

PREA AUDIT REPORT ADULT PRISONS & JAILS

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| Auditor Information | | | |
| Auditor name: Melinda Allen | | | |
| Address: P.O. Box 703; Braselton, GA 30517 | | | |
| Email: preaaudit@gmail.com | | | |
| Telephone number: 706-449-0003 | | | |
| Date of facility visit: March 14-15, 2016 | | | |
| Facility Information | | | |
| Facility name: Clayton County Prison | | | |
| Facility physical address: 11420 S.L.R. Boulevard; Lovejoy, GA 30250 | | | |
| Facility mailing address: <i>(if different from above)</i> P.O. Box 309; Lovejoy, GA 30250 | | | |
| Facility telephone number: 770-473-5777 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input checked="" type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Warden Dennis Nelson | | | |
| Number of staff assigned to the facility in the last 12 months: 57 | | | |
| Designed facility capacity: 242 | | | |
| Current population of facility: 222 | | | |
| Facility security levels/inmate custody levels: Minimum and Medium | | | |
| Age range of the population: 19-59 | | | |
| Name of PREA Compliance Manager: Randal Holsey | | Title: Deputy Warden | |
| Email address: Randal.holsey@co.clayton.ga.us | | Telephone number: 770-473-5777 | |
| Agency Information | | | |
| Name of agency: Clayton County Prison | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Clayton County Board of Commissioners | | | |
| Physical address: 112 Smith Street, Annex 1 Jonesboro, GA 30326 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: (770) 477-3208 | | | |
| Agency Chief Executive Officer | | | |
| Name: Jeffrey E. Turner | | Title: Chairman | |
| Email address: beverly.mcmichen@claytoncountyga.gov | | Telephone number: (770) 477-3208 | |
| Agency-Wide PREA Coordinator | | | |
| Name: | | Title: Click here to enter text. | |
| Email address: Click here to enter text. | | Telephone number: Click here to enter text. | |

AUDIT FINDINGS

NARRATIVE

The Clayton County Prison originally contacted the auditor in March of 2015 to conduct an audit in March 2016. The PREA Coordinator, Randal Holsey, and the auditor communicated numerous times via telephone or email to discuss the audit, expectations and needs during the on site audit. Mr. Holsey completed the Pre-Audit Questionnaire and provided a large volume of proof-documents in advance of the on site audit.

The PREA Audit of the Clayton County Prison was conducted March 14-15, 2016. The auditor wishes to extend its appreciation to Warden Dennis Nelson, and his staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. The auditor also wishes to compliment Randal Holsey for his work in organizing the audit files that were provided to the auditor prior to the on site audit. Mr. Holsey's preparation enabled the audit to move forward very efficiently throughout the documentation phase of the audit.

Upon arrival to the Clayton County Prison, the auditor met with the facility leadership to include Warden Nelson and Deputy Warden Holsey. The auditor explained the audit process and expectations for the audit. The auditor was given a through tour of the facility after the in-brief meeting. After the on site review, the auditor began the interviews and review of investigative files and other proof documentation. At least one offender from each housing unit was interviewed. Those interviewed were selected, by the auditor, from a list of all the offenders in the facility. In addition, the auditor attempted to identify offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) to interview. A total of twelve inmates were interviewed, and seventeen staff members were interviewed which, included correctional officers that were randomly selected as well as specialized staff, including the Warden, PREA Coordinator, Investigator, First Responders, Contractors/volunteers, health care provider, and mental health professional. How knowledgeable the correctional officers were impressed the auditor. When the on site audit was completed, the auditor conducted an exit debrief. The Warden, Deputy Warden, and Major Amey, Chief of Security attended the debriefing.

While the auditor could not give the facility a final ruling/finding, as there was a lot of proof documentation and interviews to review, the auditor did discuss areas where the facility had questions as to the compliance with specific standards. The auditor provided an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act.

On March 15, 2016, the on site audit was completed at Clayton County Prison. After the on site audit, the auditor reviewed the additional proof documents secured while on-site and began to triangulate the evidence for compliance with the PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Clayton County Prison is a county run prison that houses inmates for the Georgia Department of Corrections. The facility is located in Lovejoy, Georgia, approximately 25 miles South of Atlanta, GA, in Clayton County. The facility, designed to house 242 inmates, was opened in 1992. The facility houses medium and minimum-security inmates. The inmates belong to the state of Georgia Department of Corrections. The facility consists of four dorms monitored by roving security and a central control officer. The mission of the facility is to provide an inmate labor force for Clayton County to help control cost of Government, while providing a safe and humane environment for inmates, staff and the community. The majority of the inmates are assigned to work details throughout the community.

SUMMARY OF AUDIT FINDINGS

The Clayton County Correctional Institute was audited on March 14-15, 2016. While the facility met most of the PREA standards from the onset, there was some corrective action that had to be completed in order to gain compliance. The corrective action was completed on July 14, 2016.

Number of standards exceeded: 02

Number of standards met: 39

Number of standards not met: 00

Number of standards not applicable: 03

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

Final Determination: (You should not mark “Exceeds Standard” or “Meets Standard” unless you answer “yes” to all of the questions below. The only exception would be instances where the standard or a standard provision is clearly not applicable.)

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

115.11(a) – Meets Standard

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01 Prison Rape Elimination Act.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility has posted posters and information throughout the facility advising of the zero-tolerance policy. Policy 102.01 details how the agency approaches the prevention, detection and responding to sexual abuse and sexual harassment.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a zero-tolerance policy. The policy, aligned with the Georgia Department of Correction’s policy, outline’s the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment.

115.11(b) – Meets Standard

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01 Prison Rape Elimination Act.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Deputy Warden/PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The PREA Coordinator has ensured that facility staff and inmates have been trained in PREA. Facility records and working documents indicate that the PREA standards are being followed.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a PREA Coordinator. The PREA Coordinator is the Deputy Warden. The Deputy Warden reports directly to the Warden of the facility. The PREA Coordinator indicated that he has sufficient time to complete his PREA related duties. The PREA Coordinator is efficient and highly organized which helps in his efforts.

115.11(c) - Non-Applicable

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? No
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? Yes No

This provision is not applicable as this agency only operates one facility.

115.12 Contracting with other entities for the confinement of inmates

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

115.12(a) -Non-Applicable

- If this agency is public, does it contract for the confinement of its inmates with private agencies or other entities including other government agencies? N/A
- 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

The State of Georgia Department of Corrections contracts the Clayton County Prison. The facility only houses inmates for the state. They do not contract with any other facilities to house inmates.

115.12(b) – Non-Applicable

- Does any new contract or contract renewal provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? N/A

The Clayton County Prison is contracted by the State of Georgia Department of Corrections. The facility only houses inmates for the state. They do not contract with any other facilities to house inmates.

115.13 Supervision and monitoring

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

115.13(a) –Meets Standard

- Has the facility developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- Has the facility documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- Does the facility’s staffing plan take into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:
 - (1) Generally accepted detention and correctional practices? Yes
 - (2) Any judicial findings of inadequacy? Yes
 - (3) Any findings of inadequacy from Federal investigative agencies? Yes
 - (4) Any findings of inadequacy from internal or external oversight bodies? Yes
 - (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes
 - (6) The composition of the inmate population? Yes
 - (7) The number and placement of supervisory staff? Yes
 - (8) Institution programs occurring on a particular shift? Yes
 - (9) Any applicable State or local laws, regulations, or standards? Yes
 - (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes
 - (11) Any other relevant factors? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has provided a staffing plan that was originally developed twenty-four

years ago. The plan was based on the required components listed above. The facility recently reviewed and updated the staffing plan. (2016).

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Warden

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility has a current staffing plan.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a staffing plan, which was reviewed and updated in early 2016.

115.13(b) –Meets Standard

- In circumstances where the staffing plan was not complied with, has the facility documented and justified all deviations from the plan? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility provided a memorandum that requires all deviations in the staffing plan to be documented. It should be noted that the facility has some flexibility in the number of work details that go out on a daily basis and the facility may hold a work crew back in order to fully staff the facility as needed.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: All positions were fully staffed each day of the audit. Reviews of staffing rosters indicate that the positions are filled each day.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility provided a memorandum that requires all deviations in the staffing plan to be documented. The facility has flexibility in the number of work details that go out on a daily basis. The facility holds a work crew back, if necessary, to fully staff the facility.

115.13(c) –Meets Standard

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to:
 1. The staffing plan established pursuant to paragraph (a) of this section? Yes
 2. The facility's deployment of video monitoring systems and other monitoring technologies? Yes
 3. The resources the facility has available to commit to ensure adherence to the staffing plan? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility reviewed the staffing in the spring of 2016.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of staffing plan.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility was provided documentation of the annual review of the staffing plan.

115.13(d) –Meets Standard

- Does the facility/agency have 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 is implemented for night shifts as well as day shifts?
- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Supervisor Post Orders, page six states, “Supervisors must ensure all subordinates have a thorough understanding of the Institution's Prison Rape Elimination Act standards. Supervisors, including night shift, will conduct and documented unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds will be documented in the Shift supervisor's Logbook. Staff members are prohibited from alerting other staff members that these supervisory rounds are be conducted.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Intermediate or higher-level facility staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor observed several supervisors making rounds in the facility. The auditor also sampled the logbooks for written documentation of unannounced rounds as well as comparing the logbooks to video footage to verify that the rounds were conducted. The auditor sampled all three shifts and found them to be in compliance.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility requires intermediate or higher-level staff to conduct unannounced rounds in the facility. The auditor observed several supervisors making rounds in the facility. The auditor also sampled the logbooks for written documentation of unannounced rounds as well as comparing the logbooks to video footage to verify that the rounds were conducted. The auditor sampled all three shifts and found them to be in compliance.

115.14 Youthful inmates

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

The facility does not house anyone under the age of 19.

115.14 (a) – Non-Applicable

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates?

115.14(b) – Non-Applicable

- In areas outside of housing units does the agency either maintain sight and sounds separation between youthful inmates and adult inmates or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact?

115.14(c) – Non-Applicable

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision?
- Has the agency allowed youthful inmates daily large-muscle exercise and legally required special education services except in exigent circumstances?
- Do youthful inmates have access to other programs and work opportunities to the extent possible?

115.15 Limits to cross-gender viewing and searches

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

115.15(a) –Meets Standard

- Has the facility conducted any cross-gender strip searches by nonmedical staff without exigent circumstances present? No
- Has the facility conducted any cross-gender visual body cavity searches by

nonmedical staff without exigent circumstances present? No

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, 8, b states, "Clayton County Prison shall not conduct cross-gender pat searches of female offenders, absent exigent circumstances. This requirement shall not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The facility does not conduct cross-gender strip searches.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that they do not conduct cross-gender strip searches absent exigent circumstances. Staff interviewed stated that they do not conduct cross-gender strip searches.

