LSP does have a staffing plan that is reviewed at least annually.</p> <p data-bbox="248 1290 1469 1536">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018, p. 7, number 3, indicated the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse.</p> <p data-bbox="248 1581 1477 1827">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018, p. 8, number 4-5, requires the facility to annually discuss the need for any adjustments to be made to the staffing plan, video monitoring systems and other monitoring technologies. Once established, the plan is forwarded to the PREA Coordinator for review and approval.</p> <p data-bbox="248 1872 1469 1984">The LSP Staffing Plan, indicates that it is the policy of the LSP to ensure all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts, if any, are posted by male staff only.</p> <p data-bbox="248 2029 1461 2141">The Auditor reviewed the 2020 annual PREA staffing plan. The plan was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits ensure compliance with the established staffing model. The staffing</p>

plan is predicated upon an inmate population of 762. The average daily number of inmates during the time of the audit was 534.

Interviews with both the Warden and the PCM indicated they both conduct random reviews of the staffing levels, how they affect the inmate programming, various classification amounts, as well as any changes or modifications to the video monitoring. They will also review other concerns that include physical plant configuration, internal or external oversight bodies, inmate population composition, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden stated during his regular staff meeting, staffing plan compliance and any deviations from the staffing plan is a frequent topic of discussion.

Provision (b)

LSP has established a staffing plan, which is predicated on the daily average of 715 inmates. In the event a mandatory post is vacant, the post is filled with on-call staff or staff re-directed from non-mandatory posts.

On the PAQ, LSP reported seven (7) most common reasons for deviations from the staffing plan in the past twelve (12) months:

1. Hospital Posts
2. Tactical Squad Detail
3. Training
4. Outry Assistance posts
5. Unexpected staff call-ins
6. Family Leave
7. Unplanned offender transfers

LSP does not experience excessive deviations from the staffing plan. The Auditor randomly reviewed several documented deviations for a one-month period. Each notice documented the date/time/shift, the reason for the deviation as well as the expected time to resume, including the next time the post resumed coverage.

The Auditor did not find any occurrence when an inmate education or program time was shut down due to limited staff coverage in the past 12 months. However, some programs have been suspended due to COVID-19 protocols and requirements.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 7, number 3, requires the staffing plan review to be completed in consultation with the PREA Coordinator and that the PC receive a copy of the PREA Compliant Staffing Plan.

Additionally, this policy requires an annual internal audit of the staffing plan. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where inmates may be present. The committee on an annual basis addresses justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment. The annual review of the staffing plan includes facility management

level staff that include the Warden, PCM, and Captain.

LSP has a minimum staffing requirement. In the event a mandatory post is vacant for whatever reason, that post is filled with from the on-call list or staff redirected from non-mandatory posts. The Auditor reviewed shift rosters and was able to verify each of the mandatory posts were covered by an assigned staff member.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8, number 6, mandates that intermediate level or higher-level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented in the area logbook. The Auditor reviewed twelve (12) of these reports through the document review process. The Auditor also reviewed the shift reports and noted consistent entries by supervisors on all shifts.

The Warden memorandum, PREA Checks, dated January 1, 2020, indicates all supervisors and duty officers will make unannounced PREA checks. All checks must be written in the dorm logbook as well as the duty book. All books will be signed, dated and any concerns and corrections documented.

Through interviews and informal conversations with intermediate or higher-level staff, it was confirmed unannounced rounds are expected and conducted. These interactions affirmed the staff are making unannounced rounds and documenting them. During random informal conversations with staff, the staff stated the supervisors conduct unannounced rounds and document them in the logbook. The Auditor through a review of the logbook validated this.

During interviews of random staff, they all verbalized the prohibition of staff alerting each other when a supervisor is making their rounds.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses supervision and monitoring. No recommendations or corrective action is required.

115.14	Youthful inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8. • Warden Memorandum, Youthful Offenders, dated January 2, 2020 <p>Observations during on-site review</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) <p><u>Provision (a)</u></p> <p>On the PAQ, LSP reported they do not house youthful inmates. The Warden Memorandum, Youthful Offenders, dated January 2, 2020, documents LSP does not house youthful offenders.</p> <p>During the on-site tour, the Auditor did not observe any youthful inmates.</p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8. Indicates youthful offenders in the Georgia Department of Corrections will not have sight, sound or physical contact with any adult offenders through shared dayrooms or other common space, shower area or sleeping quarters. Further, outside of housing units, sight and sound separation will be maintained or direct staff supervision will be provided.</p> <p><u>Provision (b)</u></p> <p>N/A</p> <p><u>Provision (c)</u></p> <p>N/A</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding youthful inmates. No recommendations or corrective action is required.</p>	

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 719" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Warden Memorandum, Female Offenders, dated January 2, 2020 • Complete roster of LSP inmates <p data-bbox="248 757 707 792">Observations during on-site review</p> <p data-bbox="248 831 624 866">Interviews with the following:</p> <ul data-bbox="300 934 560 1010" style="list-style-type: none"> • Random Staff • Random Inmates <p data-bbox="248 1048 432 1084"><u>Provision (a)</u></p> <p data-bbox="248 1122 1449 1198">On the PAQ, LSP reported they did not have any cross-gender strip or cross-gender viewed body cavity searches in the past twelve (12) months.</p> <p data-bbox="248 1236 1465 1442">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, a, states staff shall not conduct cross gender strip searches or cross gender visual body searches except in exigent circumstance. The reviewed policy is consistent with the PREA standards.</p> <p data-bbox="248 1480 1449 1686">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, c, states all cross gender strip searches or cross gender visual body cavity searches shall be documented. The reviewed policy is consistent with the PREA standards.</p> <p data-bbox="248 1724 1474 1890">There were sixteen (16) random staff questioned about cross gender search practices. All staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity, searches do not occur at this facility. A review of the staff training records confirmed all staff were trained in cross gender searches.</p> <p data-bbox="248 1928 432 1964"><u>Provision (b)</u></p> <p data-bbox="248 2002 1458 2123">On the PAQ, LSP reported it does not house female inmates. During the on-site tour, the Auditor did not observe any female inmates. A review of the complete inmate roster revealed there were not female inmates housed at LSP.</p>

The Warden memorandum, Female Offenders, dated January 2, 2020, further confirms LSP does not house female inmates.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, c, indicates that such searches are documented.

There were sixteen (16) random staff questioned about cross gender search practices. During the interviews with random staff the Auditor asked under what circumstances would cross gender searches occur, all staff questioned (both male and female) responded that there are always sufficient male staff members available to conduct any searches needed, and that male staff would be diverted to address the issue if needed.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, d, indicates the facility shall implement procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell and/or dorm checks. The reviewed policy is consistent with the PREA standards.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, e, states such procedures shall require staff of the opposite gender to announce their presence when entering an inmate-housing unit. The reviewed policy is consistent with the PREA standards.

During the facility tour, opposite gender, staff were observed entering the housing units and announcements of their presence were made. Likewise, the Auditor was announced by LSP staff when entering the inmate housing and restroom areas as she is of the opposite gender.

All inmates interviewed reported female staff announce their presence when entering the housing unit. Likewise, all inmates interviewed stated female staff announce their presence before entering the bathroom area and wait a period after announcing before entering. All inmates interviewed affirmed they could dress without being viewed by staff of the opposite gender. All staff interviewed reported opposite gender staff announcements are made when entering the housing units.

The inmate housing units provide toilets in the cells and access to separate, individual shower stalls that include additional privacy to the inmate population.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 10, number 8, f, indicates staff shall not

search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Thirty-eight (38) staff members were interviewed and questioned about cross gender search practices. All staff members recalled having this specific training and reported cross gender strip searches or cross gender body cavity, searches do not occur at LSP. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying inmate genital status.

All twenty-seven (27) inmates interviewed confirmed female staff do not conduct cross gender searches.

At the time of the audit, there were no transgender or intersex inmates at LSP.

Provision (f)

The Auditor reviewed every staff members PREA training sessions that occurred in 2020, 190 in total. The Auditor verified each signature on the sign-in sheet correlated to an existing LSP staff member, ensuring that all staff had received the required training. All participants also signed their acknowledgment of all training materials. Training topics included appropriate search techniques, specific to cross-gender pat searches and searches of transgender and intersex inmates. Additional training documents provided direction to staff on proper documentation practices when cross gender searches occur.

When female staff were asked, how they would proceed if a male staff were not available, they indicated there is never an instance when a male staff member is not on duty and would be directed to the area to conduct the search. All staff interviewed recalled receiving training on opposite gender pat searches. During the facility tour, opposite gender staff were observed entering housing units and announcement of their presence were made. LSP staff when entering the inmate housing and restroom areas also announced the opposite gender Auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined agency/facility meets the standard regarding limits to cross-gender viewing and searches. No recommendations or corrective action is required.

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1481 719" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • AllWorld Language Consultant, Inc, GDC Statewide Language Contract, signed October 17, 2017 <p data-bbox="248 757 1126 792">Observations of PREA poster locations during on-site tour of facility</p> <p data-bbox="248 831 624 866">Interviews with the following:</p> <ul data-bbox="300 934 738 1050" style="list-style-type: none"> • Facility Head - Warden • Random Staff • Inmates with disabilities or LEP <p data-bbox="248 1088 432 1124"><u>Provision (a)</u></p> <p data-bbox="248 1164 1469 1323">On the PAQ, LSP reported the GDC, as well as LSP, have established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency’s effort to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p data-bbox="248 1364 1442 1615">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 9, a, states the PCM shall ensure the appropriate resources are available to offenders with disabilities and those who are LEP do they may understand the facility policies around reporting, preventing detecting and responding to sexual abuse and sexual harassment.</p> <p data-bbox="248 1653 1469 1861">The AllWorld Language Consultant, Inc, GDC Statewide Language Contract, signed October 17, 2017, provides services for GDC inmates and staff who need translation, interpretation or sign language solutions. LSP provided documentation to confirm, the initial term of the contract was January 1, 2018 through December 31, 2019, after which the contract has three (3) one (1) year optional renewals.</p> <p data-bbox="248 1899 1442 2107">An additional translation process which can be used as a backup to the AllWorld Language contract is the Google Translate Services (https://translate.google.com/) with an attached microphone to address any translation needs for the inmates of the facility. Now, Google Translate supports 103 different languages, and is available 24 hours a day, t days a week. Access to this service is facilitated through the respective watch commander.</p>

The Auditor received written documents, training materials, as well as PREA brochures in both English and Spanish to the inmate population. During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish.

During the interview with the Warden, he shared LSP has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in the PREA reporting process through several avenues such as, the statewide language contract, Google Translate, staff interpreters, outside service providers via an MOU, etc.

The Auditor interviewed nine (9) inmates with disabilities. One (1) inmate was hearing impaired; four (4) inmates were physically disabled; and four (4) inmates were LEP. The hearing-impaired inmate stated he felt he could make a report if he needed to. He stated he could hear well enough to understand the PREA information and to ask questions. He stated he did not feel more vulnerable due to his hearing impairment. The inmates with physical disabilities were not such that they needed accommodation with the PREA information. When each was asked if he felt vulnerable to sexual abuse or sexual harassment due to his physical disability, each reported they did not. The four (4) LEP inmates confirmed they had been given information in Spanish upon arrival. All reported they were comfortable that they understood the PREA policies. They expressed an understanding of zero-tolerance, how to report, what constituted a PREA violation and what their rights were.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 9, addresses ensuring each inmate understands all information regarding GDC's PREA policy.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 9, dictates inmate PREA education information will include: Prevention of sexual abuse and harassment; self-protection; methods of reporting; and treatment and counseling availability.

As mentioned in provision (a), the GDC has an established MOU with AllWorld Language Consultant, Inc. LSP also employs a staff member with ADA responsibilities, who is charged with coordinating training and educational materials for all ADA inmates.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 9, b, addresses the prohibition of using other inmates for translation services.

The GDC requires that only professional interpreters or translation services, including sign language, are available to assist inmates in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy prohibits inmates from using interpretation/translation services from other inmates, family members or

friends for these purposes.

During the interview with the PCM, she indicated there have not been any instances in the past twelve (12) months when an interpreter service was required.

Of the sixteen (16) random staff interviewed, all recalled the process of how to access AllWorld Language Consultants, as well as Google Translation for interpretation services. Most indicated that in the event translation is required, they would try to find another staff member to provide translation and then contact the shift supervisor before trying another avenue.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

115.17	Hiring and promotion decisions
	<p data-bbox="248 168 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 596 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 804" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 104.09, Filling a Vacancy, dated October 13, 2020 • Warden Memorandum, Hiring and Promoting Decisions, dated January 2, 2020 • Personnel file reviews for current employees <p data-bbox="248 844 624 880">Interviews with the following:</p> <ul data-bbox="300 947 858 1021" style="list-style-type: none"> • Administrative (Human Resources) Staff • Random Inmates <p data-bbox="248 1061 432 1097"><u>Provision (a)</u></p> <p data-bbox="248 1133 1477 1209">On the PAQ, LSP reported 190 staff with 30 new hires in the past twelve (12) months. Further, they reported 25 contractors and 146 volunteers who have contact with inmates.</p> <p data-bbox="248 1249 1485 1451">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 10, a, i, 1 and 2, declare that GDC agency policy prohibits the hiring or promotion of an employee or contractor who may have contract with inmates who:</p> <p data-bbox="248 1491 1477 1655">1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p data-bbox="248 1695 1477 1771">3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(i)(1) of this section.</p> <p data-bbox="248 1812 1477 1933">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 104.09, Filling a Vacancy, dated October 13, 2020, p. 11, L, states GDC shall not hire or promote anyone who may have had contact with offenders, who:</p> <p data-bbox="248 1973 1422 2049">a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 34 U.S.C. §30309);</p> <p data-bbox="248 2089 1353 2125">b. Has been convicted of engaging or attempting to engage in sexual activity in the</p>

community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable consent or refuse; or

c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1) (b) of this section.