115.15(b) –Meets Standard

- Does the facility permit cross-gender pat-down searches of female inmates without exigent circumstances present? N/A
- Does the facility restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? N/A

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility does not house female inmates.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility does not house female inmates.

115.15(c) –Meets Standard

- Does the facility document all cross-gender strip searches and cross-gender body cavity searches? Yes
- Does the facility document all cross-gender pat-down searches of female inmates? N/A

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01 states, "Clayton County Prison shall document

all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders by incident report.” The auditor also reviewed the Exigent Circumstances Searches Log.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that all cross-gender strip searches and cross-gender body cavity searches are documented. The facility does not house female inmates.

115.15(d) –Meets Standard

- Does the facility have a policy that allows 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
- Are inmates able 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, 8, e, page 6 states, “Staff members of the opposite gender shall announce their presence when entering an offender housing unit; this includes the officer assigned to the dorm. Staff members are not required to make announcements.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random selection of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor observed staff announcing female staff entering the dorms. In two of the dorms, the central control officer made the announcement over the public address system. In the other two dorms, staff members made the announcement prior to a female entering the unit.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor observed staff announcing female staff entering the dorms. In two of the dorms, the central control officer made the announcement over the public address system. In the other two dorms, staff members made the announcement

prior to a female entering the unit. Interviews of a random selection of inmates revealed that female staff members are always announced prior to entering the dorms.

115.15(e) –Meets Standard

- Does the facility refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status?
- If an inmate’s genital status is unknown, does the facility determine this 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, 8, f, states, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, 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. The provision does not limit searches of offenders to ensure the safe and orderly running of the institution.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff. The auditor was unable to locate any transgender inmates in the facility, as transgender inmates are not housed in this facility. All state inmates are classified at the Jackson Diagnostic Center and the Clayton County Prison would not receive a transgender inmate.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Random sample of staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor was unable to locate any transgender inmates in the facility, as transgender inmates are not housed in this facility. All state inmates are classified at the Jackson Diagnostic Center and the Clayton County Prison would not receive a transgender inmate. The auditor interviewed a random selection of staff and inmates who confirmed that they have not housed any transgender inmates. However, there is an appropriate policy in place should the facility receive a transgender inmate in the future. The genital status of each inmate is known prior to them arriving at the Clayton County Prison.

115.15(f) –Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, 8, g, states, "Clayton County Prison shall train security staff members on how to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs and consistent with the population gender of their assigned institution."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random Sample of Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor asked several staff members to demonstrate the appropriate procedure for conducting a cross-gender, transgender or intersex inmate pat down. Staff demonstrated the appropriate technique.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that addresses this standard. Several staff members were asked to demonstrate the appropriate procedure for conducting a cross-gender, transgender or intersex inmate pat down. Staff demonstrated the appropriate technique. The auditor also reviewed training curriculum and logs of training to confirm the training was conducted. At the time of the audit, approximately 75% of the staff had completed the training.

115.16 Inmates with disabilities and inmates who are limited English proficient

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

115.16(a) – Meets Standard

- Does the agency take appropriate steps to ensure that inmates with the following disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment:
 - Inmates who are deaf or hard of hearing? Yes
 - Inmates who are blind or have low vision? Yes
 - Inmates who have intellectual disabilities? Yes
 - Inmates who have psychiatric disabilities? Yes
 - Inmates who have speech disabilities? Yes
 - Other: _____ ?

- 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
 - Have limited reading skills? Yes
 - Who are blind or have low vision? Yes
- *Note: An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.*

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, A, 9 states, “Offenders with disabilities and offenders who are limited English proficient will be provided accommodation to ensure effective communication between inmates and staff in reference to PREA standards.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, random selection of staff, inmates with disabilities or limited English proficiency.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility provides the PREA training in English and in Spanish. For all other languages, the facility provides interpretation through the use of a language line. The intake staff works with inmates with limitations in order to ensure the inmates receive the appropriate information.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility provides the PREA training in English and in Spanish. For all other languages, the facility provides interpretation through the use of a language line. The intake staff works with inmates with limitations in order to ensure the inmates receive the appropriate information. The auditor conducted interviews with random inmates but was unable to locate any limited English proficient or inmates with disabilities that were in the facility on the days of the audit. There was one limited English proficient inmate housed in the facility but he was on a work detail out of the facility during the audit.

115.16(b) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, A, 9 states, "Offenders with disabilities and offenders who are limited English proficient will be provided accommodation to ensure effective communication between inmates and staff in reference to PREA standards."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, random selection of staff, inmates with disabilities or limited English proficiency.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility provides the PREA training in English and in Spanish. For all other languages, the facility provides interpretation through the use of a language line. The intake staff works with inmates with limitations in order to ensure the inmates receive the appropriate information.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility provides the PREA training in English and in Spanish. For all other languages, the facility provides interpretation through the use of a language line. The intake staff works with inmates with limitations in order to ensure the inmates receive the appropriate information. The auditor conducted interviews with random inmates but was unable to locate any limited English proficient or inmates with disabilities that were in the facility on the days of the audit. There was one limited English proficient inmate housed in the facility but he was on a work detail out of the facility during the audit.

115.16(c) – Meets Standard

- Does the agency refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01 states, "The facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff. There were no inmates with disabilities available to interview at the time of the audit.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility does have a language line available as needed. The auditor reviewed the contract with the company that provides the service.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that they will not rely on inmate interpreters, inmate readers, or other types of inmate assistance except in circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. Inmates and random staff interviewed collaborated the policy.

115.17 Hiring and promotion decisions

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

115.17(a) – Meets Standard

- 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
 - 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
 - Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, HR Administrator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of employee files.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering

the facility. However, in an interview with the PREA Coordinator and HR Administrator, it was learned that while it is common practice to review this information prior to contracting or hiring, the research has not been documented in the past.

The following corrective measure(s) are recommended for action during the corrective action period: Create a document to be placed in the employee files and contractor/volunteer files that indicates when and how each of these elements were reviewed.

The agency and auditor have collaborated to identify deliverables and Clayton County Correctional revised the questionnaire that they use for hiring or promotion of anyone who may have contact with inmates to include the required questions.

115.17(b) –Meets Standard

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, HR Administrator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of employee files.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility. However, in an interview with the PREA Coordinator and HR Administrator, it was learned that while it is common practice to review this information prior to contracting or hiring, the research has not been documented in the past.

The following corrective measure(s) are recommended for action during the corrective action period: Create a document to be placed in the employee files and contractor/volunteer files that indicates when and how each of these elements were reviewed.

The agency and auditor have collaborated to identify deliverables and Clayton County Correctional revised the questionnaire that they use to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.17(c) –Meets Standard

- Before hiring new employees who may have contact with inmates, does the agency:
 - Perform a criminal background records check? Yes
 - Consistent with Federal, State, and local law, makes 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, HR Administrator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of employee files.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility. However, in an interview with the PREA Coordinator and HR Administrator, it was learned that while it is common practice to review this information prior to contracting or hiring, the research has not been documented in the past.

The following corrective measure(s) are recommended for action during the corrective action period: Create a document to be placed in the employee files and contractor/volunteer files that indicates when and how each of these elements were reviewed.

The agency and auditor have collaborated to identify deliverables and Clayton County Correctional Institute has created an accountability form that documents the criminal history background check as well as 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.

115.17(d) – Meet Standard

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 407.1, V, 4 Non-Security Supervisors (Civilian), volunteers and Contractors states, “Employment suitability shall be evaluated by agility test, written testing, psychological testing, oral interviews, assessment procedures and background investigation verification, polygraph test (or voice stress analysis), or any combination thereof.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Administrative HR staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Facility staff perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The auditor reviewed a log of background checks.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Facility staff performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The auditor reviewed a log of background checks.

115.17(e) –Meets/Exceeds Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, A, 10, c, 2, states, “Perform a Criminal History Record checks on all employees and volunteers prior to start date and again within at least every five years. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Administrative HR Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed reports of criminal background checks for compliance.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy requiring the facility to conduct a criminal background check at least every five years for current employees and contractors who may have contact with inmates. The facility has established a system whereby the criminal background checks are conducted annually based on the hire date of the employee/contractor.

115.17(f) –Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, HR Administrator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of employee files.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy, 102.01, VI, A, 10, a that requires the facility to review and research this information prior to hiring or contracting with anyone entering the facility. However, in an interview with the PREA Coordinator and HR Administrator, it was learned that while it is common practice to review this information prior to contracting or hiring, the research has not been documented in the past.

The following corrective measure(s) are recommended for action during the corrective action period: Create a document to be placed in the employee files and contractor/volunteer files that indicates when and how each of these elements were reviewed.

The agency and auditor have collaborated to identify deliverables and CCCI has created a document to be maintained in the employee/contractor's file that addresses the questions in this provision.

115.17(g) – Meets Standard

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, A, 10, e states, "Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Administrative HR Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy in place that provides the ability to terminate staff for material omissions regarding misconduct or the provision of materially false information.

115.17(h) – Meets Standard

- Unless prohibited by law, 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, A, 10, d states, “Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Administrative HR Staff

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: While the facility has a policy in place and the department complies with all requests when the candidate has signed a waiver to disclose the information. The federal standard states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. This policy was revised during the Corrective Action Phase.

CCCI has revised policy 102.01, VI, A, 8 to read as follows:

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

115.18 Upgrades to facilities and technologies

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

115.18(a) – Meets Standard

- 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? Yes

The agency has not acquired or designed a new facility or expansion or modification of the facility.

115.18(b) – Meets Standard

- 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?

The agency has not installed or updated the video monitoring system, electronic surveillance system or other monitoring technology since 2012.

115.21 Evidence protocol and forensic medical examinations

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

115.21(a) – Meets Standard

- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Agency policy 102.01, VI, 1, A states, “Clayton County Prison follows a uniform evidence protocol that maximizes the potential for obtaining usable physical

evidence for administrative proceedings and criminal prosecutions. Reference SOP 103.10, *Evidence Handling and Crime Scene Processing* and SOP 103.06, *Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders.* "Policy 103.1 details the uniform evidence protocol.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Investigative Staff, and random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency follows a uniform evidence protocol. Interviews with staff indicate that staff have been appropriately trained in the proper handling of evidence and crime scene processing.

115.21(b) – Meets Standard

- Is this protocol developmentally appropriate for youth where applicable? N/A
- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: SOP 103.10; states, "Clayton County Prison's 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff and Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency 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. Investigators and staff interviewed were familiar with the protocols for gathering evidence and securing a crime scene.

115.21(c) – Meets Standard

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has an MOU signed with the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 to provide SANE services and advocacy services for inmates. The SCSACAC provides a SANE or SAFE to conduct forensic examinations.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has an MOU signed with the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 to provide SANE services and advocacy services for inmates. The SCSACAC provides a SANE or SAFE to conduct forensic examinations. The auditor contacted the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 confirms that the MOU is current and that they are providing the necessary services as needed.

115.21(d) – Meet Standard

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes
- Has the agency documented its efforts to secure services from rape crisis centers? Yes
- *NOTE: For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable*

level of confidentiality as a nongovernmental entity that provides similar victim services.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has an MOU signed with the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 to provide SANE services and advocacy services for inmates. The SCSACAC provides advocacy services for all Clayton County Prison inmates as needed.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has an MOU signed with the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 to provide SANE services and advocacy services for inmates. The SCSACAC provides a SANE or SAFE to conduct forensic examinations. The auditor contacted the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 confirms that the MOU is current and that they are providing the necessary services as needed.

115.21(e) – Meets Standard

- 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
- Does this person provide emotional support, crisis intervention, information, and referrals? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has an MOU signed with the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 to provide SANE services and advocacy services for inmates. The SCSACAC provides advocacy services for the Clayton County Prison inmates.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has an MOU signed with the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 to provide SANE

services and advocacy services for inmates. The SCSACAC provides a SANE or SAFE to conduct forensic examinations. The auditor contacted the Southern Crescent Sexual Assault and Child Advocacy Center (SCSACAC) on February 12, 2016 confirms that the MOU is current and that they are providing the necessary services as needed.

115.21(f) – Meets Standard

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? Yes

The facility does conduct investigations of sexual abuse. The agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section.

115.21(g) – Non-Applicable

- The requirements of paragraphs (a) through (f) of this section shall also apply to:
(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and
(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

This provision need not be assessed as part of the facility audit.

The facility does conduct investigations of sexual abuse.

115.21(h) – Meets Standard

- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The MOU with Southern Crescent requires that “the Southern Crescent Sexual Assault Center shall ensure that center representatives have appropriate training and proper credentials to work within the scope of assistance;”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The MOU with Southern Crescent requires that “the Southern Crescent Sexual Assault Center shall ensure that center representatives have appropriate training and proper credentials to work within the scope of assistance;”

115.22 Policies to ensure referrals of allegations for investigations

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

115.22(a) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, B, 1, h states, “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 the OIC Criminal Investigations Division (CID).” The facility can conduct the investigation or request the Georgia Department of Corrections or the Clayton County Police Department to conduct the criminal investigation.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Agency Head/Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed investigative files maintained on site.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility may conduct the investigation or request the Georgia Department of Corrections or the Clayton County Police Department to conduct the criminal investigation. The auditor reviewed investigative files during the on site audit.

115.22(b) – Meets Standard

- Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes
- Has the agency published such policy on its website or, if it does not have one, make the policy available through other means? Yes
- Does the agency document all such referrals? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, B, 1, h states, "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 the OIC Criminal Investigations Division (CID)." The facility can conduct the investigation or request the Georgia Department of Corrections or the Clayton County Police Department to conduct the criminal investigation. If the facility referred a case to another entity, it would be documented. The policy is published on the website at <http://www.claytoncountyga.gov/pdfs/corrections/PREA.pdf>

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed investigative files maintained on site.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility can conduct the investigation or request the Georgia Department of Corrections or the Clayton County Police Department to conduct the criminal investigation. If the facility referred a case to another entity, it would be documented. The policy is published on the website at <http://www.claytoncountyga.gov/pdfs/corrections/PREA.pdf>

115.22(c) – Non-Applicable

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity?N/A

The facility conducts criminal investigations.

115.22(d) – Not applicable

- Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

This provision need not be assessed as part of the facility audit.

115.22(e) – Not Applicable

- Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

This provision need not be assessed as part of the facility audit.

115.31 Employee training

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

115.31(a) – Meets Standard

- Does the agency train all employees who may have contact with inmates on:
 - Its zero-tolerance policy for sexual abuse and sexual harassment? Yes
 - How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes
 - Inmates’ right to be free from sexual abuse and sexual harassment;
 - The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes
 - The dynamics of sexual abuse and sexual harassment in confinement? Yes
 - The common reactions of sexual abuse and sexual harassment victims? Yes
 - How to detect and respond to signs of threatened and actual sexual abuse? Yes
 - How to avoid inappropriate relationships with inmates? Yes
 - How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The auditor secured a copy of the training curriculum titled Prison Rape Elimination Act (PREA) Sexual Assault/Sexual Misconduct with Offenders as well as staff training records.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random selection of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interview twelve randomly selected staff whom all

provided insight regarding the PREA training that they received. The staff was familiar with the curriculum and when quizzed on training they were able to respond affirmatively.

115.31(b) – Meets Standard

- 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? The agency only houses male inmates.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The training curriculum is geared toward the supervision of male inmates.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of training curriculum and staff training records.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the PREA training curriculum and training records of staff and found that the curriculum is geared toward how to supervise either gender.

115.31(c) – Meets Standard

- Have all employees 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Sample of training records and PREA training curriculum.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Training records.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility provides training as PREA policy is updated, or annually. Training is also provided during shift briefings. Staff interviewed was all well versed with

the necessary training. The facility has trained 57 staff members in PREA, which represents 100% of their staff.

115.31(d) – Meets Standard

- Has the agency documented, through employee signature or electronic verification that employees understand the training they have received? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has a policy, 102.02, VI, C, 1 that states, “Participation in training must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received by signing Attachment 1, Employee Acknowledgement Statement. This form shall be retained in the employee’s local personnel file. At the conclusion of the training, employees are asked to seek additional supervisory direction, if necessary, to ensure understanding of the training.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed staff signatures confirming completion of the necessary training.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility policy, 102.02, VI, C, 1, requires the training to be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received by signing Attachment 1, Employee Acknowledgement Statement. The form is retained in the employee’s local personnel file. The auditor reviewed a random sample of training records for verification of completion.

115.32 Volunteer and contractor training

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

115.32(a) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 3, c that 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 2, Contractor/Volunteer 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Administrative HR staff, Volunteers/Contractors.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed signature sheets for PREA training conducted at the facility for the volunteers and contractors.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency requires all volunteers/contractors to complete the same PREA training that staff receives. The contractors/volunteers sign confirmation of receipt and understanding of the training. There are currently 18 volunteers/contractors that have contact with inmates in the facility. Each of them has been trained and provided signature confirmation.

115.32(b) – Meets Standard

- Though 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, 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 3, b that states, "The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Administrative HR staff, Volunteers/Contractors.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed signature sheets for PREA training conducted at the facility for the volunteers and contractors.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency requires all volunteers/contractors to complete the same PREA training that staff receives. The contractors/volunteers sign confirmation of receipt and understanding of the training. There are currently 18 volunteers/contractors that have contact with inmates in the facility. Each of them has been trained and provided signature confirmation.

115.32(c) – Meets Standard

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 3, b that states, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Administrative HR staff, Volunteers/Contractors.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed signature sheets for PREA training conducted at the facility for the volunteers and contractors.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency requires all volunteers/contractors to complete the same PREA training that staff receives. The contractors/volunteers sign confirmation of receipt and understanding of the training. There are currently 18 volunteers/contractors that have contact with inmates in the facility. Each of them has been trained and provided signature confirmation.

115.33 Inmate education

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

115.33(a) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 4, states, “Notification of the GDC 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 inmate upon arrival to the facility; in addition to verbal notification, offenders will be provided a GDC PREA pamphlet; **AND**, within 15 days of arrival, PREA education will be conducted by the assigned staff members to all inmates which will include the gender appropriate *Speaking Up* video on sexual abuse. Both the initial notification and the education will be documented in writing by signature of inmate. In the case of exigent circumstances, such training may be delayed, but no more than 30 days, until such time as is appropriate for delivery (i.e. Tier Program, medical issues, etc.). This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates, Intake Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Pamphlets and materials provided to offenders during intake.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the intake staff that explained how they educate the inmates on the zero-tolerance policy and how to report a PREA case. Inmates receive this basic information upon entry into the facility. Inmates interviewed all confirm that the information is provided immediately upon entry into the facility. Inmates interviewed were familiar with the zero-tolerance policy and how to report an incident.

115.33(b) – Meets Standard

- 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
 - Their rights to be free from retaliation for reporting such incidents? Yes
 - Agency policies and procedures for responding to such incidents? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 4, states, “Notification of the GDC 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 inmate upon arrival to the facility; in addition to verbal notification, offenders will be provided a GDC PREA pamphlet; **AND**, within 15 days of arrival, PREA education will be conducted by the assigned staff

members to all inmates which will include the gender appropriate *Speaking Up* video on sexual abuse. Both the initial notification and the education will be documented in writing by signature of inmate. In the case of exigent circumstances, such training may be delayed, but no more than 30 days, until such time as is appropriate for delivery (i.e. Tier Program, medical issues, etc.). This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates, Intake Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Pamphlets and materials provided to offenders during intake. Inmates receive a more in-depth training, normally within two days of arriving at the facility.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the intake staff that explained how they educate the inmates on the zero-tolerance policy and how to report a PREA case. Inmates receive this basic information upon entry into the facility. Inmates interviewed all confirm that the information is provided immediately upon entry into the facility. Inmates interviewed were familiar with the zero-tolerance policy and how to report an incident. Each inmate indicated that they received a more intensive training from their counselors. The counselors provided more detailed information and showed the inmates a video as well.

115.33(c) – Meets Standard.

- Have all inmates received such education? 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 4, states, “Notification of the GDC 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 inmate upon arrival to the facility; in addition to verbal notification, offenders will be provided a GDC PREA pamphlet; **AND**, within 15 days of arrival, PREA education will be conducted by the assigned staff members to all inmates which will include the gender appropriate *Speaking Up* video on sexual abuse. Both the initial notification and the education will be documented in writing by signature of inmate. In the case of exigent circumstances, such training may be delayed, but no more than 30 days, until such time as is appropriate for delivery (i.e. Tier Program, medical issues, etc.). This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates, Intake Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Pamphlets and materials provided to offenders during intake. Inmates receive a more in-depth training, normally within two days of arriving at the facility.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the intake staff that explained how they educate the inmates on the zero-tolerance policy and how to report a PREA case. Inmates receive this basic information upon entry into the facility. Inmates interviewed all confirm that the information is provided immediately upon entry into the facility. Inmates interviewed were familiar with the zero-tolerance policy and how to report an incident. Each inmate indicated that they received a more intensive training from their counselors. The counselors provided more detailed information and showed the inmates a video as well.

115.33(d) – Meets Standard

- Does the agency provide inmate education in formats accessible to all inmates including those who:
 - Are limited English proficient? Yes
 - Are deaf? Yes
 - Are visually impaired? Yes
 - Are otherwise disabled? Yes
 - Have limited reading skills? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 4, a, states, “Offender PREA education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Intake staff, Random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Inmate education materials provided by the State of Georgia Department of Corrections.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency provides education for inmates that are English Proficient through the use of interpreters or the language line. Inmates that are deaf or profoundly visually impaired are not housed at this facility. Inmates that are otherwise disabled or that have limited reading skills would work one-on-one with their counselor to ensure understanding of the PREA training.