The Auditor reviewed the employee records of all new hires (30) and promoted staff (7) that occurred in the past 12 months. Each of the thirty-seven (37) files reviewed contained all items required by the standard, which included documentation and Criminal History Check information.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 10, a, ii reflects the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist service of any contract, who may have contact with inmates.

The Auditor interviewed human resources staff regarding the hiring practices of the GDC and LSP. The HR staff indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR staff stated the GDC takes a very active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required history checks are completed for pre-hires, promotions, as required. The GDC runs background checks on staff and contractors once a year. The Auditor conducted a review of the requested personnel files and verified that all the files reviewed contained all items required by the standard, including the PREA documentation, verification of the completed criminal history checks, and the three (3) questions listed under Provision (a).

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 12, iii, iv, v, indicates that before hiring a new employee or contractor, the GDC shall:

- 1) Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.
- 2) Perform a Criminal History Record checks on all employees and volunteers prior to start date and again within at least every five years.

The Auditor interviewed the HR staff regarding hiring practices of the GDC. The HR staff stated the GDC requires background checks on all new hires, promotions, and existing staff and contractors annually.

In the preceding 12-months there were thirty (30) persons hired and seven (7) persons

promoted, who may have contact with inmates who had a criminal background completed. The Auditor conducted a review of all thirty-seven (37) personnel records and verified the files contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, 12, 10, a, iii, 1, indicates that before hiring a new employee or contractor, the GDC shall conduct a criminal background record check.

On the PAQ, LSP reported during the past twelve (12) months there were twenty-five (25) contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. LSP provided, for review, documentation indicating all contractors had current criminal background history checks.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 12, 10, a, iii, 2 requires the GDC conduct a criminal background records check every five (5) years on all current employees and contractors.

The Auditor reviewed a current listing of all LSP staff and contractors that reflected the dates of their last criminal background records check. All files had the required criminal background records checks required by standard.

Provision (f)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 12, iii, iv, v, indicates that before hiring a new employee or contractor, the GDC shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 104.09, Filling a Vacancy, dated October 13, 2020, p. 11, L, states GDC shall not hire or promote anyone who may have had contact with offenders, who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 34 U.S.C. §30309);
- b. Has been convicted of engaging or attempting to engage in sexual activity the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described

in paragraph (1) (b) of this section.

During the interview with the HR staff, it was indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provide up on request.

Provision (g)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 12, 10, a, v, . states that before hiring a new employee or contractor the GDC shall, apprise the potential employee and contractor that false information or material omissions regarding such misconduct shall be ground for termination and that they have a continuing duty to disclose such conduct.

Provision (h)

During the interview, the HR staff advised that if the potential employer had a signed release of information from the potential employee, they would provide all of the information relative to this standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding hiring and promotion decisions. No recommendations or corrective action is required.

115.18	Upgrades to facilities and technologies
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1460 719" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC Memorandum, ACA Standards, dated February 6, 2019 • GDC FY 2017 – FY 2020 Strategic Plan <p data-bbox="252 757 705 790">Observations during on-site review</p> <p data-bbox="252 831 625 864">Interviews with the following:</p> <ul data-bbox="300 931 791 1010" style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) <p data-bbox="252 1048 434 1081"><u>Provision (a)</u></p> <p data-bbox="252 1122 1401 1200">On the PAQ, LSP reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility since the last PREA audit.</p> <p data-bbox="252 1238 1439 1317">GDC Memorandum, ACA Standards, dated February 6, 2019, indicates there has not been any renovations or additions since 2016.</p> <p data-bbox="252 1355 1465 1433">The Auditor conducted a comprehensive tour of LSP. Since the last audit, there has not been any substantial expansions or additions to the facility.</p> <p data-bbox="252 1471 1487 1807">The Auditor interviewed both the Warden and the PCM, who advised that any construction, renovation, or modification would be done with full consideration of all PREA standards. They both advised there are meetings that would be held regarding any building or construction considerations and that safety and cameras or other technologies would be discussed and considered at such meetings. During these meetings LSP executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, as well as the analysis of key data such as overtime, leave time morale, etc.</p> <p data-bbox="252 1845 434 1879"><u>Provision (b)</u></p> <p data-bbox="252 1917 1481 2119">GDC, FY 2017 – FY 2020 Strategic Plan, p. 2, Measurable Objective 1, Strategy 1, states having completed the hardening of all the Level 5/Close Security prisons, the Department will continue the physical hardening of all prison facilities over the next two years by systematically renovating and upgrading all medium security prisons to prevent inmates from manipulating existing locking mechanisms and fixtures for the purpose of obtaining mobility, fashioning</p>

weapons, and/or concealing contraband within lockdown units. In addition to hardening facilities, on going projects such as the replacement of the inmate phone system to provide additional monitoring and reporting capabilities to support investigations of suspected illegal activities, and the construction of new mail/package inspection areas and installation of additional perimeter netting and thermal cameras designed to reduce the introduction of contraband into secure facilities will continue.

All of these hardening measures will ensure that inmates remain in a controlled setting, making the environment more secure and safer for offenders and staff. We will reassess needs and adjust hardening strategies, as necessary.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1461 846" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018 • GDC, SOP, Policy Number 103.10, <i>Evidence Handling and Crime Scene Processing</i>, dated March 23, 2018 • GDC, <i>PREA Investigation Protocol</i>, dated June 15, 2016 • Memorandum of Understanding (MOU), Lee State Prison and Lily Pad SANE Center, dated March 2, 2020 <p data-bbox="248 927 624 963">Interviews with the following:</p> <ul data-bbox="300 1030 791 1151" style="list-style-type: none"> • Random Staff • SAFE/SANE Staff • PREA Compliance Manager (PCM) <p data-bbox="248 1187 432 1223"><u>Provision (a)</u></p> <p data-bbox="248 1258 1477 1420">On the PAQ, LSP reported the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The PREA Compliance Manager (PCM) provides investigative assistance for those inmate-on-inmate sexual harassment administrative cases.</p> <p data-bbox="248 1464 1469 1666">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018, p. 13, B, 1, a, states each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p data-bbox="248 1711 1441 2038">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018, p. 15, h, indicates an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to Office of Professional Standards (OPS). This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.</p> <p data-bbox="248 2083 1461 2157">The GDC has a uniform evidence protocol, as outlined in Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape</i></p>

Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 which confirms GDC will conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation.

The Auditor interviewed sixteen (16) random staff regarding the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

The Auditor was able to speak with a nurse from Lily Pad SANE Center, Inc., 320 W. 2nd Avenue, Albany, GA 31701; 229-435-0074, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams and services are free of charge to the inmate. Further, each inmate who has a SANE exam is assigned an advocate for medical accompaniment, prior to the forensic examination.

Provision (c)

On the PAQ, LSP reported all treatment services are provided to the victim without financial cost.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 14, c, indicates treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with an investigation arising out of the incident.

The Auditor was provided with a Memorandum of Understanding (MOU) between LSP and Lily Pad SANE Center. This MOU establishes collaboration between LSP and Lily Pad SANE Center to provided treatment services to inmates assigned to LSP.

During the interview with the PCM, she advised in the past twelve (12) months there had been one (1) inmate transported for SAFE/SANE services.

The Auditor was able to speak with a nurse from Lily Pad SANE Center, Inc., 320 W. 2nd Avenue, Albany, GA 31701; 229-435-0074, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams and services are free of charge to the inmate. Further, each inmate who has a SANE exam is assigned an advocate for medical accompaniment, prior to the forensic examination.

Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination. In addition, per the MOU with Lily Pad, the victim/inmate is provided advocacy

assistance through Lily Pad SANE Center.

During the interview with the PCM, she indicated victim advocacy services are offered through contract and are built into the forensic exam process. The PCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through Lily Pad, in collaboration with mental health services.

At the time of the audit, there were no inmates at LSP who had reported sexual abuse.

Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/ requested.

Provision (f)

As reported in Provision (a) the facility/agency is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 598 358">Documentation Reviewed:</p> <ul data-bbox="295 425 1476 851" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, (Lee State Prison) PREA Local Procedure Directive and Coordinated Response Plan, dated March 2, 2018 <p data-bbox="252 929 630 963">Interviews with the following:</p> <ul data-bbox="295 1030 566 1108" style="list-style-type: none"> • Random Staff • Investigative Staff <p data-bbox="252 1142 438 1176"><u>Provision (a)</u></p> <p data-bbox="252 1220 1444 1556">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 15, h, indicates an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to Office of Professional Standards (OPS). This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.</p> <p data-bbox="252 1590 1460 1713">The agency and facility refer all investigations to the Sexual Abuse Response Team (SART). The auditor reviewed documentation confirming LSP SART investigators completed the specialized investigative training from the National Institute of Corrections.</p> <p data-bbox="252 1747 1460 2004">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 26, 2, indicates Sexual Abuse Response Team (SART) is responsible for conducting a prompt, thorough and objective investigations. SART refer allegations that involve potentially criminal behavior to the Office of Professional Standards (OPS).</p> <p data-bbox="252 2038 1452 2161">There were two (2) allegations of sexual abuse or sexual harassment at LSP in the past 12-months. One (1) was a staff-on-inmate sexual abuse allegation. The investigation revealed this allegation to be unfounded. The other was an inmate-on-inmate allegation. The</p>

investigation revealed this allegation to be unsubstantiated. In both cases timely notification to the inmate was made and documented.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately.

Provision (b)

The policy's regarding the GDC's obligation to thoroughly investigate all matters relative to sexual abuse and sexual harassment are provided in Provision (a).

The agency employs staff who have the authority and training to conduct sexual abuse/sexual harassment investigations. All investigations are preliminarily handled by Sexual Abuse Response Team (SART). If the investigation reveals the allegation may be criminal, it is referred from SART to the Office of Professional Standards (OPS) for criminal investigation. All substantiated criminal investigations are referred for prosecution.

During the interviews, staff indicated all allegations are investigated. The ones that are criminal in nature are investigated by OPS and then referred to the local district attorney office for prosecution.

Provision (c)

As stated in Provision (a) the agency and facility refer all investigations to SART.

Provision (d)

Auditor is not required to audit this provision.

Provision (e)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • 2017 SOSTC In-Service, Prison Rape Elimination Act (PREA) Sexual Assault/Sexual Misconduct with Offenders, revised April 2017 SOSTC In-Service, 2020 Attendance Roster <p>Observations during on-site review</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Random Staff <p><u>Provision (a)</u></p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 16, C, 1, a, states all Departmental employees shall be required to attend training annually on:</p> <ol style="list-style-type: none"> i. The Department’s zero-tolerance policy for Sexual Abuse and Sexual Harassment; ii. How to fulfill their responsibilities under the Department’s Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures; iii. Offenders’ right to be free from Sexual Abuse and Sexual Harassment; iv. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment; v. The dynamics of Sexual Abuse and Sexual Harassment in confinement; vi. The common reactions of Sexual Abuse and Sexual Harassment victims; vii. How to detect and respond to signs of threatened and actual Sexual Abuse; viii. How to avoid inappropriate relationships with offenders; ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and

- x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, b, specifies in-service training shall include gender specific reference and training to staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, c, indicates new employees shall receive PREA training during Pre-Service Orientation.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, d, indicates specialized training shall be required for members of the Sexual Abuse Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.

The Auditor reviewed the agency's curriculum and training materials. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed 190 staff training records. Each record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor reviewed the sign-in sheets for PREA training for the past twelve (12) months which confirmed by staff signatures, each of the employees at LSP had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual PREA training, as well as additional in-service training.

Provision (b)

The policy regarding the GDC's responsibility to provide training and education regarding Sexual Abuse and Sexual Harassment are provided in Provision (a).

The training provided by the GDC, addresses both male and female issues. However, the LSP training is tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff at LSP. The training materials are consistent with this PREA standard.

As stated in Provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at LSP, verifying attendance of all LSP staff.

Provision (c)

Of the 190 staff presently assigned to LSP, the Auditor reviewed documentation that reflected all 190 staff or 100% of the staff have received the PREA training in the past twelve (12) months.

During the on-site facility tour, the Auditor observed bulletin boards that depicted various aspects of the PREA standards. It contained various items regarding PREA such as terminology, how to report, zero tolerance, the inmate right to be free from sexual abuse and sexual harassment, #7732 (which is the number the inmates dial to report any incident of sexual abuse). The PCM indicated this board is changed out at least quarterly to keep the information fresh and relevant.

Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. A copy of these receipts were observed in every file reviewed by the Auditor. The receipts contained various dates that reflected separate training sessions.

In instances where a receipt of training material was not required, staff would sign-in on a Training sheet, verifying their attendance at the required training. The Auditor reviewed copies of each training session for the past twelve (12) months, reflecting training completed by LSP staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses policies regarding employee training. No recommendations or corrective action is required.

115.32	Volunteer and contractor training
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="248 712 624 748">Interviews with the following:</p> <ul data-bbox="300 815 895 891" style="list-style-type: none"> • Contractors who have contact with inmates • Volunteers who have contact with inmates <p data-bbox="248 927 432 963"><u>Provision (a)</u></p> <p data-bbox="248 1003 1441 1167">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, 2, a, states the GDC is responsible to ensure all volunteers and contractors at their facility have received appropriate training.</p> <p data-bbox="248 1205 1441 1453">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, 2, b, specifies the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department’s zero-tolerance policy</p> <p data-bbox="248 1491 1453 1783">Of the volunteer and contractors currently at LSP, the Auditor reviewed documentation indicating that 25 contractors, or 100%, have received PREA training in the past twelve (12) months. Many of the 146 volunteers have not been trained in the past 12-months because some of the volunteer programs have been temporarily halted due to COVID-19. However, those who are currently volunteering have received training as required. Additionally, the Warden confirmed all volunteers would be trained prior to being allowed to participate in any volunteer programs once they are reinstated.</p> <p data-bbox="248 1821 1469 2069">The Auditor conducted one (1) formal interview with a contract staff. The contractor recalled having PREA training. Recalling the level of training was specific to the contractor role or responsibilities in the facility. When the Auditor questioned her about her knowledge of PREA, she was able to identify what PREA was and more importantly, what her role or responsibility would be in the event she was confronted with a situation of sexual abuse or sexual harassment.</p> <p data-bbox="248 2107 1390 2143">The Auditor conducted one (1) formal interview with a volunteer. The volunteer recalled</p>

having PREA training. Recalling the level of training was specific to the contractor role or responsibilities in the facility. When the Auditor questioned him about his knowledge of PREA, he was able to readily identify what PREA was and more importantly, what his role or responsibility would be in the event he was confronted with a situation of sexual abuse or sexual harassment.

The Auditor reviewed the agency's curriculum and training materials. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

Provision (b)

There are twenty-five (25) contract staff at LSP. These contract staff are provided specific PREA training relative to their position and responsibility. In addition to that specific training, they are also provided GDC specific PREA training.

The Auditor conducted one (1) formal interview with contract staff. During the interview, she verbally demonstrated to the Auditor a comprehensive and complete understanding of the agency's zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 18, 2, c, states participation must be documented through volunteer and contractor signature or electronic verification, and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members, if necessary, to ensure understanding of the training

The Auditor reviewed the sign in sheets from the PREA training sessions for the past twelve (12) months. Each sign in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Lee Evidence Based Prison Inmate Handbook, revised December 2, 2019 English and Spanish • GDC, Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), brochure • Warden Memorandum, PREA Notification, dated January 2, 2020 • GDC, Prison Rape Elimination Act (PREA) Orientation, acknowledgment form <p>Observations during on-site review</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Intake Staff • Random Inmates <p><u>Provision (a)</u></p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 18, 3, states notification of the GDC’s zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival to the facility. In addition to verbal notification, offenders will be provided a GDC PREA pamphlet. Within 15 days of arrival, formal PREA education will be conducted by assigned staff members to all offenders which will include a gender appropriate video on sexual abuse. Both the initial notification and the formal education will be documented in writing by signature of offender and placed in the offender’s institutional file.</p> <p>The Auditor reviewed the Inmate Handbook, the inmate PREA orientation material, the PREA brochure and the PREA posters during the on-site tour of the facility. The Auditor reviewed written materials in both English and Spanish.</p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 18-19, 3, a, indicates the PREA education will be provided by designated staff members and the presentation must include:</p>

- i. The Department's zero tolerance of sexual abuse and Sexual Harassment;
- ii. Definitions of sexually abusive behavior and Sexual Harassment;
- iii. Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department custody;
- iv. Methods of reporting an incident of sexual abuse/Sexual Harassment against oneself, and for reporting allegations of sexual abuse involving other offenders;
- v. Treatment options and programs available to offender victims of sexual abuse and Sexual Harassment;
- vi. How an investigation begins and the general steps to an investigation;
- vii. Monitoring, discipline, and prosecution of sexual perpetrators;
- viii. The prohibition against retaliation for reporting, and;
- ix. Notice that male and female staff routinely work and visit housing areas;

Of the thirty (30) inmate records reviewed, signed, and dated documentation of PREA education was retained in every file with the rest of the inmate information. The date of the signature coincided with the date the inmate arrived at the facility. It is the policy of LSP that no inmate is assigned to a housing unit until they have completed the PREA orientation.

During interviews with intake staff, it was confirmed inmates are provided a PREA orientation packet upon arrival at LSP. The inmate signs the acknowledgment form that is retained in the inmate file.

The facility has ample telephones designated for inmate use. Using any of these telephones, an inmate can dial *7732 and be immediately connected to the PREA hotline. The inmate is then advised he can make a report anonymously. The call is free of charge and confidential. The Auditor on the on-site tour confirmed this.

During the interviews with twenty-seven (27) inmates, all of them remembered receiving written PREA materials the day of arrival. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 18, 3, mandates that formal, comprehensive PREA education will be provided to the inmate by an assigned staff member. This training will include a gender appropriate video on sexual abuse.

Per the PAQ, LSP reported during the past 12-months there were 416 inmates admitted to the facility whose length of stay was more than thirty (30) days. The PAQ also reflected all these inmates were provided the PREA information that included their right to be free from sexual abuse, as well as the policies and procedures for reporting. LSP reported 100% of the inmates admitted to their facility in the past 12-months received the mandated information.

During interviews with intake staff, they indicated inmates receive their PREA training immediately upon arrival, prior to their unit assignment. They reported the inmates are not allowed to leave the intake area until they have completed their PREA orientation.

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. All responses were similar in nature and were generally: zero tolerance for sexual abuse or harassment, right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, to dial *7732 on the phone to make a report and call the number on the posters around the facility.

Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at LSP were required to attend PREA training. Inmates arriving after implementation received their training at intake. The inmate is provided an inmate handbook, written material on sexual abuse and sexual harassment, and a trifold PREA brochure. This information was documented with verification of the training retained in the inmate file. The Auditor reviewed a copy of this documented verification.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff advised that upon arrival at the facility inmates are given orientation materials, including PREA related materials before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 9, a and b, state:

- a. The local PREA Compliance Manager shall ensure the appropriate resources are available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to sexual abuse and Sexual Harassment.
- b. The facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties under 28 CFR § 115.64, or the investigation of the offender's allegations.

The various training elements provided to the inmate population range from PREA orientation documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish.

During the interview with the PCM, she was asked what the process was if an inmate had a disability not covered under the training elements established by the facility. She advised she would work with the ADA staff to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

Provision (e)

As stated in previous provisions, all inmates are required to sign the GDC, Prison Rape Elimination Act (PREA) Orientation, acknowledgment form. A copy of this acknowledgment is scanned and retained in the inmate file as documentation.

As stated in provision (a), a review of thirty (30) inmate records was conducted and the signed acknowledgment document was in each record.

LSP has a database to track if an inmate has participated in the mandated PREA training. The database can conduct a query by inmate name and facility to verify whether an inmate has received training.

Provision (f)

GDC, LSP and the PCM have make great efforts to ensure the inmates at LSP receive crucial education about sexual abuse and sexual harassment. Using varying formats, the inmate population receives important information in user friendly, comprehensible ways. The various delivery systems are Inmate handbook, which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence. The PCM created a PREA board which highlights different topics and has reminders of zero tolerance, the right to be free from sexual assault, and how to report.

There are a variety of PREA posters, in both English and Spanish. These posters are different throughout the facility as not to become easy to overlook. They are posted in every area of the facility. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with inmates, each reported the PCM often checks with them formally and informally about PREA issues and practices. She often asks them questions to make sure they are remembering PREA policies and reporting guidelines.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standards for inmate education. No recommendations or correction action is required.

115.34	Specialized training: Investigations
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1469 719" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, <i>Sexual Abuse and the Initial Responder</i>. <p data-bbox="248 797 624 831">Interviews with the following:</p> <ul data-bbox="300 898 568 931" style="list-style-type: none"> • Investigative Staff <p data-bbox="248 976 432 1010"><u>Provision (a)</u></p> <p data-bbox="248 1043 1445 1245">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 19, 4, a, states All staff investigating sexual abuse/Sexual Harassment allegations must be specially trained in conducting sexual abuse/Sexual Harassment investigations in confinement settings.</p> <p data-bbox="248 1290 1445 1447">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 19, 4, b, indicates that additional training related to investigators roles includes, but is not limited to:</p> <ul data-bbox="300 1525 1382 1771" style="list-style-type: none"> • Interviewing Sexual Abuse Victims • Proper Use of Miranda and Garrity Warnings • Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting • Criteria and evidence required to substantiate a case for administrative action • Criteria and evidence required to substantiate a case for prosecutorial referral <p data-bbox="248 1805 1445 1962">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, further dictates that all training must be documented and verified through employee signature and must be retained by the agency.</p> <p data-bbox="248 2007 1477 2119">The Auditor reviewed portions of the training required of all GDC investigators. This material is provided on-line through the United States Department of Justice, National Institute of Corrections entitled, <i>Sexual Abuse and the Initial Responder</i>. This on-line training provides</p>

investigative staff training in the following areas:

- PREA Investigations
- Working with Victims
- Interviewing Techniques
- Institutional Culture and Investigations

According to the PAQ, LSP has one (1) investigator. The Auditor reviewed the training certificate for the investigator assigned to LSP. The training records reflected the required training items.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 19, 4, b, indicates that additional training related to investigators roles includes, but is not limited to:

- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

The Auditor could view the US Department of Justice, Bureau of Prisons, NIC training entitled "Sexual Abuse and the Initial Responder." There are currently five (5) chapters provided in this training course:

- Course Introduction
- PREA Investigations
- Working with Victims
- Interviewing Techniques
- Institutional Culture and Investigations

Through a review of training records and an interview with the LSP investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

As outlined previously in Provision (a) & (b) Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, address this provision.

LSP has one (1) investigator. The Auditor reviewed the training certificate for the investigator assigned to LSP. The training records reflected the required training items.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

115.35	Specialized training: Medical and mental health care
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 596 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1458 633" style="list-style-type: none"> <li data-bbox="300 427 1458 506">• Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. <li data-bbox="300 517 1458 633">• Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="248 712 707 745">Observations during on-site review</p> <p data-bbox="248 790 624 824">Interviews with the following:</p> <ul data-bbox="300 891 504 925" style="list-style-type: none"> <li data-bbox="300 891 504 925">• Medical Staff <p data-bbox="248 965 432 999"><u>Provision (a)</u></p> <p data-bbox="248 1032 1477 1368">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, 5, GDC medical and mental health staff members and Georgia Correctional HealthCare (GCHC) staff members who have contact with offenders will be trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and MH Standards curriculum. Certificate of completion will be printed and maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC's annual PREA in-service training.</p> <p data-bbox="248 1406 1401 1485">A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.</p> <p data-bbox="248 1525 1433 1686">At the time of the audit there are nine (9) medical staff assigned to the facility. The inmates are seen for routine medical needs at the facility. The Auditor verified training through staff interview and review of training documents. Each of the assigned staff members have attended the required training and meet all training requirements.</p> <p data-bbox="248 1727 432 1760"><u>Provision (b)</u></p> <p data-bbox="248 1798 1326 1877">N/A - All medical staff at LSP are prohibited by procedure from performing forensic examination on sexual abuse victims.</p> <p data-bbox="248 1917 432 1951"><u>Provision (c)</u></p> <p data-bbox="248 1989 1477 2152">As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.</p>

Provision (d)

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training mandated for GDC employees, contractors and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the contracted medical staff received the general PREA training mandated for all GDC employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard that addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 4, PREA Sexual Victim/Sexual Aggressor Classification Screening

Interview with the following:

- PREA Coordinator (PC)
- PREA Compliance Manager (PCM)
- Staff Responsible for Risk Screening
- Random Inmates

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, D, 1, indicates all offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, D, 2, indicates counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility. Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Of the twenty-seven (27) inmates who were interviewed relative to this provision, 100% were able to recall being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.

During the on-site audit, the facility staff explained the intake screening process and the Auditor subsequently reviewed intake-screening documents. Staff were able to guide the Auditor through the intake screening process, by modeling the process that each inmate is

required to participate in during the initial screening and ongoing classification processes. The intake staff member discussed each of the documents and assessments utilized as we proceeded through the processes. The staff also modeled each of the questions, providing the Auditor with a clear and thorough understanding of the overall intake and classification process.

Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 24 hours of arrival, which is well within the 72 hours required by standard.

The Auditor reviewed the PAQ, which indicated in the past 12 months, 100% or 535 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed random inmate files to ensure they received the training and how that training was completed. The files were for inmates from varying housing units, ethnic and racial backgrounds. All thirty (30) records had verification that the initial screening had occurred within 72-hours of arrival at LSP.

Of the twenty-seven (27) inmates interviewed, all the inmates recalled being asked questions specific to previous sexual abuse & harassment within three (3) days of their arrival at the facility.

As stated in (a), the Auditor was able to specifically question staff about the required questions. The intake staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

Provision (c)

The Auditor reviewed copies of several intake forms and screening assessments from the intake staff, which were documented on the PREA Sexual Victim/Sexual Aggressor Classification Screening. This form is the foundation for an assessment that provides the intake and classification staff with an independently developed, validated and objective assessment used for screening assessments.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, D, 2, indicates counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility. Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Staff members who conduct intake screenings utilize PREA Sexual Victim/Sexual Aggressor Classification Screening. for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. All inmates are reassessed within thirty (30) days.

The Auditor was able to verify compliance with this provision through the review of thirty (30) Inmate records, reflecting copies of the required assessments. The Auditor reviewed the risk assessment instrument. A review of this instrument indicates it is weighted and scored based upon responses to specific questions required in the Standard and Provision.

As stated in (a), the Auditor was able to interview intake staff who were able to walk the Auditor through the intake screening and classification process, which included an overview of the PREA Sexual Victim/Sexual Aggressor Classification Screening.

Provision (d)

The Auditor reviewed the GDC PREA Sexual Victim/Sexual Aggressor Classification Screening and compared the questions on the form with the requirements for Provision (d). All items for Provisions (d) have been included in the screening instrument. The included items are:

1. Whether the inmate has a mental , physical, or developmental disability
2. The age of the inmate
3. The physical build of the inmate
4. Whether the inmate was previously incarcerated
5. Whether the inmate's criminal history is exclusively nonviolent
6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the inmate has previously experienced sexual victimization
9. The inmate's own perception of vulnerability

As noted previously in this report, LSP does not detain inmates solely for civil immigration purposes.

As stated in (a), the screening and intake process was explained to the Auditor, which included the GDC PREA Sexual Victim/Sexual Aggressor Classification Screening

Provision (e)

The Auditor reviewed the GDC PREA Sexual Victim/Sexual Aggressor Classification Screening and compared the questions on the form with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors. The items addressed include:

- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of prior institutional violence or abuse

As stated in (a), the screening and intake process was explained to the Auditor, which included the GDC PREA Sexual Victim/Sexual Aggressor Classification Screening

Provision (f)

The Auditor reviewed the PAQ that indicated within the past 12 months, 100% or 416 inmates have been assessed for the risk of sexual victimization or risk of sexually abusiveness of other

inmates within thirty 30-days of their entry into the facility. Inmates are re-assessed as required.

Of the twenty-seven (27) inmates interviewed, all inmates relative to this provision indicated they recalled being asked questions relative to this standard, most indicated they recalled being interviewed within a couple of weeks after arrival.

Out of the thirty (30) inmate records that were reviewed by the auditor, all had been reassessed within thirty (30) days.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 4, specifies all inmates shall be reassessed for risk of sexual victimization and abusiveness within 30-days of intake. In addition, upon receipt of additional information that bears on an inmate's risk of sexual victimization or abusiveness and additional screening will be conducted.

As stated in Provision (a), the Auditor was able to sit with and interview intake staff who were able to walk the Auditor through the intake screening and classification process. Intake staff indicated they monitor all the inmate population and will conduct a re-assessment when warranted due to:

- A referral
- A request
- An incident of sexual abuse, or
- A receipt of additional information that may have some bearing on the inmate's risk of victimization or abusiveness.

Provision (h)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, D, 3, specifies offenders should be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this policy. If an offender chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined.

These policies are all encompassing and do not specifically identify the inmates relative to their disabilities, gender preferences, history of sexual victimization and/or the inmate's own perception of vulnerability. Should the inmate choose not to answer for any reason, they cannot be disciplined. The policy language is broad and applicable to this provision.

Intake staff indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather each of them indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

Provision (i)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention

and Intervention Program, dated 03/02/2018, p. 20, D, 4, states any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions. As stated in (a), the Auditor interviewed intake staff.

During that interview, the intake staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.

The Auditor interviewed the PREA Coordinator and the PCM regarding who can specifically access the screening information collected during intake and screenings, and was advised that Medical Staff, Classification Staff and the PREA Compliance Manager have access.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard that addresses screening for risk of sexual victimization and abusiveness. No recommendations or corrective action is required.

115.42	Use of screening information
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 598 358">Documentation Reviewed:</p> <ul data-bbox="295 425 1476 716" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC, SOP, Policy Number 220.09, Classification and Management of Transgender and Intersex Offenders, dated July 26, 2019 <p data-bbox="252 795 614 828">Interview with the following:</p> <ul data-bbox="295 896 813 1064" style="list-style-type: none"> • Agency PREA Coordinator (PC) • PREA Compliance Manager (PCM) • Staff Responsible for Risk Screening • Random Inmates <p data-bbox="252 1097 446 1131"><u>Provision (a):</u></p> <p data-bbox="252 1176 1476 1422">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 5, specifies the Warden/Superintendent shall designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in the Staffing Plan.</p> <p data-bbox="252 1456 1444 1758">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 6, indicates in deciding whether to assign a Transgender or Intersex offender to a male or female facility and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety, and whether the placement would present management or security problems.</p> <p data-bbox="252 1792 1484 2004">The PCM indicated every assessment completed by staff is factored into the placement and programming of each inmate, She further stated the inmate’s risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those of at high risk of being sexually abusive.</p> <p data-bbox="252 2038 1460 2161">Following a review of thirty (30) inmate records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.</p>

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 6, indicates the information obtained during the screening process is used to make individualize and safety-based determinations and assist in the initial classification and institutional assignment of the inmate, as well as determine work, education, and program assignments.

During the interview with staff who are responsible for risk screening, the Auditor was advised that because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 6, indicates in deciding whether to assign a Transgender or Intersex offender to a male or female facility and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

During the interview with intake staff that are responsible for risk screening, they indicated the Transgender or Intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

The interview with the agency PREA Coordinator (PC), who indicated according to GDC policy, the gender identification of each inmate is initially determined their sex assignment at birth; however, she further clarified that from that point every inmate is individually assessed and classified to ensure the safety of each inmate, as well as the safety of the inmate population.

There were no inmates at LSP who identified as Transgender or Intersex at the time of the audit.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 7, indicates placement and programming assignments for each Transgender or Intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender.

During interviews with the PC, PCM and staff responsible for screening, all specified the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further confirmed

that regular classification reassessments are conducted a minimum of every six (6) months, or if the inmate is involved in an incident of a sexual nature.

There were no inmates at LSP who identified as Transgender or Intersex at the time of the audit.

Provision (e)

GDC, SOP, Policy Number 220.09, Classification and Management of Transgender and Intersex Offenders, dated July 26, 2019, p. 6, 9, e, shows that a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.

During interviews with both the PC, PCM and staff responsible for screening, all specified the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

There were no inmates at LSP who identified as Transgender or Intersex at the time of the audit.

Provision (f)

GDC, SOP, Policy Number 220.09, Classification and Management of Transgender and Intersex Offenders, dated July 26, 2019, p. 7, B, 1, d, reveals Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The Auditor asked the PC, PCM and the staff responsible for risk screening about the showering arrangements for Transgender or Intersex population. Each indicated the inmate's views of their own safety is given serious consideration when providing showering options. In addition, the clarified that Transgender or Intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the housing areas have bathrooms with shower stalls that are not easily seen by staff. The random staff who were interviewed also indicated that if a Transgender or Intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was indicated that the alternate shower time would probably be thirty (30) minutes before or after other inmates can shower.

As previously stated, there were no inmates at LSP who identified as Transgender or Intersex at the time of the audit.

Provision (g)

GDC, SOP, Policy Number 220.09, Classification and Management of Transgender and Intersex Offenders, dated July 26, 2019, p. 6, 9, d, specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The interview with the PC and the PCM both indicated that neither the GDC nor LSP are under

any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. Both indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff meet with the inmate and address the concerns.

As previously stated, there were no inmates at LSP who identified as Transgender or Intersex at the time of the audit.

Conclusions:>

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard requiring the use of screening information. No recommendation or corrective action is required.

115.43	Protective Custody
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1460 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="252 712 609 745">Interview with the following:</p> <ul data-bbox="300 813 791 891" style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) <p data-bbox="252 925 443 958"><u>Provision (a):</u></p> <p data-bbox="252 1003 1476 1339">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp.21-22, D, 9, indicates offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender’s safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.</p> <p data-bbox="252 1373 1476 1541">During the past twelve (12) months zero (0) inmates were placed in involuntary administrative or punitive segregation in accordance with this standard. The PAQ reflects this information. The Auditor interviewed the Warden and the PCM specific to this issue and both confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.</p> <p data-bbox="252 1574 434 1608"><u>Provision (b)</u></p> <p data-bbox="252 1653 1444 1776">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 22, a – d, reflects:</p> <p data-bbox="252 1809 1396 1888">a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.</p> <p data-bbox="252 1921 1476 2045">b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p data-bbox="252 2078 1372 2112">c. If offenders placed in segregated housing for this purpose have restricted access to</p>

programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.

d. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

During the past twelve (12) months there were zero (0) inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The PAQ reflects this information. The Auditor interviewed the Warden and the PCM specific to this issue and both confirmed there have not been any inmates placed in protective custody in the past twelve (12) months. Consequently, no inmates could be interviewed relative to this provision.

Provision (c)

During the past twelve (12) months there have been zero (0) inmates placed into protective custody in accordance with this standard, specific to a period longer than 30-days while awaiting alternative placement. The Auditor interviewed the Warden and the PCM specific to this issue and both confirmed this information.

Provision (d)

N/A

Provision (e)

As stated in Provision (b), this is addressed in Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 22, d.

During the past twelve (12) months there have been zero (0) inmates placed into protective custody in accordance with this standard. This was confirmed through the interview process with the Warden and the PCM.

Conclusions:>

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard relative to protective custody. No recommendation or corrective action is required.

115.51	Inmate reporting
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1455 887" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Warden Memorandum, PREA Notification, dated January 2, 2020 • Memorandum of Understanding (MOU), Lee State Prison and Lily Pad SANE Center, dated March 2, 2020 • GDC Website (http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report) <p data-bbox="252 931 609 965">Interview with the following:</p> <ul data-bbox="300 1032 746 1155" style="list-style-type: none"> • PREA Compliance Manager • Random and Specialized Staff • Random and Targeted Inmates <p data-bbox="252 1189 443 1223"><u>Provision (a):</u></p> <p data-bbox="252 1267 1471 1514">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 22, E, 1, a, specifies that inmates may report sexual abuse or harassment verbally or in writing, through internal and external methods available. All reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.</p> <p data-bbox="252 1547 1471 1626">The Warden memo, PREA Notification, dated January 2, 2020, lists six (6) ways inmates may report PREA allegations:</p> <ol data-bbox="300 1693 1407 2029" style="list-style-type: none"> 1. Inmates may call *7732 from any inmate phone 2. Inmates may contact any staff member in person or in writing 3. Inmates may contact their family member, who would call into the facility 4. Inmates may write the Statewide PREA Coordinator, 300 Patrol Road, Forsyth, GA 31029 5. Ombudsman, P. O. Box 1529 Forsyth, GA 31029; 478-992-5358 6. Inmates may contact Director of Victim Services, 2 MLK Jr., Suite 458 East Tower, Atlanta, GA 30334. <p data-bbox="252 2063 1471 2141">Additional instructions for reporting allegations of sexual abuse and sexual harassment can be found on the GDC website:</p>

<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report>

Of the thirty-eight (38) staff interviewed, all indicated that they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each reported inmates could report several different ways that includes telling a staff member, calling the PREA hotline posted throughout the facility, telling a family member or notifying the Ombudsman office.

Of the twenty-seven (27) inmates interviewed, all reported that they were aware of multiple ways to report incidents of Sexual Abuse or Sexual Harassment. These included using the *7732 telephone number, contacting the PCM, have family member contact the institution, contacting a staff member, and submitting a written report. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, intake holding area, dining room, etc.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 22, E, 1, b, indicates the GDC may choose to maintain a sexual abuse hotline, currently known as the “PREA” hotline. Hotline calls will not require the use of the offender’s PIN number. Should a sexual abuse hotline be maintained, the monitoring of this line will be the responsibility of the OPS, with immediately oversight by the Department’s PREA Coordinator, or designee.

According to the PAQ, LSP does not detain inmates solely for civil immigration purposes. This was confirmed through interviews with the PCM and Warden.