115.33(e) – Meets Standard

- Does the agency maintain documentation of inmate participation in these education sessions? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 4, a, states "...This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed a sample of documentation of inmate education.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed a sample of documentation of inmate education during the on site audit. The auditor found that all inmates receive the necessary training and that the training is documented appropriately. Verification of the training is secured in the inmate's master file.

115.33(f) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: In addition to pamphlets that are provided to the inmates during intake, the inmates are also provided an Inmate Handbook. The handbook advises inmates to report any sexual misconduct or sexual assault to staff immediately. It further states that sexual activity is prohibited, subject to disciplinary action, and criminal prosecution. The handbook directs inmates to call the PREA hotline to report a PREA case. Adjacent to each bank of telephones in the dorms there are signs with the PREA Hotline telephone number and a brief statement that there is zero tolerance for sexual abuse or sexual harassment.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates,

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The agency provides materials that are continuously available to inmates regarding sexual safety in the form of signs, inmate handbooks and pamphlets.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency provides materials that are continuously available to

inmates regarding sexual safety in the form of signs, inmate handbooks and pamphlets. The handbook directs inmates to call the PREA hotline to report a PREA case. Adjacent to each bank of telephones in the dorms there are signs with the PREA Hotline telephone number and a brief statement that there is zero tolerance for sexual abuse or sexual harassment.

115.34 Specialized training: Investigations

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

115.34(a) –Meets Standard

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 5, which states, “OIC shall ensure its agents and investigators are appropriately trained in conducting investigations in confinement settings.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Training logs of investigative staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency ensures that the investigative staff has received training in conducting investigations in confinement. The auditor interviewed the investigator for the facility and found her to be knowledgeable of how to conduct an investigation in a confinement setting. The auditor also reviewed the training records for the investigator to confirm that the required course had been completed.

115.34(b) –Meets Standard

- Does this specialized training include:
 - Techniques for interviewing sexual abuse victims? Yes
 - Proper use of Miranda and Garrity warnings? Yes
 - Sexual abuse evidence collection in confinement settings? Yes
 - The criteria and evidence required to substantiate a case for administrative action or prosecution referral? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The auditor reviewed the training curriculum for the course that the investigator took. The curriculum, or training video is titled, *Investigating Sexual Assault and Sex Related Crimes in Confinement Settings: Guidance for Criminal Investigators*. The curriculum details each of the elements listed above.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Training logs of investigative staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency ensures that the investigative staff has received training in conducting investigations in confinement. The auditor interviewed the investigator for the facility and found her to be knowledgeable of how to conduct an investigation in a confinement setting. The auditor also reviewed the training records and curriculum to confirm that the required elements had been included in the training.

115.34(c) –Meets Standard

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 5, c, states, “The Department shall maintain documentation that agents and investigators have completed the required specialized training in conducting sexual abuse investigations.” The auditor also reviewed the training log of the investigator.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Training curriculum and logs of training.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency ensures that the investigative staff has received training in conducting investigations in confinement. The auditor interviewed the investigator for the facility and found her to be knowledgeable of how to conduct an investigation in a confinement setting. The auditor also reviewed the training records and curriculum to confirm that the required elements had been included in the training.

115.34(d) –Non-Applicable

- Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

This provision need not be assessed as part of the facility audit.

115.35 Specialized training: Medical and mental health care

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

115.35(a) – Meets Standard

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
 - How to detect and assess signs of sexual abuse and sexual harassment? Yes
 - How to preserve physical evidence of sexual abuse? Yes
 - How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes
 - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 6, states, “CorrectHealth staff members or any other subsequent contract medical service provider 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. Routine Mental Health Care will be provided by GDCP.” The auditor also reviewed the training records of the medical staff.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The medical staff has completed the required training, which included detecting and assess signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or

suspicious of sexual abuse and sexual harassment. The courses taken were, *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting* and *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*. Both courses were presented by the National Institute of Corrections.

115.35(b) – Non-Applicable

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations?

Agency medical staff at the facility do not conduct forensic exams.

115.35(c) – Non-Applicable

- 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?

Agency medical staff at the facility do not conduct forensic exams.

115.35(d) – Meet Standard

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 6, states, “CorrectHealth staff members or any other subsequent contract medical service provider 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. Routine Mental Health Care will be provided by GDCP.” The auditor also reviewed the training records of the medical staff.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The volunteer and contractors at the Clayton County Prison complete the same training as staff members at the facility. The auditor reviewed the training logs of staff, volunteers and contractors for compliance with this standard.

115.41 Screening for risk of victimization and abusiveness

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

115.41(a)- Meets Standard

- 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 the audited facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 1, states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening and a random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility uses a program called SCRIBE to complete the risk screening assessment. Once the assessment has been completed, a copy is printed out and remains in the case file that the counselors maintain.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: All inmates are assessed during the intake process for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Inmates are assessed upon transfer to the audited facility. The auditor reviewed a sampling of assessments to confirm compliance.

115.41(b)- Meets Standard

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01 VI, D, 2, requires that "Counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of the Victim/Aggressor Classification Instrument (SOP 208.06 Attachment 4). This screening will be conducted within 72 hours of arrival at the facility. Information from

this assessment will be used to determine housing, bed assignment, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. A SCRIBE case note will be entered reflecting the assessment outcome.” The auditor also reviewed a sampling of inmate files to confirm that assessments are completed for all inmates.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening and a random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed a sampling of inmate files to confirm that assessments are completed for all inmates. The auditor found 100% compliance with the initial assessment. Staff responsible for risk screening thoroughly explained the screening process and inmates interviewed also confirmed that the screening assessment was completed, normally within a day or two of arrival, if not on the same day of arrival at the facility.

115.41(c) Meets Standard

- Are all PREA screening assessments conducted using an objective screening instrument? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01 VI, D, 2, requires that “Counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of the Victim/Aggressor Classification Instrument (SOP 208.06 Attachment 4). This screening will be conducted within 72 hours of arrival at the facility. Information from this assessment will be used to determine housing, bed assignment, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. A SCRIBE case note will be entered reflecting the assessment outcome.” The auditor also reviewed a sampling of inmate files to confirm that assessments are completed for all inmates.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening and a random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed a sampling of inmate files to confirm that assessments are completed for all inmates. The auditor found 100% compliance with the initial assessment. Staff responsible for risk screening thoroughly explained the screening

process and inmates interviewed also confirmed that the screening assessment was completed, normally within a day or two of arrival, if not on the same day of arrival at the facility. The screening instrument used by the agency is objective.

115.41(d)- Meets Standard

- Does the intake screening considers, 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
 - (2) The age of the inmate? Yes
 - (3) The physical build of the inmate? Yes
 - (4) Whether the inmate has previously been incarcerated? Yes
 - (5) Whether the inmate's criminal history is exclusively nonviolent? Yes
 - (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes
 - (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
 - (8) Whether the inmate has previously experienced sexual victimization? Yes
 - (9) The inmate's own perception of vulnerability? Yes
 - (10) Whether the inmate is detained solely for civil immigration purposes? N/A

In order to make a determination of compliance, the following policies and other documentation were reviewed: The screening instrument used by the agency addresses all of the elements, except whether the inmate is detained solely for civil immigration purposes. The facility would not house an inmate solely for civil immigration purposes.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Visually observed the SCRIBE program used for conducting the risk assessment.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The screening instrument used by the agency addresses all of the elements, except whether the inmate is detained solely for civil immigration purposes. The facility would not house an inmate solely for civil immigration purposes. The auditor

visually observed the SCRIBE program used for conducting the risk assessment as well as the print outs that are maintained in the counselor's files for each inmate.

115.41(e)- Meets Standard

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency:
 1. prior acts of sexual abuse?
 2. prior convictions for violent offenses?
 3. history of prior institutional violence or sexual abuse?

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 4 states, "For assessing an offender for risk of being sexually abusive, the screening shall consider: a. prior acts of sexual abuse; b. prior convictions for violent offenses; and c. a history of prior institutional violence or sexual abuse, as known to the Department." The auditor also reviewed the risk assessment instrument.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff responsible for risk screening review the criminal record of the offenders to consider if there have been prior acts of sexual abuse, prior convictions for violent offenses and prior institutional history (through the state system as well) of sexual abuse.

115.41(f) -Meets Standard

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess every inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 5 states, "Offenders whose risk screening indicates a risk for victimization or abusiveness shall be reassessed whenever warranted and within 30 days of arrival at the institution, based upon any additional information. A review of the screening conducted at arrival of institution along with consideration of any additional information obtained since arrival during the classification process will suffice. A case note shall be entered in SCRIBE to indicate this review has been conducted. Should additional information be presented, a new assessment shall be conducted."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening and a random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed the files of a random sample of inmates and determined that some 30-day reassessments have been completed, but this has not yet become routine for reassessing all inmates.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the files of a random sample of inmates and determined that some 30-day reassessments had been completed, but this had not yet become routine for reassessing all inmates. During the Corrective Action Phase of the audit the auditor continued to monitor and randomly selected files for review to confirm compliance.

115.41(g)- Meets Standard

- Does the agency reassess an inmate's risk level when warranted due to a:
 - Referral? Yes
 - Request? Yes
 - Incident of sexual abuse? Yes
 - Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 6 states, "Staff members shall reassess offender's risk level when warranted due to referral, report incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening, and a random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of SCRIBE and reassessments completed.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The staff responsible for risk screening complete a 30-day reassessment for inmates when warranted due to referral, report incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The auditor reviewed the files of inmates for compliance to confirm that the reassessments have been completed.

115.41(h) - Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 7 states, "Offenders may not be 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. Any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening and a random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the staff responsible for the risk assessment and a random sample of inmates who all confirm that inmates are not disciplined for failing to answer or for failing to disclose information regarding paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. The auditor also reviewed disciplinary reports and grievance documents and did not find any infractions for failing to disclose this information.

115.41(i)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The agency has implemented 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 inmates by securing the hard files in the counselor's office. The risk screening assessment is also available through SCRIBE, but only the Warden, Deputy Warden and Counselors have access to these records.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, and staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Inmate files are secured in the counselor's office. Access to SCRIBE is limited to a handful of staff members at the facility.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has implemented 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 inmates by securing the hard files in the counselor's office. The risk screening assessment is also available through SCRIBE, but only the Warden, Deputy Warden and Counselors have access to these records.

115.42 Use of screening information

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

115.42 (a)- Exceeds Standard

- 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
 - Work Assignments? Yes
 - Education Assignments? Yes
 - Program Assignments? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 8 states, "The facility shall use information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator and staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed the risk assessment documents and determined that the information gleaned in the assessment was used to documentation to make individual determinations of housing, bed, work, education and program assignments. It should be noted that the facility has established the use of "safe beds" in Dorm 1, that are highly visible to the control room staff as well as the roving security officers. Inmates deemed at risk or vulnerable to being abused are housed in a safe bed for further protection.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the risk assessment documents and determined that the information gleaned in the assessment was used to documentation to make individual determinations of housing, bed, work, education and program assignments. It should be noted that the facility has established the use of “safe beds” in Dorm 1, that are highly visible to the control room staff as well as the roving security officers. Inmates deemed at risk or vulnerable to being abused are housed in a safe bed for further protection.

115.42 (b) – Meets Standard

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 10 states, and “The facility shall make individualized determinations about how to ensure the safety of each offender.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency makes individualized determinations on how to ensure the safety of each inmate when reviewing the risk assessment instrument. Inmates that need additional protections are placed in safe beds as described above.

115.42 (c)- Meets Standard

- 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? 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility has a policy, 102.01, VI, D, 11 which states, “In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, 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.” However, it should be noted that the Clayton County Prison receives their inmates from the Georgia Department of Corrections who screens the inmates prior

to placement. Transgender and intersex inmates are not housed at the Clayton County Prison.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator. The auditor was unable to locate any transgender or intersex inmates to interview.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor was unable to locate any transgender or intersex inmates to interview at the Clayton County Prison.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The contracting agency has a policy to decide whether to assign a transgender or intersex offender to a facility for male or female offenders, 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." It should be noted that the Clayton County Prison receives their inmates from the Georgia Department of Corrections who screen the inmates prior to placement. Transgender and intersex inmates have not been housed at the Clayton County Prison.

115.42 (d)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 12 states, "Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator and staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the PREA Coordinator and staff responsible for risk screening who indicated that if they had a transgender or intersex inmate the offenders would be reassessed at least twice each year to review threats to the safety experienced by the offender. There were no records of bi-annual reassessments, as the facility has not previously housed a transgender or intersex inmate.

115.42 (e)- Meets Standard

- 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 assignments?
Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 3, a, 9 includes, “ The offender’s own perception of vulnerability“ as one of nine considerations in protecting the inmate.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk assessment, PREA coordinator. The auditor was unable to locate any transgender or intersex inmates to interview.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the PREA Coordinator and staff responsible for risk screening. Each individual interviewed indicated that the transgender or intersex inmate’s own perception of vulnerability would be considered when determining the inmates housing assignment.

115.42 (f)- Meets Standard

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The auditor did not find this addressed in the agency policy.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, staff responsible for risk screening. The auditor was unable to locate any transgender or intersex inmates housed in the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: While the auditor was unable to locate a policy regarding allowing transgender or intersex inmates the opportunity to shower separately from other inmates, the facility historically has not previously housed any transgender or intersex inmates as the state, who provides them with inmates, does not send them any transgender inmates.

115.42 (g)- Meets Standard

- 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 universally refrain from placing:
 1. lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes

2. transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes

3. intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13 states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator. The auditor was unable to locate any transgender, intersex, gay or lesbian inmates being housed at the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy in place to not house transgender, gay, lesbian or intersex inmates in dedicated housing wings or dormitories solely on the basis of such identification or status. The auditor did interview one inmate that was perceived to be gay, but the inmate did not confide nor confirm his sexual identity with the auditor. The inmate was being housed in a regular dormitory with other inmates.

115.43 Protective custody

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

115.43 (a)- Meets Standard

- Does the facility 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13 states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator. The auditor was unable to locate any transgender, intersex, gay or lesbian inmates being housed at the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy in place to not house transgender, gay, lesbian or intersex inmates in dedicated housing wings or dormitories solely on the basis of such identification or status. The auditor did interview one inmate that was perceived to be gay, but the inmate did not confide nor confirm his sexual identity with the auditor. The inmate was being housed in a regular dormitory with other inmates. It should be further noted that the Clayton County Prison houses inmates for the Georgia Department of Corrections, a Department with over 30 facilities where they can house inmates. There are also sixteen county prisons in the state of Georgia that are willing to work with the Clayton County Prison is the agency needed to protect an individual they could simply house the individual at a different facility.

115.43 (b)- Meets Standard

- Do inmates placed in segregated housing because they are at high risk of sexual victimization have access to:
 - Programs to the extent possible? Yes
 - Privileges to the extent possible? Yes
 - Education to the extent possible? Yes
 - Work opportunities to the extent possible? Yes

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document:
 - (1) The opportunities that have been limited? Yes
 - (2) The duration of the limitation? Yes

(3) The reasons for such limitations? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13, c states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Staff assigned to supervise inmates in segregated housing and inmates housed in segregated housing.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Inmates placed in segregation may be allowed visitation and access to other privileges.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the PREA Coordinator, staff assigned to supervise inmates in segregated housing and inmates housed in segregated housing. Each individual interviewed stated that they are allowed some privileges in segregation, based on the level of segregation to which they are serving. Inmates placed in segregation solely for their own protection would be afforded additional privileges.

115.43 (c)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13, b states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, staff who supervises inmates in segregated housing and inmates housed in segregation.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that states an assignment in segregations shall not ordinarily exceed a period of 30 days. Staff interviewed included the Warden and staff who supervise the segregation unit. Each of the staff members indicated that inmates are not ordinarily assigned to segregation for more than 30 days, if they are involuntarily

segregated only until an alternative means of separation from likely abusers can be arranged. The general consensus was that the individual would probably be located within a few days at the most or just long enough to find alternative housing.

115.43 (d)- Meets Standard

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13 states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator. The auditor was unable to locate any transgender, intersex, gay or lesbian inmates being housed at the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy in place to not house transgender, gay, lesbian or intersex inmates in dedicated housing wings or dormitories solely on the basis of such identification or status. The auditor did interview one inmate that was perceived to be gay, but the inmate did not confide nor confirm his sexual identity with the auditor. The inmate was being housed in a regular dormitory with other inmates. It should be further noted that the Clayton County Prison houses inmates for the Georgia Department of Corrections, a Department with over 30 facilities where they can house inmates. There are also sixteen county prisons in the state of Georgia that are willing to work with the Clayton County Prison is the agency needed to protect an individual they could simply house the individual at a different facility.

115.43 (e)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13, d states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff who supervises a segregation-housing unit. The auditor was unable to locate any inmates housed in segregation for risk of sexual victimization/who alleges to have suffered sexual abuse.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to review every 30-days whether there is a continuing need for separation from the general population any inmates who is housed in segregation for risk of sexual victimization/who alleges to have suffered sexual abuse. Staff members interviewed indicated that it would be rare to have an individual housed in segregation for these purposes for more than a few days. The auditor was unable to locate any inmates housed in segregation for risk of sexual victimization/who alleges to have suffered sexual abuse.

115.51 Inmate reporting

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

115.51 (a)- Meets Standard

- Does the agency provide multiple internal ways for inmates to privately report:
 1. Sexual abuse and sexual harassment? Yes
 2. Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes
 3. Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, E, 1, a-e covers this provision of the standard. The agency has provided several internal ways for inmates to privately report to include verbally, in writing, through the mail or through the PREA hotline. Inmates may use any of these mechanisms to report abuse, retaliation or staff neglect of responsibility.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates and a random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Posters on the walls advising inmates of how to contact the PREA hotline as well as inmate handbooks that provide this and additional information on reporting sexual harassment or sexual abuse.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has provided several internal ways for inmates to privately report to include verbally, in writing, through the mail or through the PREA hotline. Inmates may use any of these mechanisms to report abuse, retaliation or staff neglect of responsibility. Staff and inmates interviewed were familiar with multiple ways to report an incident or sexual harassment, sexual abuse, retaliation or staff neglect.

115.51 (b)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, E, 1, b and c state, "The Department will maintain a **sexual abuse hotline**, currently known as the "PREA" hotline (0-888-992-7849, toll-free from any dorm phone). This call will not require the use of the offender's PIN number. Monitoring of this line will be the responsibility of the Office of Investigations and Compliance, with immediate oversight by the Department's PREA Coordinator, or designee. C. Offenders who wish to remain anonymous or choose to report to an outside entity may do so in writing to State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates, and a random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor tested the hotline telephone number during the on site review of the facility to determine that the telephone call was toll-free, and that the caller was not required to enter their pin number. The auditor left a message

for the Office of Investigations and Compliance who, at the request of the auditor, called to confirm receipt of the message. These reports are typically emailed directly to the PREA coordinator for follow up and review. Inmates may report to an outside entity by writing the State Board of Pardons and Paroles.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has provided multiple mechanisms for reporting sexual harassment and sexual abuse to a public or private entity that is not a part of the agency. That agency is capable of immediately forwarding forward inmate reports of sexual abuse and sexual harassment to agency officials. Inmates may remain anonymous in their reporting. This agency does not detain inmates solely for civil immigration purposes.

115.51 (c)- Meets Standard

- Does staff accept reports made verbally, in writing, anonymously, and from third parties? Yes
- Does staff promptly document any verbal reports? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, E, 1, d states, "Staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports. The staff member receiving a report of sexual abuse or sexual harassment must divulge the name of the person from whom they received the report, if known."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates, and a random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility accepts reports made verbally, in writing and from third parties. All verbal reports are documented immediately.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility accepts reports made verbally, in writing and from third parties. All verbal reports are documented immediately.

115.51 (d)- Meets Standard

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, E, 4, states, "Third party reports may be made to the Ombudsman's Office at 478-992-5358 or in writing to the State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334. Staff may utilize either of these means to make anonymous reports."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff members are able to privately report sexual abuse and sexual harassment through several mechanisms. They may contact the Ombudsman's office, the State Board of Pardon and Parole or they may report to a supervisor. Staff interviewed was familiar with a variety of ways to file a report if needed.

115.52 Exhaustion of administrative remedies

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

115.52 (a)- Meets Standard

- Is the agency exempt from this standard? No
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, an inmate does not have an administrative procedure to address sexual abuse.

In order to make a determination of compliance, the following policies and other documentation were reviewed: The agency does have a grievance process in place to address administrative remedies. The Grievance policy is referred to as SOP 227.02.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed the agency's 2015 Grievances.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency does have a grievance system in place to address administrative remedies; therefore, they are not exempt from this standard.