The PCM was interviewed regarding the LSP process for providing one way for the inmate population to report abuse or harassment to a public or private entity. She indicated the LSP has an MOU with an outside agency that provides an avenue for the inmate population to contact them and leave an anonymous message. She further stated that these messages are provided directly to the appropriate agency staff for appropriate follow-up and resolution. The Auditor was able to view spreadsheets, which identify the facility and the issue; however, there is no indication of who the reporting party is, therefore, maintaining anonymity.

Of the twenty-seven (27) inmates interviewed regarding this provision, all were very familiar with the PREA hotline. All the inmates reported they were aware they could make a report via the telephone without providing their name or ID number.

During the on-site portion of the audit, the Auditor tested the telephones for access to the PREA hotline. In every instance, the PREA hotline functioned as required.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention

and Intervention Program, dated 03/02/2018, p. 23, 2, b, indicates GDC staff members, including LSP staff, can receive information, including verbal, written, third party reports or anonymous complaints, concerning inmate sexual abuse, sexual harassment and custodial sexual misconduct; retaliation against inmates or staff who report such an incident, or any staff neglect or violation of responsibility that may have contributed to an incident or violation shall immediately report the incident through their chain of command.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 23, 2, c, indicates GDC staff member shall forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly.

Of the twenty-seven (27) inmates interviewed regarding this provision, 100% indicated they were aware they could make reports of sexual abuse or sexual harassment in person and in writing.

Provision (d)

Through interviews with thirty-eight (38) staff, several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated that they might choose to make a private report to their supervisor, another supervisor, the PREA Coordinator or the PCM.

Conclusions:>

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard relative to inmate reporting. No recommendation or corrective action is required.

115.52	Exhaustion of administrative remedies
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1461 678" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018 • Warden Memorandum, <i>Grievances Related to PREA</i>, dated January 2, 2020 <p data-bbox="248 719 707 754">Observations during on-site review</p> <p data-bbox="248 790 624 826">Interviews with the following:</p> <ul data-bbox="300 893 743 969" style="list-style-type: none"> • Random and Specialized Staff • Random and Targeted Inmates <p data-bbox="248 1010 443 1046"><u>Provision (a):</u></p> <p data-bbox="248 1081 1401 1158">The facility reported they do not have administrative procedures to address male inmate grievances regarding sexual abuse.</p> <p data-bbox="248 1193 1469 1270">On the Pre-Audit Questionnaire (PAQ), LSP reported they had zero (0) grievances in the past twelve (12) months.</p> <p data-bbox="248 1305 1442 1516">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018, p. 23, 3, states allegations of sexual abuse or sexual harassment are not grievable issues. They should be reported in accordance with methods outline in this policy.</p> <p data-bbox="248 1552 1457 1718">The Warden Memorandum, <i>Grievances Related to PREA</i>, dated January 2, 2020 states all grievances related to sexual assault and/or harassment are no longer to be handled through the grievance process. All reports of alleged PREA incidents are referred to SART for investigation.</p> <p data-bbox="248 1753 1469 1830">Interviews with staff and inmates confirmed allegations of sexual abuse or sexual harassment are not handled through the grievance process, but are referred to SART for investigation.</p> <p data-bbox="248 1865 435 1901"><u>Provision (b)</u></p> <p data-bbox="248 1937 695 1973">N/A – See Provision (a) for details</p> <p data-bbox="248 2009 435 2045"><u>Provision (c)</u></p> <p data-bbox="248 2080 700 2116">N/A – See Provision (a) for details.</p>

Provision (d)

N/A – See Provision (a) for details.

Provision (e)

N/A – See Provision (a) for details.

Provision (f)

N/A – See Provision (a) for details.

Provision (g)

N/A – See Provision (a) for details.

Conclusions:>

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

115.53	Inmate access to outside confidential support services
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 593 358">Documentation Reviewed:</p> <ul data-bbox="300 425 1460 716" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018 • Memorandum of Understanding (MOU), Lee State Prison and Lily Pad SANE Center, dated March 2, 2020 <p data-bbox="252 757 705 790">Observations during on-site review</p> <p data-bbox="252 831 625 864">Interviews with the following:</p> <ul data-bbox="300 931 743 1010" style="list-style-type: none"> • Random and Targeted Inmates • Lily Pad SANE Center <p data-bbox="252 1048 434 1081"><u>Provision (a)</u></p> <p data-bbox="252 1122 1465 1200">The facility provided the Auditor contact information for Lily Pad SANE Center that indicated a mailing address, an office number, and a 24-hour Crisis Line.</p> <p data-bbox="252 1240 1439 1397">The Auditor spoke with a representative from Lily Pad and was advised a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.</p> <p data-bbox="252 1438 1471 1561">Of the twenty-seven (27) inmates interviewed, all responded they were familiar with the PREA hotline. Each reported the call was free and confidential. Each responded they knew about an outside agency because of the PREA training and the posters around the facility.</p> <p data-bbox="252 1601 1477 1933">During the tour of the facility, the Auditor observed posters throughout the facility. The posters regularly stated, “You have a right to be free from sexual assault” or “zero tolerance for sexual abuse or assault”. The posters had a victim support telephone number to call. An inmate can also go to the telephone and dial *7732 and be connected to the PREA hotline for a free, confidential way to report sexual abuse or assault. The Auditor utilized the telephone number provided, as well as the *7732 and was able to confirm it was a functioning for the identified services. Lastly, posting around the facility let inmates know they can notify the PCM, or other staff member, of any incident of sexual abuse or harassment.</p> <p data-bbox="252 1973 434 2007"><u>Provision (b)</u></p> <p data-bbox="252 2047 1452 2125">During the tour of the facility, the Auditor tested several payphone for access to the PREA hotline. Each time the PREA hotline functioned appropriately. An intermediate or higher staff</p>

member, to make sure they are in working order to reach the PREA hotline without difficulty, checks the phones once on each shift.

Of the twenty-seven (27) inmates interviewed, all responded they were familiar with the PREA hotline. Each responded they knew some of the information they provided might be given to the facility staff.

The Auditor spoke with a representative from Lily Pad SANE Center and was advised a victim advocate is made available to be present with the victim before, during and following the examination. The representative reported Lily Pad SANE Center staff have a responsibility to inform any victim that some information the victim shares with them may need to be provided to facility staff. This information may be medical and/or non-medical, for purposes such as institutional security, PREA investigation, and further medical and mental health services.

Provision (c)

The Auditor was provided a copy of a MOU between LSP and Lily Pad SANE Center to facilitate services related to implementation of the Prison Rape Elimination Act. The MOU states that Lily Pad SANE Center will provide confidential emotional support services related to sexual abuse, as well as forensic examinations.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding inmate access to outside confidential support services. No recommendations or corrective action is required.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018 • GDC Website (http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report) <p><u>Provision (a)</u></p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>, dated 03/02/2018, p. 23, 2, a, i, ii, iii that third party reports may be made to:</p> <ol style="list-style-type: none"> i. The Ombudsman’s Office at P.O. Box 1329, Forsyth, GA, 21029; 478-992-5358. ii. By email to the PREA Coordinator at: PREA.report@gdc.ga.gov iii. State Board of Pardons and Paroles, Office of Victims Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334 <p>Additional instructions for reporting allegations of sexual abuse and sexual harassment can be found on the GDC website:</p> <p>http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding third party reporting. No recommendations or corrective action is required.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 846" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC, SOP, Policy Number 507.04.85, Informed Consent • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, Local Procedure Directive and Coordinated Response Plan <p data-bbox="248 927 624 963">Interviews with the following:</p> <ul data-bbox="300 1030 791 1279" style="list-style-type: none"> • PREA Coordinator (PC) • PREA Compliance Manager (PCM) • Warden • Medical Staff • Specialized Staff • Random Staff <p data-bbox="248 1317 432 1352"><u>Provision (a)</u></p> <p data-bbox="248 1391 1437 1552">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, Local Procedure Directive and Coordinated Response Plan indicates the following staff and department reporting duties:</p> <p data-bbox="248 1592 1481 1753">a. Staff who witness or receive a report of sexual assault, sexual harassment or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement in accordance with the Employee Standards of Conduct.</p> <p data-bbox="248 1794 1437 1910">b. The highest-ranking supervisor on duty at an institution who receives a report of sexual assault, sexual harassment, shall report it to the appointing authority or his or her designee immediately.</p> <p data-bbox="248 1951 1437 2067">c. The supervisor in charge shall notify the PREA Compliance manager and/or SART Leader, as designated by the Local Procedure Directive (Attachment 9, IIA21-0004 ATT9 – Local Procedure Directive).</p> <p data-bbox="248 2107 1422 2143">During interviews with sixteen (16) random staff and eighteen (18) specialized staff, 100%</p>

were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, 4, specifies any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 14, d, states All PREA information is confidential in nature and shall only be released on a need-to-know basis. Staff members who fail to comply with the reporting provisions of this policy may be banned from correctional facilities, or will be subject to disciplinary action, up to and including termination, whichever is applicable.

The Auditor was able to review a copy of the Informed Consent for Medical Services the inmate signs prior to treatment. The consent document released and gave permission to the medical and/or mental health care provider to provide pertinent and relevant information to individuals who need to know.

During interviews with sixteen (16) random staff and eighteen (18) specialized staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.

Provision (c)

GDC, SOP, Policy Number 507.04.85, Informed Consent, mandates medical and mental health practitioners ensure all inmates are informed prior to the initiation of the service of the limits of their confidentiality and shall report information about sexual victimization to the facility PCM.

The Auditor reviewed a copy of the Informed Consent for Medical Services the inmate signs prior to treatment. The consent document released and gave permission to the medical or mental health care provider to provide pertinent and relevant information to individuals who need to know.

During interviews with medical staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 14, B, 1, d, states the Department stands in loco parentis for Youthful Offenders in its custody and can authorize a physical examination of such Youthful Offender without consulting his or her parent(s) so long as the Youthful Offender consents to the examination. For those offenders that are unable to consent or are incapacitated, the Department may authorize the collection of forensic evidence based on the Department's standing in loco parentis or as a guardian of the offender, whichever may be applicable. Physical evidence collection may also include an examination of and collection of physical evidence from the suspected perpetrator(s). Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.

In interviews with the Warden, PREA Coordinator and PCM, each articulated they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 23, 2, c, specifies staff members shall forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly.

In interviews with the Warden, PREA Coordinator, and PCM each confirmed allegations of sexual abuse and sexual harassment are reported to the PCM and SART team.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

115.62	Agency protection duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1460 846" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, Local Procedure Directive and Coordinated Response Plan • GDC, PREA Investigation Protocol, June 15, 2016 <p data-bbox="252 927 624 960">Interviews with the following:</p> <ul data-bbox="300 1028 513 1106" style="list-style-type: none"> • Warden • Random Staff <p data-bbox="252 1144 432 1178"><u>Provision (a)</u></p> <p data-bbox="252 1218 1474 1547">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 9, states offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender’s safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged</p> <p data-bbox="252 1592 1482 1794">The Auditor interviewed the Warden, who stated he would take immediate action to protect the victim (inmate). The victim (inmate) might be moved to another area of the facility or to another facility all-together, depending on what was needed to protect the victim. She stated that the perpetrator, if known, would be placed in their transitional unit, and transferred to another facility.</p> <p data-bbox="252 1839 1474 1951">During random staff interviews, all staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, protect the victim, contact their supervisor, and preserve evidence.</p> <p data-bbox="252 1995 427 2029"><u>Conclusion:</u></p> <p data-bbox="252 2069 1461 2148">Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding agency protection duties. No</p>

recommendations or corrective action is required.

115.63	Reporting to other confinement facilities
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1460 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="252 712 624 745">Interviews with the following:</p> <ul data-bbox="300 813 791 936" style="list-style-type: none"> • Warden • PREA Coordinator (PC) • PREA Compliance Manager (PCM) <p data-bbox="252 969 432 1003"><u>Provision (a)</u></p> <p data-bbox="252 1048 1441 1171">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, 2, 1, a-d, states:</p> <p data-bbox="252 1205 1460 1541">a. In cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim’s current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department’s PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender’s current facility refers the matter directly to the Regional SAC and the Department’s PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department’s PREA Coordinator.</p> <p data-bbox="252 1574 1445 1653">b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="252 1686 1137 1720">c. The facility shall document that it has provided such notification.</p> <p data-bbox="252 1765 1469 1843">d. The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="252 1888 1460 1966">LSP reports in the last twelve (12) months they have received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.</p> <p data-bbox="252 2000 432 2033"><u>Provision (b)</u></p> <p data-bbox="252 2067 1302 2101">The 72-hour notification requirements are the same as indicated in Provision (a).</p>

LSP reports in the last twelve (12) months they have received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, 2, 1, a indicates in cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. LSP reports in the last twelve (12) months they have received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in another confinement facility.

Provision (d)

Interviews with the Warden, PREA Coordinator and the PCM all confirm any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred within any GDC facility will be investigated in accordance with the guidelines of Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018.

According to documentation received from LSP, in the last twelve (12) months they received zero (0) inmate notifications of sexual abuse or sexual harassment that occurred in another confinement facility. This was confirmed through interviews with the Warden and the PCM.