115.52 (b)- Meets Standard

- Does the agency impose NO time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident

of sexual abuse.) Yes

- Does the agency 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: SOP 227.02, Statewide Grievance Procedure, page 15, 1 states, “An inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint; and such grievance is referred to a staff member who is the subject of the grievance.” The auditor was unable to locate any language that supports the agency not imposing a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed policy 102.01, SOP 227.02 and the inmate handbook for the imposition of a time limit for filing a grievance for a PREA related incident and could not find where an inmate may file a grievance without a time limitation. The only reference made was in the SOP 227.02 that stated, “Is not filed timely. The Grievance Coordinator may waive the time limit for good cause.” The auditor did not think that this satisfied the imposition of NO time limit for filing a PREA related grievance. Policy 102.01 was revised on May 15, 2016 to include the following; “The facility shall allow offenders a full and fair opportunity to file grievances regarding sexual abuse so as to preserve their ability to seek judicial redress after exhausting administrative remedies. This procedure shall be conducted in accordance with SOP 227.02, *Statewide Grievance Procedure*. All grievances received shall be immediately forwarded to a SART member for processing. There will be no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse nor will such grievance be referred to a staff member who is the subject of such complaint.”

115.52 (c)- Meets Standard

- Does the agency ensure that—
 - (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? Yes
 - (2) Such grievance is not referred to a staff member who is the subject of the complaint? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: SOP 227.02, Statewide Grievance Procedure, page 15, 1

states, “An inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint; and such grievance is referred to a staff member who is the subject of the grievance.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed SOP 227.02 which states, “An inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint; and such grievance is referred to a staff member who is the subject of the grievance. Policy 102.01 was revised on May 15, 2016 to include the following; “The facility shall allow offenders a full and fair opportunity to file grievances regarding sexual abuse so as to preserve their ability to seek judicial redress after exhausting administrative remedies. This procedure shall be conducted in accordance with SOP 227.02, *Statewide Grievance Procedure*. All grievances received shall be immediately forwarded to a SART member for processing. There will be no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse nor will such grievance be referred to a staff member who is the subject of such complaint.”

115.52 (d)- Meets Standard

- 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.) Yes
- If the agency claims an allowable extension of time to respond of up to 70 days 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? Yes
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: SOP 227.02 states, “The offender will be provided with a copy of this signed letter. GDC Internal Investigations will issue a final agency decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance” it further states “GDC may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.” The SOP also states, “At any level of the administrative process, including the final level, if the

inmate does not receive a response within the time allotted for a reply, including any properly noted extension, the inmate may consider the absence of a response to be a denial at that level.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The auditor was unable to locate any inmates that had reported a case of sexual abuse.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor was unable to locate any grievances related to sexual abuse.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency follows the Georgia Department of Correction’s SOP 227.02 for Grievances. The SOP requires the agency to 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. If the agency claims an allowable extension of time to respond of up to 70 days when the normal time period for response is insufficient to make an appropriate decision, the agency notifies the inmate in writing of the extension and provides a date, which will make a decision. The inmate may consider the absence of a response to be a denial at that level, if they have not received a response within the allotted time for reply.

115.52 (e)- Meets Standard

- 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? Yes
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) Yes
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: SOP 227.02 states, “As to sexual abuse allegations, inmates may seek assistance from third parties, including fellow inmates, staff members, family members, attorneys and outside advocates in filing requests for administrative remedies relating to such allegations and shall also be permitted to file such requests on behalf of inmates. If a third party files such a request on behalf of an inmate, the victim must agree to have the request filed on their behalf and must also pursue any subsequent steps in the administrative process.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates and a random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency follows an SOP that allows for third parties to assist inmates in filing a request for administrative remedies and the third party may file the report on behalf of the inmates. If the inmate declines to have the request processed on his or her behalf, the agency documents the inmate's decision. Inmates and staff interviewed all indicated that third parties may assist and file a report on behalf of the inmate. They were also familiar that the inmate may decline to have the request processed on their behalf.

115.52 (f)- Meets Standard

- 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? Yes
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? Yes
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? Yes
- After receiving an emergency grievance described above, does the agency issues a final agency decision within 5 calendar days? Yes
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: SOP 227.02 outlines the procedures for filing an emergency grievance. After receiving an emergency grievance alleging the subject is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to a level, PREA Coordinator, of review at which immediate corrective action may be taken. The agency provides an initial response within 48 hours and issues a final decision within 5 calendar days. The agency documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed all inmate grievances submitted in 2015 and was unable to locate any emergency grievances to evaluate.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: After receiving an emergency grievance alleging the subject is subject

to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to a level, PREA Coordinator, of review at which immediate corrective action may be taken. The agency provides an initial response within 48 hours and issues a final decision within 5 calendar days. The agency documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.52 (g)- Meets Standard

- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 6 states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of disciplinary records indicate that no one has been disciplined for filing a PREA report in good faith.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that inmates will not be disciplined for a report of sexual abuse made in good faith. A review of disciplinary records indicates that no one has been disciplined for filing a PREA report in good faith.

115.53 Inmate access to outside confidential support services

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

115.53 (a)- Meets Standard

- 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

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, E, 3, a, states, "Advocate services to victims of sexual assault will be provided by Southern Crescent Sexual Assault Advocacy Center."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates. The auditor was unable to interview any inmates that had reported a case of sexual abuse.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor did not see any postings or information that provided the 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.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor did not see any postings or information that provided the 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. None of the inmates interviewed were familiar with contact information for outside victim advocates. The auditor reviewed the Inmate Handbook as well and was unable to find any contact information, even for the facility that has signed an MOU with the agency. This information should be readily available to all inmates, regardless if they have filed an incident report or not. The purpose of this standard is for victims to be able to reach out for help without seeking staff approval, which may require disclosing information to staff that the resident may prefer, at least for the time being, to remain confidential.

The following corrective measure(s) are recommended for action during the corrective action period: Provide contact information for the resources 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. The auditor did find that inmates are notified that there are treatment options and programs available to inmate victims if sexually abusive behavior and sexual harassment. The information further states the local treatment and programs are with Counselors Baker and Mayfield, or with Southern Crescent Sexual Assault Center, no contact information was provided on the document.

The agency and auditor have collaborated to identify deliverables CCCI revised the inmate handbook to provide contact information for the Southern Crescent Sexual Assault Center to

the inmates. The facility has provided a telephone number for the inmates to call for free. All telephone calls are confidential.

115.53 (b)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility does have postings throughout the facility that state that telephone communications may be monitored. The auditor was unable to determine that inmates are notified of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates. The auditor was unable to interview any inmates that had filed a report of sexual abuse at the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Inmates interviewed were not familiar with the extent to which such communications would be monitored and the extent to which reports of abuse would be forwarded to authorities in accordance with mandatory reporting laws. The inmates did state that they were familiar that the telephone calls were monitored.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Inmates interviewed were not familiar with the extent to which such communications would be monitored and the extent to which reports of abuse would be forwarded to authorities in accordance with mandatory reporting laws. The inmates did state that they were familiar that the telephone calls were monitored.

The following corrective measure(s) are recommended for action during the corrective action period: Advise all inmates with the extent to which such communications would be monitored and the extent to which reports of abuse would be forwarded to authorities in accordance with mandatory reporting laws. This could be done by a variety of mechanisms, from incorporating it into the training curriculum or as an addition to the inmate handbook.

The agency and auditor have collaborated to identify deliverables CCCI revised the inmate handbook to provide contact information for the Southern Crescent Sexual Assault Center to the inmates. The facility has provided a telephone number for the inmates to call for free. All telephone calls are confidential and non-recorded.

115.53 (c)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The agency has provided a copy of the memorandum of understanding signed with Southern Crescent Sexual Assault Center to provide inmates with confidential emotional support services related to sexual abuse.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has provided a copy of the memorandum of understanding signed with Southern Crescent Sexual Assault Center to provide inmates with confidential emotional support services related to sexual abuse.

115.54 Third-party reporting

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

115.54(a)- Meets standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Third party reports may be made to the Ombudsman's Office at 478-992-5358 or in writing to the State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334. This information is made available on the Clayton County Prison's webpage located at <http://www.claytoncountyga.gov/pdfs/corrections/PREA.pdf>.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of inmates.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Third party reports may be made to the Ombudsman's Office at 478-992-5358 or in writing to the State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334. This information is made available on the Clayton County Prison's webpage located at <http://www.claytoncountyga.gov/pdfs/corrections/PREA.pdf>.

115.61 Staff and agency reporting duties

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

115.61 (a)- Meets Standard

- 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 or retaliation? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 1, a states, "Staff members 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff interviewed are familiar with policies that require them 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. 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 and 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 or retaliation.

115.61 (b)- Meets Standard

- Apart from reporting to designated supervisors or officials, does staff 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 1, h, states, "Staff members shall not disclose any information concerning sexual abuse, sexual assault, sexual harassment, or sexual misconduct of an offender, including the names of alleged victims or perpetrators, except to report the information as required by this policy or the law."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff interviewed were familiar with the requirements to refrain from revealing information related to a sexual abuse report to anyone other than to the extent necessary to treat, investigate and provide security and management decisions.

115.61 (c)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 5, A, 6, states, "Allegations of sexual abuse and sexual harassment are considered major incidents and must be reported in accordance with this policy and SOP 203.03, *Incident Reports*."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical staff. The facility does not employ any mental health staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed was familiar with the policy to report any sexual harassment or sexual abuse cases.

115.61 (d)- Meets Standard

- 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?

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 1, j states, "If the alleged victim is under the age of 18, the Field Operations Manager 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden and PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The facility does not house inmates under the age of 19.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility does not house inmates under the age of 19. However, the Warden and PREA Coordinator both acknowledged that if there were an individual under the age of 18, the appropriate authorities would be notified.

115.61 (e)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 1, d states, "Allegations of sexual assault, sexual harassment, are considered major incidents and must be reported in accordance with this policy and SOP 203.03, Incident Reports. Written reports must be completed by the end of shift."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of investigative files.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to alert the PREA Investigator when they receive an allegation of sexual abuse or sexual harassment. A review of the investigative files indicates that the investigator is notified in a timely manner.

115.62 Agency protection duties

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

115.62(a)-Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 2, a states, "Separate the alleged victim and abuser. Once it has been discovered that an offender is subject to substantial risk of imminent sexual abuse staff will take immediate action to protect the offender."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Random sample of staff, Warden and Agency Head.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to immediately protect inmates that are at substantial risk of imminent sexual abuse. Staff interviewed was well versed in this procedure and adamant that they would take immediate action to protect the inmate.

115.63 Reporting to other confinement facilities

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

115.63 (a)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 3, a states, "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 identified institution 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. 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The staff members interviewed were familiar with the process and procedure of notifying the other facility if they receive an allegation of an incident. The facility has not received any notifications; therefore there were no documented incidents to review for timeliness and following protocol.

115.63 (b)- Meets Standard

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 3, b states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator, Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The staff members interviewed were familiar with the process and procedure of notifying the other facility if they receive an allegation of an incident within 72 hours and documenting the notification. The facility has not received any notifications; therefore there were no documented incidents to review for timeliness and following protocol.

115.63 (c)- Meets Standard

- Does the agency document that it has provided such notification? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 3, c, states, "The facility shall document that it has provided such notification."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The staff members interviewed were familiar with the process and procedure of notifying the other facility if they receive an allegation of an incident within 72 hours and documenting the notification. The facility has not received any notifications; therefore there were no documented incidents to review for timeliness and following protocol.