The Warden, PREA Coordinator and PCM all indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to an investigator to conduct the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

115.64	Staff first responder duties
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 596 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1458 846" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/201, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan • Lee State Prison, PREA Local Procedure Directive and Coordinated Response Plan <p data-bbox="248 927 624 960">Interviews with the following:</p> <ul data-bbox="300 1030 743 1106" style="list-style-type: none"> • Custody Staff First Responders • Non-Security First Responders <p data-bbox="248 1144 432 1178"><u>Provision (a)</u></p> <p data-bbox="248 1218 1469 1294">Lee State Prison, PREA Local Procedure Directive and Coordinated Response Plan, indicates that upon learning of an allegation of a PREA related incident, the first responder shall:</p> <ul data-bbox="300 1361 1469 2123" style="list-style-type: none"> • Notify your Shift OIC and ensure the victim is separated from the aggressor. • Instruct the alleged victim to 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 internal investigator arrives. • Ensure the victim receives immediate medical attention (in accordance with SOP 507.04.84, Medical Management of Suspected Sexual Abuse and SOP 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment), followed by a mental health evaluation within 24 hours, (in accordance with SOP 508.22, Mental Health Management of Suspected Sexual Abuse, Contact or Harassment). • If applicable, ensure SANE protocol is enacted in accordance with 208.06 Attachment 5 and the Department’s PREA Coordinator is notified. • Implement Local PREA Notification Procedures to ensure all required personnel are notified that an incident has occurred. • Ensure the incident report and supporting documentation has been completed before leaving the institution for the day.

- Ensure the victim receives a SART evaluation promptly within 24 hours.
- Ensure the alleged 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 alleged victim pending further instructions from Warden/Superintendent.
- If applicable, consult with the SART the Regional Director, and 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 inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated
- If the alleged victim is under the age of 18, the Regional Director in conjunction with the Director of Investigations, or designee, shall report the allegation to the Department of Family and Children Services, Child Protective Services Section, reference O.C.G.A §19-7-5
- If the alleged victim is considered a vulnerable adult under O.C.G.A. §30-5-4, then the Director of Investigations, or designee, will make notification to the appropriate outside law enforcement agency.

Information received regarding the allegations of sexual abuse and sexual harassment indicate in the past 12-months there was two (2) allegations of sexual abuse and sexual harassment. One was staff-on-inmate sexual abuse allegation, which upon investigation was determined to be unfounded. The other was an inmate-on-inmate sexual abuse allegation, which upon investigation was determined to be unsubstantiated.

The Auditor's review of the PREA training curriculum all staff, volunteers and contractors received identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder, these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the investigators, PCM or shift commander.

During the interview process, the Warden indicated first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During staff interviews, all staff were able to articulate to the Auditor, step-by-step how to respond to a PREA incident. All staff, volunteers and contractors were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident to the senior staff member on duty.

During interviews with first responders, all stated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings. Each verbalized the PCM is constantly reminding them of PREA policies and speaking with them regarding the importance of PREA and sexual safety.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to

destroy evidence and keep the scene secure until security staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding staff first responder duties. No recommendations or corrective action is required

115.65	Coordinated response
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 595 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1461 846" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. • Lee State Prison, PREA Local Procedure Directive and Coordinated Response Plan <p data-bbox="248 927 608 960">Interview with the following:</p> <ul data-bbox="300 1028 437 1061" style="list-style-type: none"> • Warden <p data-bbox="248 1106 432 1140"><u>Provision (a)</u></p> <p data-bbox="248 1173 1474 1509">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, F, 3 indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.</p> <p data-bbox="248 1554 1442 1711">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 23, F, 1, outlines the official response following an offender report, including staff, first responder and GDC reporting duties.</p> <p data-bbox="248 1756 1474 1823">Lee State Prison, PREA Local Procedure Directive and Coordinated Response Plan, indicates that upon learning of an allegation of a PREA related incident, the first responder shall:</p> <ul data-bbox="300 1890 1442 2136" style="list-style-type: none"> • Notify your Shift OIC and ensure the victim is separated from the aggressor. • Instruct the alleged victim to 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 internal investigator arrives.

- Ensure the victim receives immediate medical attention (in accordance with SOP 507.04.84, Medical Management of Suspected Sexual Abuse and SOP 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment), followed by a mental health evaluation within 24 hours, (in accordance with SOP 508.22, Mental Health Management of Suspected Sexual Abuse, Contact or Harassment).
- If applicable, ensure SANE protocol is enacted in accordance with 208.06 Attachment 5 and the Department's PREA Coordinator is notified.
- Implement Local PREA Notification Procedures to ensure all required personnel are notified that an incident has occurred.
- Ensure the incident report and supporting documentation has been completed before leaving the institution for the day.
- Ensure the victim receives a SART evaluation promptly within 24 hours.
- Ensure the alleged 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 alleged victim pending further instructions from Warden/Superintendent.
- If applicable, consult with the SART the Regional Director, and 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 inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated.
- If the alleged victim is under the age of 18, the Regional Director in conjunction with the Director of Investigations, or designee, shall report the allegation to the Department of Family and Children Services, Child Protective Services Section, reference O.C.G.A §19-7-5.
- If the alleged victim is considered a vulnerable adult under O.C.G.A. §30-5-4, then the Director of Investigations, or designee, will make notification to the appropriate outside law enforcement agency.

The Warden confirmed, during the interview process, that the coordinated response has been identified in the policies listed above. He indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on the job training.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding coordinated response. No recommendations or corrective action is required.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Administrative (Human Resources) Staff • PREA Compliance Manager (PCM) <p><u>Provision (a)</u></p> <p>According to the PAQ, LSP prison staff employed by the GDC do not have a labor union. Therefore, the GDC does not engage in collective bargaining with corrections officers or other facility staff.</p> <p>Through the interview process, the Auditor learned management does have the right to separate the inmate from a staff member who is the subject of an investigation. This separation can either be temporarily reassigning the employee, redirecting the employee, or restricting the employee from the grounds during the investigation.</p> <p>The PCM reported in the past 12-months, LSP has not had any PREA related incidents that required alleged staff sexual abusers to not have contact with any inmate pending the outcome of an investigation during the audit period.</p> <p><u>Provision (b)</u></p> <p>Auditor is not required to audit this provision.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.</p>

115.67	Agency protection against retaliation
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1461 808" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 8, Georgia Department of Corrections Retaliation Monitoring Checklist <p data-bbox="248 887 624 922">Interviews with the following:</p> <ul data-bbox="300 990 791 1066" style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) <p data-bbox="248 1104 432 1140"><u>Provision (a)</u></p> <p data-bbox="248 1178 1441 1294">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, F, 4, a-c, states:</p> <p data-bbox="248 1337 1422 1453">a. Anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.</p> <p data-bbox="248 1496 1481 1785">b. The Department shall protect offenders and staff members who report sexual abuse, or sexual harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in the PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7). Multiple protection measures include offender housing changes or transfers, removal of alleged staff members or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.</p> <p data-bbox="248 1827 1461 1986">c. The designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the sexual abuse or who participated in an investigation, to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.</p> <p data-bbox="248 2029 1453 2145">i. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. Periodic in-person status checks shall be made by the monitor as well.</p>

Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed with the SART incident report upon completion.

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

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

The PCM at LSP has been identified as the individual who is primarily responsible for monitoring possible retaliation.

Provision (b)

At the time of the on-site audit, there were no inmates at LSP who had reported sexual abuse that occurred at the facility. Therefore, no inmate was interviewed regarding retaliation monitoring.

The PCM affirmed there were no incidents that required inmates to be transferred due to a PREA related incident for sexual safety during this reporting period.

In the interview with the Warden, the Auditor was advised there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

Provision (c)

See policy details in Provision (a).

In the interview with the PCM, she indicated she did not have any incidents that required agency protection against retaliation in the preceding twelve (12) month period.

In the interview with the Warden, the Auditor was advised that retaliation is not tolerated at LSP. The Warden as well as the PCM emphasize to staff and inmates that they are to speak about PREA issues without fear of retaliation. He stressed that if retaliation does occur; those responsible for the retaliation will be investigated and disciplined.

Provision (d)

The PCM showed the Auditor Attachment 8, Georgia Department of Corrections Retaliation Monitoring Checklist. This one-page form records the incident report number, the date of the incident, the location of the incident and the name of the individual being monitored. It has designated spaces to write the findings of the 30-day, 60-day or 90-day reviews along with a signature line for the individual conducting the review. The bottom of the form has a space for the comments and signature of the Warden once the monitoring period is completed.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, F, 4, a, states anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.

Provision (f)

Auditor is not required to audit this provision

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

115.68	Post-allegation protective custody
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="248 712 624 748">Interviews with the following:</p> <ul data-bbox="300 815 438 891" style="list-style-type: none"> • Warden • PCM <p data-bbox="248 931 432 967"><u>Provision (a)</u></p> <p data-bbox="248 1005 1474 1339">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 21-22, D, 9, a-d, indicates offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender’s safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.</p> <p data-bbox="248 1377 1422 1453">a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.</p> <p data-bbox="248 1491 1481 1615">b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.</p> <p data-bbox="248 1653 1465 1816">c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.</p> <p data-bbox="248 1854 1458 1930">d. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="248 1968 1437 2132">The Warden and the PCM both confirmed during the previous 12-months, LSP had one (1) inmate who was held in involuntary segregated housing for less than 24 hours awaiting a completion of assessment. Both reported the inmate was found to have lied about several facts in his allegation.</p>

The Warden and the PCM both confirmed during the previous 12-months, LSP did not have any inmates held in involuntary segregated housing for longer than 24-hours.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding post allegation protective custody. No recommendations or corrective action is required.

115.71	Criminal and administrative agency investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1460 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="252 712 624 745">Interviews with the following:</p> <ul data-bbox="300 813 699 976" style="list-style-type: none"> • PREA Coordinator (PC) • Warden • PREA Compliance Manager • Investigative Staff <p data-bbox="252 1014 432 1048"><u>Provision (a)</u></p> <p data-bbox="252 1088 1439 1294">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 25, G, 1, require the Department to investigate all allegations of sexual misconduct involving inmates thoroughly, promptly, and objectively under the jurisdiction or authority of the Department.</p> <p data-bbox="252 1335 1439 1498">During the interview with the investigator, he indicated investigations begin immediately following notification from LSP. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically; third party, by mail or anonymously.</p> <p data-bbox="252 1538 1439 1702">In the past 12-months two (2) PREA allegations have been made. One was staff-on-inmate sexual abuse, which after investigation was determined to be unfounded. The other was inmate-on-inmate sexual abuse, which after investigation was determined to be unsubstantiated.</p> <p data-bbox="252 1742 432 1776"><u>Provision (b)</u></p> <p data-bbox="252 1816 1439 1933">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 19-20, 4, a-c, indicates</p> <ol data-bbox="252 1973 1471 2123" style="list-style-type: none"> a. All staff investigating sexual abuse/Sexual Harassment allegations must be specially trained in conducting sexual abuse/Sexual Harassment investigations in confinement settings. b. Specialized training shall include techniques for interviewing sexual abuse victims, proper

use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

c. The Department shall maintain documentation that agents and investigators, whether internal or external, have completed the required specialized training in conducting sexual abuse investigation

Investigators receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee signatures on sign in sheets as well as certificates of completion.

During the interview with investigative staff, it was confirmed he had attended these training sessions. The Auditor reviewed the investigators training records and verified his attendance and participation in all mandated training.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 26, G, 3, b, states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Furthermore, it states investigators shall interview alleged victims, suspected perpetrators, and witness in person, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During the interview, the investigative staff indicated all his investigations follow practically the same investigative format. He stated he interviews the victim first, and then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse. If it is an alleged sexual assault or sexual abuse incident, he will go to the rape crisis center or the dedicated SAFE/SANE location in Lily Pad SANE Center where the victim is being seen. Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection through the agency's investigator training and NIC training. The Auditor reviewed training records, which confirmed this training.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 26, G, 2, states the local SART is responsible for the administrative investigation of all allegations of sexual abuse or Sexual Harassment. Attachment 4, Sexual Allegation Response Checklist will be completed for all PREA allegations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC.

During interviews, the investigative staff reported when it appears a crime may have been committed; all questions immediately stop. The perpetrator is immediately read their Miranda rights and the case, including all evidence, is turned over to the Office of Professional Services (OPS). At this point, SART will only conduct compelled interviews after consultation with OPS, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 26, G, 3, c, is very clear the credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. He stated everyone is treated as credible and truthful unless the investigation proves otherwise. He confirmed a polygraph is not used in the investigative process of PREA cases.

Provision (f)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 27, G, 7, states administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

During the interview, investigative staff reported in administrative investigations he follows the evidence as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. He summarizes all findings in his report.

During the past 12-months there have been two (2) administrative cases. One was staff-on-inmate sexual abuse, which after investigation was determined to be unfounded. The other was inmate-on-inmate sexual abuse, which after investigation was determined to be unsubstantiated.

Provision (g)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 27, G, 7, states administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

When asked about handling criminal investigation, the investigative staff reported the case is transferred from SART to OPS. The case is thoroughly documented through all steps of the process, including investigative steps, interviews, facts, and findings.

In the past twelve (12) months there have been zero (0) criminal investigations.

Provision (h)

During the past 12 months, there have been zero (0) any criminal cases referred for prosecution.

During the interview, the investigator said when it seems a crime has been committed the case is referred to the Office of Professional Services (OPS) to continue the investigation.

Provision (i)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 27, G, 10, states that the departure of the alleged abuser or victim from the employment of the facility or agency, shall not provide a basis for terminating an investigation.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 12, indicates when outside agencies investigate sexual abuse, the Department shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations.

The Warden and the PREA Coordinator both reported they had never known of an outside agency investigating, but if it did occur, they would remain in the loop through the OPS. The PCM reported she had never had to monitor a case being investigated by an outside agency. She stated if she were to be in that position, she would take direction from the PREA Coordinator and the Warden.

The investigative staff reported he could not think of a possible situation where an external agency would conduct a sexual abuse investigation inside of an GDC facility. He stated the GDC is set up in such a manner that it handles all its own Administrative and Criminal Investigations.

Conclusions:>

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p>Interview with the following:</p> <ul style="list-style-type: none"> • Investigative Staff <p><u>Provision (a)</u></p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 13, specifies there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or Sexual Harassment are substantiated</p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 14 indicates following the close of an investigation into an offender’s allegation that he or she suffered sexual abuse in a Department facility, the facility shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS or substantiated-forwarded to OPS. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department’s obligation to report under this standard shall terminate if the offender is released from the Department’s custody</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.</p>

115.73	Reporting to inmates
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 593 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1461 801" style="list-style-type: none"> <li data-bbox="300 427 1461 506">• Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. <li data-bbox="300 517 1461 629">• Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <li data-bbox="300 640 1461 801">• Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 3, Georgia Department of Corrections, PREA Disposition Offender Notification Form <p data-bbox="248 887 609 920">Interview with the following:</p> <ul data-bbox="300 987 568 1066" style="list-style-type: none"> <li data-bbox="300 987 440 1021">• Warden <li data-bbox="300 1032 568 1066">• Investigative Staff <p data-bbox="248 1099 434 1133"><u>Provision (a)</u></p> <p data-bbox="248 1178 1487 1715">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 14, specifies following the close of an investigation into an offender’s allegation that he or she suffered sexual abuse in a Department facility, the facility shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS or substantiated-forwarded to OPS. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department’s obligation to report under this standard shall terminate if the offender is released from the Department’s custody.</p> <p data-bbox="248 1760 1487 2007">In interviewing the investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation, SART submits a close out letter to the victim and the perpetrator, advising each of the conclusion of the investigation and the findings. This notification is made using Attachment 3, Georgia Department of Corrections, PREA Disposition Offender Notification Form.</p> <p data-bbox="248 2051 1439 2119">The Warden was asked a similar question and he echoed the response of the investigative staff.</p>

Information received indicated during the past 12-months there were two (2) administrative cases and zero (0) criminal cases. In both administrative cases the inmate was notified in writing of the findings of the investigation and signed for same.

Provision (b)

N/A

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 3, Georgia Department of Corrections, PREA Disposition Offender Notification Form, has designated spaces to notify the inmate of the following:

1. The employee/staff is no longer posted within the inmate's unit
2. The employee./staff is no longer at the institution
3. The employee/staff has been indicted on a charge related to the sexual abuse
4. The employee/staff has been convicted on a charge related to the sexual abuse.
5. The alleged abuser (offender) has been indicated on a charge related to sexual abuse within the facility.
6. Other (must include explanation if other is checked)

Information received indicated during the past 12-months there were two (2) administrative cases and zero (0) criminal cases. In both administrative cases the inmate was notified in writing as required in this provision and signed for same.

Provision (d)

See Provision (c) for details.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 14, says in part, such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form.

Information received indicated during the past 12-months there were two (2) administrative cases and zero (0) criminal cases. In both administrative cases the inmate was notified in writing as required in this provision and signed for same.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding reporting to inmates. No recommendations or

corrective action is required.

115.76	Disciplinary sanctions for staff
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 593 358">Documentation Reviewed:</p> <ul data-bbox="300 425 1460 638" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="252 712 614 745">Interviews with the following</p> <ul data-bbox="300 813 790 896" style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) <p data-bbox="252 929 434 963"><u>Provision (a)</u></p> <p data-bbox="252 1003 1481 1249">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, H, 1, a, states staff members who engage in sexual abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.</p> <p data-bbox="252 1288 434 1321"><u>Provision (b)</u></p> <p data-bbox="252 1361 1471 1523">The PAQ reflects in the past 12-months, there have been zero (0) staff from the facility who have violated agency sexual abuse or sexual harassment policies. Likewise, there have been zero (0) staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="252 1563 1439 1724">During interviews with the Warden and the PCM both, confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.</p> <p data-bbox="252 1765 434 1798"><u>Provision (c)</u></p> <p data-bbox="252 1839 1455 2085">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, H, 1, b, disciplinary sanctions for violations of Department policy related to Sexual Harassment 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 members with similar histories</p>

During interviews with the Warden and the PCM both confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, H, 1, c, states all terminations for violations of the Department sexual abuse or sexual harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

During interviews with the Warden and the PCM both confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 598 358">Documentation Reviewed:</p> <ul data-bbox="300 425 1460 638" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="252 705 598 739">Interview with the following</p> <ul data-bbox="300 806 438 840" style="list-style-type: none"> • Warden <p data-bbox="252 884 438 918"><u>Provision (a)</u></p> <p data-bbox="252 952 1476 1288">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 29, H., 2, states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="252 1332 438 1366"><u>Provision (b)</u></p> <p data-bbox="252 1400 758 1433">GDC policy is outlined in Provision (a).</p> <p data-bbox="252 1478 1444 1646">During an interview with the Warden, he disclosed that when an issue is brought to his attention, he immediately refers the matter to the SART for their follow-up. During this time, the contractor and volunteer are not allowed access to the facility pending investigation and review of the matter.</p> <p data-bbox="252 1680 1460 1803">During the interview process, the Warden and the PCM both confirmed during the preceding twelve (12) months there were not any incidents of PREA allegations involving volunteers or contractors.</p> <p data-bbox="252 1836 438 1870"><u>Conclusion:</u></p> <p data-bbox="252 1915 1460 2027">Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 593 358">Documentation Reviewed:</p> <ul data-bbox="300 425 1460 638" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="252 712 598 745">Interview with the following</p> <ul data-bbox="300 813 502 891" style="list-style-type: none"> • Warden • Medical Staff <p data-bbox="252 929 434 963"><u>Provision (a)</u></p> <p data-bbox="252 1003 1484 1164">The PAQ reflects in the past 12-months there has been zero (0) administrative findings of inmate-on-inmate sexual abuse that have occurred in the facility. Additionally, there have been zero (0) criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility. This information was confirmed by the Warden and the PCM.</p> <p data-bbox="252 1205 1444 1496">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 29, H, 3, b, indicates offenders shall be 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. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.</p> <p data-bbox="252 1534 434 1568"><u>Provision (b)</u></p> <p data-bbox="252 1608 1444 1854">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, d, states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.</p> <p data-bbox="252 1895 1412 2060">During the interview with the Warden, disciplinary sanctions were discussed. The Warden indicated inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.</p> <p data-bbox="252 2094 434 2128"><u>Provision (c)</u></p>

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, e, states the disciplinary process shall consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. See SOP 508.18 MH/MR Discipline Procedures. During the interview with the Warden, disciplinary sanctions were discussed. The Warden indicated if the inmate has a mental history, mental health staff would be involved to assist in determining appropriate sanctions.

Provision (d)

During interviews with Medical staff, the Auditor was informed that medical staff could make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

The PCM reported in the past 12-months there had been zero (0) inmates referred to mental health for PREA related incidents.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, g, 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

The PCM reported in the past 12-months there had been zero (0) inmates disciplined for sexual abuse or sexual harassment.

Provision (f)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, h, specifies for the purposes of a disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

The PCM reported in the past 12-months there had been zero (0) inmates disciplined for a report of sexual abuse made in good faith.

Provision (g)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, a, the Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Note: All instances of sexual

contact between offenders will be treated as non-consensual unless proven otherwise during the course of an investigation

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding disciplinary sanctions for inmates. No recommendations or corrective action is required.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC, SOP, Policy Number 507.04.85, Informed Consent <p>Interview with the following</p> <ul style="list-style-type: none"> • Medical Staff <p><u>Provision (a)</u></p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 8, offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.</p> <p>The Auditor interviewed staff who conduct intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.</p> <p>The Auditor interviewed one (1) inmate who disclosed victimization during risk screening in the past 12-months. A referral was offered to him as required. He was referred, seen and evaluated within one (1) week of the 72-hour screening. A review of his inmate record confirmed this information and time frame.</p> <p><u>Provision (b)</u></p> <p>Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 4, offenders whose risk screening indicates a risk for victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all offenders, within 30 days of arrival at the institution. A case note shall be entered in SCRIBE to indicate this review has been conducted. This case note is for the sole purpose of documenting the screening occurred and shall not include any confidential or clinical information.</p>

During the document review, there were thirty (30) inmate records, chosen randomly from the master roster, with varying arrival dates. All thirty (30) inmate records had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. Likewise, all thirty (30) inmates had received PREA information during intake, had their PREA screening within 72 hours of admission, were reassessed within 30-days arrival and had comprehensive PREA education within 30-days of intake.

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 8, offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.

The Auditor interviewed staff who conduct the intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a history of victimization.

The Auditor interviewed one (1) inmate who disclosed victimization during risk screening in the past 12-months. A referral was offered to him as required. He was referred, seen and evaluated within one (1) week of the 72-hour screening. A review of his inmate record confirmed this information and time frame.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 4, denotes any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

The Auditor interviewed staff who conduct the intake screenings and was advised that all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Provision (e)

GDC, SOP, Policy Number 507.04.85, Informed Consent, mandates medical and mental health practitioners ensure all inmates are informed prior to the initiation of the service of the limits of their confidentiality and shall report information about sexual victimization to the facility PCM.

The Auditor reviewed a copy of the Informed Consent for Medical Services the inmate signs prior to treatment. The consent document released and gave permission to the medical or mental health care provider to provide pertinent and relevant information to individuals who need to know.

During interviews with medical staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding medical and mental health screenings, history of sexual abuse. No recommendations or corrective action is required.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC, Medical PREA Log
- Memorandum of Understanding (MOU), Lee State Prison and Lily Pad SANE Center, dated March 2, 2020

Interview with the following

- Medical Staff
- First Responders

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 31, I, specifies the Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department SOPs regarding medical and mental health care.

A Memorandum of Understanding (MOU) has been entered into between LSP and Lily Pad SANE Center for facilitating services related to implementation of Prison Rape Elimination Act (PREA). Lily Pad SANE Center is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates within the LSP custody.

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at Lily Pad SANE Center. There is dedicated space for forensic examinations. SAFE/SANE practitioners are on staff. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to conduct the rape kit examination, provide results of the exam to GDC, as well as other issues relative to the exam. All forensic examinations are logged and tracked on the GDC, Medical PREA Log.

Medical staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

LSP PCM reported one (1) SANE exam during the past 12-months on a LSP inmate. The inmate was provided an advocate for medical accompaniment. Additionally, the inmate was offered tests for sexually transmitted infections, and prophylaxis as medically appropriate.

At the time of the on-site portion of the audit, there were no inmates at LSP who had reported sexual abuse, therefore no interviews were conducted.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 14, B, 1, c, dictates when there is a report of an incident of sexual abuse that was alleged to have occurred within the previous 72 hours, or there is a strong suspicion that an assault may have been sexual in nature, a physical examination of the alleged victim shall be conducted to determine if immediate medical attention is necessary and if the SANE protocol should be initiated, (Attachment 5, Procedure for SANE Evaluation/Forensic Collection). The SANE examination shall be provided at no cost to the offender. Physical evidence from the suspected perpetrator(s) will be collected and may also include an examination. Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.

Interviews with first responders revealed notification is made via the telephone to the medical staff who are on duty when they are informed of an incident of sexual abuse. A SAFE/SANE practitioner is contacted, and arrangements are made for an immediate forensic examination.

Provision (c)

The LSP response to sexual assault follows the U.S. 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. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility (Lily Pad SANE Center), without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate. LSP shall document its efforts to provide SAFEs or SANEs.