115.63 (d)- Meets Standard

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 3, d, states, "The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The Warden was familiar with the process and procedure. The facility head or Department office that receives such notification ensures that the allegation is investigated in accordance with these standards.

115.64 Staff first responder duties

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

115.64 (a)- Meets Standard

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to:
 - (1) Separate the alleged victim and abuser? Yes
 - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes
 - (3) 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
 - (4) 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 4, a, 1-4 states, "1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence in accordance with SOP 103.10, *Evidence Handling and Crime Scene Preservation*; 3. If the abuse occurred within 72 hours, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If the abuse occurred within 72 hours 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Security staff and non-security staff first responders, random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff interviewed was well versed in the protocols for protecting physical evidence. Staff members interviewed were able to list the steps necessary to prevent the destruction of evidence.

115.64 (b) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 4, a, 3 states, “If the abuse occurred within 72 hours, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Security staff and non-security staff first responders, random sample of staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff interviewed was well versed in the protocols for protecting physical evidence. The staff was able to list the steps necessary to prevent the destruction of evidence.

115.65 Coordinated response

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

115.65(a)-Meets Standard

- Has the facility developed 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The agency follows the Georgia Department of Corrections form 208.06 titled *Sexual Abuse Response Checklist*. The document details the 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.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The warden was well versed in the *Sexual Abuse Response Checklist* and maintains a copy that is readily available as needed as a reference.

115.66 Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)- Non-Applicable

- Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

• The agency does not participate in collective bargaining.

115.66 (b)- Non-Applicable

- Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-

contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The agency does not participate in collective bargaining.

115.67 Agency protection against retaliation

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

115.67 (a)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 6, b, states, "The Department shall protect offenders and staff members who report sexual abuse, sexual misconduct, or sexual harassment from retaliation. **The Deputy Warden will act as the Retaliation Monitor.** 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to protect inmates who report sexual abuse, sexual misconduct, or sexual harassment from retaliation. The Deputy Warden has been appointed as the retaliation monitor.

115.67 (b)- Meets Standard

- 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

Policy 102.01, VI, F, 6, b, states, "The Department shall protect offenders and staff members who report sexual abuse, sexual misconduct, or sexual harassment from retaliation. **The Deputy Warden will act as the Retaliation Monitor.** 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to protect inmates who report sexual abuse, sexual misconduct, or sexual harassment from retaliation. The Deputy Warden has been appointed as the retaliation monitor. The retaliation monitor may change housing or transfer, remove the alleged staff members or offender abuser from contact with victims. The retaliation monitor may provide emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations

115.67 (c)- Meets Standard

- For at least 90 days following a report of sexual abuse, does the agency:
 1. 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
 2. 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
 3. Act promptly to remedy any such retaliation? Yes
 4. Does the agency monitor:
 - a. Any inmate disciplinary reports? Yes
 - b. Inmate housing changes? Yes
 - c. Inmate program changes? Yes
 - d. Negative performance reviews or reassignments of staff? Yes

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 6, c, states, "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. 1. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. Periodic status checks shall be made by the monitor as well. SOP 208.06, Attachment 10, 90 Day Offender Sexual Abuse Review 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. 2. This monitoring will include negative performance reviews or reassignments of staff members. SOP 208.06, Attachment 11, 90 Day Staff Sexual Abuse Review Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor. 3. 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.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Retaliation Monitor

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to monitor all cases of sexual abuse or sexual harassment for at least 90 days. The monitoring can be extended if required to protect the victim.

115.67 (d)-Meets Standard

- In the case of inmates, does such monitoring also include periodic status checks? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 6, c, 1 states, “...Periodic status checks shall be made by the monitor as well....”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff member charged with monitoring retaliation.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The retaliation monitor is familiar with the requirements to monitor the victim and to include periodic checks of the inmate.

115.67 (e)-Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, F, 6, b, states, "The Department shall protect offenders and staff members who report sexual abuse, sexual misconduct, or sexual harassment from retaliation. The Deputy Warden will act as the Retaliation Monitor. 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden/Agency Head.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency takes appropriate measures to protect individuals against retaliation if they cooperate with an investigation. The warden indicated that he could move inmates to another facility if necessary to protect the victim or those who cooperated in the investigation.

115.68 Post allegation protection custody

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

115.68(a)- Meets Standard

Is any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall subject to the requirements of § 115.43? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 13 states, "Offenders at high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, staff who supervises segregation housing. The auditor was unable to locate any inmates in segregation housing for risk of sexual victimization or who allege sexual abuse.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency may use segregation housing to protect inmates that are at high risk of sexual victimization or who have alleged sexual abuse. However, the use of segregation housing is limited and within the guidelines of 115.43. All use of segregation housing for at risk or inmates who allege abuse is documented in SCRIBE. Refer to 115.43(a)-(e) above for verification of compliance with those standards.

115.71 Criminal and administrative agency investigations

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

115.71(a) Meets Standard

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? Yes
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G states addresses investigations for the agency.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Sample Investigative file.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The investigative staff at the Clayton County Prison conduct investigations of sexual abuse and sexual harassment promptly, thoroughly and objectively. The auditor reviewed a sample investigation that was completed at the facility to ensure proper documentation and investigation occurred. The facility has a policy that they will investigate third party and anonymous reports.

115.71(b)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, C, 5 governs investigations in the facility. 102.01, VI, C, 5, a states, "OIC shall ensure its agents and investigators are appropriately trained in conducting investigations in confinement settings."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The investigative staff has received specialized training to conduct sexual abuse investigations. The Investigator interviewed has completed the necessary training.

115.71(c)- Meets Standard

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence? Yes
- Do investigators review any available electronic monitoring data? Yes
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes
- Do investigators review prior complaints and reports of sexual abuse involving the suspected perpetrator? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: *Policy 102.01, VI, G, 3, b states, "Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."*

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to gather and preserve direct and

circumstantial evidence, including any available electronic monitoring. Staff would interview suspected victims, perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigative staff member interviewed was familiar with these requirements.

115.71(d)- Meets Standard

- When the quality of evidence appears to support criminal prosecution, does the agency consult with prosecutors before conducted compelled interviews?
Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 9 states, "Substantiated allegations of conduct that appears criminal shall be referred for prosecution."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed a sample investigation while on site.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency consults with prosecutors before compelled interviews are conducted. The auditor reviewed a sample investigation completed by the agency where a prosecutor was consulted.

115.71(e)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 3, d states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The investigative staff assess the credibility of an alleged victim, suspect or witness on an individual basis rather than their status as an inmate or staff. The agency does not use polygraphs or other truth-telling devices to determine credibility or to proceed with an investigation.

115.71(f)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 7 states, "Administrative 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to determine if staff actions or failures to act contributed to the abuse. The actions must be documented in reports to include physical and testimonial evidence and the reasoning behind the credibility assessment, and investigative fact and findings. There were no cases or investigations that met this standard to review, but investigative staff indicated they would be documented if there were an incidence that met the criteria.

115.71(g) - Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 8 states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence where feasible."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of investigation that was referred to prosecution for criminal charges.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to document a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence where feasible. The auditor reviewed a case while on site that met the criteria. The report was appropriately documented in writing.

115.71(h)- Meets Standard

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 9, states, "Substantiated allegations of conduct that appears criminal shall be referred for prosecution."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed a case that met this criteria while on site.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to refer all substantiated allegations that appear to be criminal for prosecution. The auditor reviewed a case on site that met the criteria imposed by this standard. The case was referred to the local district attorney for prosecution.

115.71(i)- Meets Standard

- Does the agency retain all written report 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 10 states, "OPS shall maintain all such written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed a sample investigative file. There were no files that met the criteria for review.

115.71(j)- Meets Standard

- Does the agency ensure that the departure of an alleged abuser from the employment or control of the agency does not provide a basis for terminating an investigation? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 11 states, "The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed investigative staff that indicated that the investigation would continue regardless of the employment of the alleged abuser.

115.71(k)- Meets Standard

- Are any investigations conducted by any State entity or Department of Justice component conducted pursuant to the requirements of this standard (115.71)? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 12 states, "Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff, Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency may investigate the case themselves, refer a case to the local police department, Clayton County Police Department or refer the case to the State of Georgia Department of Corrections for investigation. The state follows the appropriate guidelines.

115.71(l) - Meets Standard

- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 13 states, “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.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy in place to cooperate with outside investigators and to endeavor to remain informed about the progress of the investigation. The facility has an excellent working rapport with the Clayton County Police Department and the State of Georgia, two agencies that could be called to assist in criminal investigations.

115.72 Evidentiary standard for administrative investigations

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

115.72(a)- Meets Standard

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? Yes
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 14 states, “There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Documentation of administrative findings in a case.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Documentation of administrative findings in a case that was investigated promptly. The investigative staff also stated that they would investigate a third party or anonymous complaint should they receive one.

115.73 Reporting to inmates

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

115.73(a)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 15 states, " Following the close of an investigation into an offenders 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, or unfounded. This will be completed by a member of the local SART unless the Warden delegates to another designee under certain circumstances. Such notifications or attempted notifications shall be documented on SOP 208.06 Attachment 5, Notification to Offender. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff, Warden. The auditor was unable to locate an inmate who had reported a sexual abuse case in the facility at the time of the audit.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed an investigation file where there was proof of notification of the outcome of the case.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to notify inmates the status of the case at the

close of the investigation. One case was presented where there was proof of notification of the outcome of the case.

115.73(b)- Meets Standard

- If the agency did not conduct the investigations, does it request the relevant information from the investigative agency in order to inform the inmate? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, G, 13, states, "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. Policy 102.01, VI, G, 15 states, " Following the close of an investigation into an offenders 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, or unfounded.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None, no other cases to review.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Investigative staff interviewed indicated that they would notify the victim of the outcome of the case at the close of the investigation. The facility would endeavor to remain informed of the status of the case in the event an outside agency was conducting the investigation.

115.73(c) -Meets Standard

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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The auditor reviewed policy 102.01, VI, G, 5, SOP 103.06 and 103.10 and could not find any reference to notifying the inmate in the event the staff member is no longer posted in the inmate's unit, no longer employed, indicted on a charge

related to sexual abuse or learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Investigative staff, the auditor was unable to locate an inmate that had reported an abuse case while the auditor was at the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed a substantiated case whereby the victim was advised of the staff member's employment status (at a work location).

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed a substantiated case whereby the victim was advised of the staff member's employment status (at a work location).

115.73(d)- Meets Standard

- 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
 - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: None.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: The auditor was unable to locate an inmate that had reported an abuse case while the auditor was at the facility. The auditor did interview the investigative staff at the facility.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The investigative staff stated that the victim would be informed if the agency learned that the abuser had been indicted on a charge related to sexual abuse within the facility or if they learned that the alleged abuser had been convicted on a charge related to sexual abuse within the facility.