As previously cited in Provision (a) medical and mental health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 14, B, 1, c, declares in part that treatment services shall be provided to the victim without financial cost and regardless of whether the

victim names the abuser or cooperates with an investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 801" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC, SOP, Policy Number 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, dated May 3, 2018 • Memorandum of Understanding, Lee State Prison and Lily Pad SANE Center, dated March 2, 2020 <p data-bbox="248 916 600 952">Interview with the following</p> <ul data-bbox="300 1019 791 1095" style="list-style-type: none"> • Medical Staff • PREA Compliance Manager (PCM) <p data-bbox="248 1133 432 1169"><u>Provision (a)</u></p> <p data-bbox="248 1207 1469 1411">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 31, I, specifies the Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department SOPs regarding medical and mental health care.</p> <p data-bbox="248 1451 1466 1655">A Memorandum of Understanding (MOU) has been entered into between LSP and Lily Pad SANE Center for facilitating services related to implementation of Prison Rape Elimination Act (PREA). Lily Pad SANE Center is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates within the LSP custody.</p> <p data-bbox="248 1695 1481 1899">All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at Lily Pad SANE Center. There is dedicated space for forensic examinations. SAFE/SANE practitioners are on staff. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to the hospital to conduct the rape kit examination, provide results of the exam to LSP, as well as other issues.</p> <p data-bbox="248 1939 1481 2143">The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of sexually transmitted infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.</p>

Medical staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (b)

GDC, SOP, Policy Number 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, dated May 3, 2018, p. 3-4, IV, A, 3, dictates offenders stating that they have been subjected to Sexual Abuse, Sexual Misconduct, or Sexual Harassment will be treated in a professionally sensitive and non-judgmental manner. Mental health staff will perform an initial evaluation to assess the emotional impact of the alleged incident victim within one business day, or sooner if deemed an emergency. This is NOT an investigation but a clinical evaluation. The mental health staff person who performs the initial evaluation will not participate in the investigation process, to include documentation of witness statements or incident reports, unless the staff member directly witnessed the alleged violation. Mental health staff will not be involved in determining guilt or innocence, truth or falsehood. Staff will make no judgment regarding whether the reported incident occurred or not but will refer the person for an appropriate mental health evaluation, treatment, and interventions as clinically indicated.

Provision (c)

Interviews with medical staff support compliance in the area of evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff reflects an active understanding of the importance of appropriate evaluation, follow up, treatment planning and service referral.

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

Provision (d)

The LSP response to sexual assault follows the U.S. 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. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility (Lily Pad SANE Center), without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate. LSP shall document its efforts to provide SAFEs or SANEs.

LSP PCM reported one (1) SANE exam during the past 12-months on a LSP inmate. The review of that medical documentation demonstrates that the exam was conducted appropriately and timely. The inmate was provided an advocate for medical accompaniment.

Additionally, the inmate was offered tests for sexually transmitted infections, and prophylaxis as medically appropriate

Provision (e)

N/A – LSP is an all-male facility.

Provision (f)

The LSP response to sexual assault follows the U.S. 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. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility (Lily Pad SANE Center), without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate. LSP shall document its efforts to provide SAFEs or SANEs.

LSP PCM reported one (1) SANE exam during the past 12-months on a LSP inmate. The review of that medical documentation demonstrates that the exam was conducted appropriately and timely. The inmate was provided an advocate for medical accompaniment. Additionally, the inmate was offered tests for sexually transmitted infections, and prophylaxis as medically appropriate

Provision (g)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 14, B, 1, c, in part states that all treatment services shall be 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.

Provision (h)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8, C, 1-2, g, states: 1. Mental health staff will evaluate all substantiated offender-on-offender abusers within sixty (60) days from date of substantiation and offer mental health treatment when deemed appropriate; and 2. Substantiated offender-on-offender abusers needing sex-offender evaluation/treatment will be referred to Risk Reduction.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No recommendations or corrective action is required.

115.86	Sexual abuse incident reviews
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="248 712 624 748">Interviews with the following:</p> <ul data-bbox="300 815 791 936" style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) • Incident Review Team (IRT) <p data-bbox="248 972 432 1008"><u>Provision (a)</u></p> <p data-bbox="248 1046 1465 1337">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 3, I, defines the Sexual Abuse Incident Review Team (SAIRT) as a team that consists of upper-level management representatives. SART members may be part of the SAIRT, however; the SAIRT shall not be solely comprised of SART members. Line supervisors and other staff members may be designated as SAIRT members at the discretion of the Warden/Superintendent of the facility.</p> <p data-bbox="248 1375 1442 1711">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 31, J, 1, indicates that the facility Sexual Abuse Incident Review Team (SAIRT) shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for incidents with a disposition of unfounded.</p> <p data-bbox="248 1749 1382 1823">During the past 12-months, there were two (2) PREA related investigations and two (2) incident reviews.</p> <p data-bbox="248 1861 1445 1897">LSP PCM verified there were two (2) incident reviews conducted in the previous 12-months.</p> <p data-bbox="248 1935 432 1971"><u>Provision (b)</u></p> <p data-bbox="248 2009 703 2045">See Provision (a) for policy details.</p> <p data-bbox="248 2083 1382 2119">During the past 12-months, there were two (2) PREA related investigations and two (2)</p>

incident reviews. Both incident reviews were conducted within well within the 30-day time frame.

Provision (c)

See Provision (a) for policy details.

In the interview with the Warden, he confirmed his understanding of the composition of the review team and his willingness to consider and incorporated recommendations from team members.

During the past 12-months, there were two (2) PREA allegations and therefore two (2) Incident Reviews. LSP provided the Auditor, for review, a copy of both incident reviews. The reviews were conducted in a timely and thorough manner. All items listed in this standard were considered and documented.

LSP PCM confirmed there were two (2) incident reviews conducted during the previous twelve (12) months.

Provision (d)

The Warden, PCM as well as other members of the Incident Review Team were interviewed. Each team member reported the team considers the following criteria:

1. Consider whether the allegation or investigation indicates a need to change policy or practice
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTQI identification, gang affiliation, or war motivated by group dynamic at LSP
3. Examination of area where incident occurred to assess need for enhancements
4. Assess the adequacy of staffing levels in the area during the different shifts
5. Review of the personnel file of any involved employees (background screening, training, etc.)
6. Assess whether additional monitoring technology should be employed, enhanced, etc.
7. Prepare a report of findings for submission to Monitor, DOJ, PREA Coordinator and PCM, as appropriate.

During the past 12-months, there were two (2) PREA allegations and therefore two (2) Incident Reviews. Both incident reviews were conducted in a timely and thorough manner. All items listed in this provision were considered and documented.

Provision (e)

The Warden, PCM as well as other members of the Incident Review Team were interviewed. Each team member reported the team would make recommendations for corrections or improvements for shortcomings discovered during the incident review process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding sexual abuse incident reviews. No

recommendations or corrective action is required.

115.87	Data collection
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 596 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1458 633" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 <p data-bbox="248 712 600 745">Interview with the following</p> <ul data-bbox="300 813 639 846" style="list-style-type: none"> • PREA Coordinator (PC) <p data-bbox="248 887 432 920"><u>Provision (a)</u></p> <p data-bbox="248 958 1437 1122">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 33, in part, dictates that the data collection requirement include:</p> <ol data-bbox="292 1189 1474 1570" style="list-style-type: none"> 1. The procedure for data maintenance and collection for every allegation of sexual abuse and harassment 2. The sources for data collection including the data required by the US DOJ, which includes inmate polling, documentation of announced and unannounced rounds, grievances, reports, investigation files and incident reviews 3. The instruments used to collect data 4. The standardized definitions used 5. The methodology employed to analyze data 6. The quality control mechanisms to verify data accuracy <p data-bbox="248 1603 435 1637"><u>Provision (b)</u></p> <p data-bbox="248 1675 1477 1798">The GDC aggregates all its data submitting all required items according to the US Department of Justice SSV-2 (Survey of Sexual Victimization) and submits all information annually to the US Department of Justice.</p> <p data-bbox="248 1839 1477 1917">The Auditor was provided, for review, a copy of the 2019 annual report that contained relevant areas of concern and noted corrective action items.</p> <p data-bbox="248 1951 435 1984"><u>Provision (c)</u></p> <p data-bbox="248 2022 703 2056">See Provision (a) for policy details.</p> <p data-bbox="248 2096 1422 2130">PREA policy dictates the incident-based data include at a minimum, the data necessary to</p>

answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Auditor was provided a copy of the 2019 annual report that addressed all questions, as required.

Provision (d)

PREA policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The Auditor was provided, for review, a copy of the 2019 annual report that contained relevant areas of concern and noted corrective action items.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 33, I, says in part, county facilities and private facilities 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 auditors shall be certified by the Department of Justice. Each facility shall bear the burden of demonstrating compliance with the federal standards. A copy of the final report shall be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

During the interview process, the PC confirmed all contracts to hold GDC inmates, without exception, have the PREA requirement as part of the agreement. The GDC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Provision (f)

The GDC aggregates all its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

The Auditor reviewed the submitted SSV-2 for 2019, which reflected completion of all data fields within the required timeline.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data collection. No recommendations or corrective action is required.

115.88	Data review for corrective action
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 595 365">Documentation Reviewed:</p> <ul data-bbox="300 432 1458 678" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC website: http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA <p data-bbox="248 757 600 792">Interview with the following</p> <ul data-bbox="300 860 791 981" style="list-style-type: none"> • PREA Coordinator (PC) • Warden • PREA Compliance Manager (PCM) <p data-bbox="248 1016 432 1052"><u>Provision (a)</u></p> <p data-bbox="248 1088 1477 1335">During an interview with the PREA Coordinator (PC), the Auditor was advised that the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PC continued by stating that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.</p> <p data-bbox="248 1375 1477 1536">Through an interview with the Warden, the Auditor learned that the Facility PREA committee reviews each allegation, and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA committee are addressed at that time.</p> <p data-bbox="248 1576 432 1612"><u>Provision (b)</u></p> <p data-bbox="248 1648 1465 1769">The Auditor reviewed the annual report from 2019 and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse.</p> <p data-bbox="248 1809 432 1845"><u>Provision (c)</u></p> <p data-bbox="248 1881 1474 2002">As required by standard, the GDC places all annual reports on its website, accessible for public view. http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA allows access to the GDC PREA webpage, which contains each annual report since 2012.</p> <p data-bbox="248 2042 432 2078"><u>Provision (d)</u></p> <p data-bbox="248 2114 1441 2150">The PREA Coordinator indicated that the agency reviews data collected pursuant to 115.87</p>

while only redacting personal identifying information. All other information is included in the annual report.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

115.89	Data storage, publication, and destruction
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 595 360">Documentation Reviewed:</p> <ul data-bbox="300 427 1461 678" style="list-style-type: none"> • Lee State Prison (LSP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided. • Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018 • GDC website: http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA <p data-bbox="248 757 600 790">Interview with the following</p> <ul data-bbox="300 857 639 891" style="list-style-type: none"> • PREA Coordinator (PC) <p data-bbox="248 931 432 965"><u>Provision (a)</u></p> <p data-bbox="248 1003 1469 1205">During an interview with the PREA Coordinator (PC), the Auditor was advised there are several locations where the GDC retains data. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the GDC website for public access.</p> <p data-bbox="248 1249 432 1283"><u>Provision (b)</u></p> <p data-bbox="248 1323 1422 1440">The GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA</p> <p data-bbox="248 1485 432 1518"><u>Provision (c)</u></p> <p data-bbox="248 1559 1477 1715">During an interview with the PC, the Auditor was made aware the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.</p> <p data-bbox="248 1760 432 1794"><u>Provision (d)</u></p> <p data-bbox="248 1834 1445 1951">Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 33, VI, A-C, indicates:</p> <ul data-bbox="248 1991 1445 2141" style="list-style-type: none"> A. Sexual abuse data, files, and related documentation - at least 10 years from the date of the initial report. B. Criminal investigation data, files, and related documentation - for as long as the alleged

abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.

C. Administrative investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.

The Auditor reviewed data from August 20, 2012 as required by the PREA compliance standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Georgia Department of Corrections (GDC) publicly accessible website (http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA) <p>Interview with the following</p> <ul style="list-style-type: none"> • PREA Coordinator <p><u>Provision (a)</u></p> <p>During an interview with the PREA Coordinator, the Auditor was advised each facility within the GDC had been audited within the previous three (3) year audit cycle. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:</p> <p>http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA</p> <p><u>Provision (b)</u></p> <p>During an interview with the PREA Coordinator, the Auditor was advised the audit for LSP is in the third year of the new three (3) year audit cycle.</p> <p>GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:</p> <p>http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA</p> <p><u>Provision (c)</u></p> <p>N/A</p> <p><u>Provision (d)</u></p> <p>N/A</p> <p><u>Provision (e)</u></p> <p>N/A</p> <p><u>Provision (f)</u></p> <p>N/A</p> <p><u>Provision (g)</u></p>

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit, the PCM was available to accompany the auditor to and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, GDC and LSP provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During twenty-seven (27) inmate interviews, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Georgia Department of Corrections (GDC) publicly accessible website (http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA) <p><u>Provision (a)</u></p> <p>N/A</p> <p><u>Provision (b)</u></p> <p>N/A</p> <p><u>Provision (c)</u></p> <p>N/A</p> <p><u>Provision (d)</u></p> <p>N/A</p> <p><u>Provision (e)</u></p> <p>N/A</p> <p><u>Provision (f)</u></p> <p>GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Previous PREA reports, for all facilities can be accessed at:</p> <p>http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding audit contents and findings. No recommendations or corrective action is required.</p>

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

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

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

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

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

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

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

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

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

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

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	no
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

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

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

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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

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

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

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

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

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

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

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

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

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

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

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

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

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