115.73(e) Meets Standard

- Does the agency document all such notifications or attempted notifications? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Proof of documentation was provided.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Documentation of notification.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency had two cases that fit the criteria and provided documentation of notice or attempted notice to the victim for each case.

115.73(f) – Not auditable

- An agency’s obligation to report under this standard shall terminate if the inmate is released from the agency’s custody.

115.76 Disciplinary sanctions for staff

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

115.76(a) – Meets Standard

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 1, a states, “Staff members that engage in sexual misconduct with an offender shall be banned from correctional institutions or subject to disciplinary action, up to and including termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Staff that engage in in sexual misconduct with an offender shall be banned from correctional institutions or subject to disciplinary action, up to and including

termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate.

115.76(b)- Meets Standard

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 1, b states, "Termination will be the presumptive disciplinary sanction for staff members who have engaged in sexual touching."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: While there were no cases presented to review involving sexual abuse committed by staff, it was apparent that staff sexual misconduct would not be tolerated and termination would be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse or "touching."

115.76(c) - Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 1, c states, "Disciplinary sanctions for violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the warden to confirm that 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. There have not been any cases to report since the inception of the PREA standards; therefore, no documents were available for review.

115.76(d)- Meets Standard

- 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
 - Relevant licensing bodies? Yes, POST

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 1, d 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)."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to notify the Georgia Peace Officers Standards and Training Council (POST) of any 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.

115.77 Corrective action for contractors and volunteers

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

115.77(a) – Meets Standard

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates and reported to:
 - Law enforcement agencies, unless the activity was clearly not criminal? Yes
 - Relevant licensing bodies? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 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.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Administrative HR staff, PREA Coordinator, Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that prohibits contact with offenders and cases are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures, and considers 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.

115.77(b)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 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.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Administrative HR staff, PREA Coordinator, Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that prohibits contact with offenders and cases are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures, and considers 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. Most instances would prohibit further contact with inmates.

115.78 Disciplinary sanctions for inmates

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

115.78(a) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 3, states, “The Clayton County Prison 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.” The inmate handbook also states inmates would be subject to disciplinary action.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of inmate handbook.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that inmates are 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. This information is provided during the inmate orientation and is written in the inmate handbook.

115.78(b)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 3, c, 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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Investigative reports and documentation of sanctions.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that sanctions are 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. The warden stated that the disciplinary action would be commensurate with the offense committed and historical patterns of disciplinary sanctions.

115.78(c) - Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 3, d 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*."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Investigative reports and documentation of sanctions.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that the inmate's mental disabilities or

mental illness contributed to his or her behavior would be considered when determining the disciplinary sanctions imposed.

115.78(d)- Non-Applicable.

- 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? N/A

This facility does not offer therapy.

115.78(e)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 3, f states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: No disciplinary reports of sexual contact with staff.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy that they will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no reports or disciplinary actions to review, as there have not been any cases involving staff at the facility.

115.78(f) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 3, g states, "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."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: None.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: No disciplinary reports for filing a report of sexual abuse.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy that inmates will not be disciplined for filing a report of sexual abuse if the report was made in good faith. There were no allegations or disciplinary sanctions for filing an allegation.

115.78(g) – Meets Standard

- Does the agency refrain from considering non-coercive sexual activity between inmates to be sexual abuse? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, I, 3, states, “The Clayton County Prison 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.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has a policy to refrain from considering non-coercive sexual activity between inmates to be sexual abuse; however, the Clayton County Prison 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.

115.81 Medical and mental health screenings; history of sexual abuse

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

115.81(a) – Meets Standard

- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, J states, "Clayton County Prison shall provide prompt and appropriate medical and mental health services in accordance with local policy. Immediate medical services will be provided by nurse on duty. If staff nurse is unavailable, on-call provide will be contacted. Emergency medical attention is always available by calling 911. 2. On-going Mental Health Services cannot be provided at Clayton County Prison. An inmate needed on-going Mental Health Services will be referred to GDCP (the Catchment facility) and transported to such facility for services.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed indicated that inmate would be provided with medical or mental health care as quickly as possible, normally within a day or two. Inmates requiring mental health services would be referred to the GDCP (the Catchment facility) and transported to the facility for services.

115.81(b) – Meets Standard

- 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? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: On-going Mental Health Services cannot be provided at Clayton County Prison. An inmate needed on-going Mental Health Services will be referred to GDCP (the Catchment facility) and transported to such facility for services.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that states, "On-going Mental Health Services cannot be provided at Clayton County Prison. An inmate needed on-going Mental Health Services will be referred to GDCP (the Catchment facility) and transported to such facility for services." The staff responsible for risk screenings were interviewed and stated that inmates that needed on-going mental health services would be transferred to GDCP so they could receive these services. Inmates are initially screened by the GADOC and would not be

placed at the Clayton County Prison if there were a continuing need for mental health services.

115.81(c)- Meets standard

- If the screening pursuant to § 115.41 indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: On-going Mental Health Services cannot be provided at Clayton County Prison. An inmate needed on-going Mental Health Services will be referred to GDCP (the Catchment facility) and transported to such facility for services.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Staff responsible for risk screening.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that states, "On-going Mental Health Services cannot be provided at Clayton County Prison. An inmate needed on-going Mental Health Services will be referred to GDCP (the Catchment facility) and transported to such facility for services." The staff responsible for risk screenings were interviewed and stated that inmates that needed on-going mental health services would be transferred to GDCP so they could receive these services. Inmates are initially screened by the GADOC and would not be placed at the Clayton County Prison if there were a continuing need for mental health services.

115.81(d)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, D, 7 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 and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff, PREA Coordinator, and Warden.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: All information related to sexual victimization or abusiveness that occurred in an institutional setting is secured in the medical records section. The Warden, Deputy Warden other limited key personnel would have access only 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.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: All information related to sexual victimization or abusiveness that occurred in an institutional setting is secured in the medical records section. The Warden, Deputy Warden other limited key personnel would have access only 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. Inmate files and information was secured in the medical facility.

115.81(e)-Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: None.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed stated that they do not secure informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The following corrective measure(s) are recommended for action during the corrective action period.

Facility should institute a policy and practice of securing informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. This could be a simple form that the inmate signed to acknowledge consent it given before medical reports information about prior sexual victimization that did not occur in an institutional setting.

The agency and auditor has collaborated to identify deliverables and CCCI has created an Informed consent form for inmates to sign prior to medical reporting information about prior sexual victimization that did not occur in an institutional setting.

115.82 Access to emergency medical and mental health services

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

115.82(a)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.02, VI, J, 1, states, "Immediate medical services will be provided by nurse on duty. If staff nurse is unavailable, on-call provider will be contacted. Emergency medical attention is always available by calling 911."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that immediate medical services will be provided by nurse on duty. If staff nurse is unavailable, on-call provider will be contacted. Emergency medical attention is always available by calling 911. Medical staff interviewed stated that services would be timely and unimpeded.

115.82(b) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.02, VI, J, 1, states, "Immediate medical services

will be provided by nurse on duty. If staff nurse is unavailable, on-call provide will be contacted. Emergency medical attention is always available by calling 911.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy that immediate medical services will be provided by nurse on duty. If staff nurse is unavailable, on-call provider will be contacted. Emergency medical attention is always available by calling 911. Medical staff interviewed stated that services would be timely and unimpeded. First responders would notify medical staff of the incident for timely follow up as needed.

115.82(c)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: None.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None as no records were available to confirm.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility medical staff stated that inmate victims of sexual abuse were offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standard of care.

115.82(d)-Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, B, 1, c, states, “When there is a report of a recent incident of sexual abuse, or there is a strong suspicion that a recent serious assault may have been sexual in nature, a physical examination of the alleged victim should be conducted and the SANE protocol should be initiated, (Attachment 7 – SANE Nurse

Evaluation). The physical examination shall be provided at no cost to the offender, and he must give consent for the examination. For those offenders that are unable to consent or are incapacitated, the Department may authorize the collection of forensic evidence. Physical evidence collection may also include an examination of and collection of physical evidence from the suspected perpetrator(s)."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed stated that inmates would receive treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

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

115.83(a) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, B governs the responsive planning in the event the facility has an abuse case. Additionally, Clayton County Prison follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Reference SOP 103.10, *Evidence Handling and Crime Scene Processing* and SOP 103.06, *Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders*.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed stated that inmates who had been victimized by sexual abuse in the prison would receive the appropriate medical and mental health treatment as appropriate. Mental Health treatment would take place at another facility, as it is not offered at the Clayton County Prison.

115.83(b)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Medical records were reviewed for compliance with treatment and confirmation that referrals or continued care was provided.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Medical Records were reviewed.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical records were reviewed for compliance with treatment and confirmation that referrals or continued care was provided. Medical staff indicated that referrals for continued care following a transfer, placement in another facility or release from custody would be offered.

115.83(c) - Meets Standard

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Review of Medical records indicate that services provided are consistent with community level of care.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of medical records.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Review of Medical records indicate that services provided are consistent with community level of care. Medical staff interviewed indicated that they felt the services provided were consistent with the community level of care.

115.83(d)- Non-Applicable

- Are victims of sexually abusive vaginal penetration while incarcerated

offered pregnancy tests? N/A, Male only facility

This is a male only facility.

115.83(e) –Non-Applicable

- 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?

This is a male only facility.

115.83(f)- Meets Standard

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: None.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed confirmed that inmate victims of sexual abuse would be offered tests for sexually transmitted infections as medically appropriate.

115.83(g) – Meets Standard

- Are treatment services offered 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, B, 1, c states, "The physical examination shall be provided at no cost to the offender, and he must give consent for the examination."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed indicated that treatment services would be offered 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.

115.83(h)- Meets Standard

- 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? Yes, but not at this facility.

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, J states, "Clayton County Prison shall provide prompt and appropriate medical and mental health services in accordance with local policy. Immediate medical services will be provided by nurse on duty. If staff nurse is unavailable, on-call provide will be contacted. Emergency medical attention is always available by calling 911. 2. On-going Mental Health Services cannot be provided at Clayton County Prison. An inmate needed on-going Mental Health Services will be referred to GDCP (the Catchment facility) and transported to such facility for services.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Medical staff interviewed indicated that inmate would be provided with medical or mental health care as quickly as possible, normally within a day or two. Inmates requiring mental health services would be referred to the GDCP (the Catchment facility) and transported to the facility for services.

115.86 Sexual abuse incident reviews

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

115.86(a) - Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, K, 1, a, states, "Each facility shall meet once per month to review and assess the facility's PREA prevention, detection, and

response efforts. During this meeting an incident review shall be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review shall be conducted on all abuse allegations deemed substantiated and unsubstantiated. Reviews are not necessary for unfounded allegations.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, PREA Coordinator, and Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of documentation of an Incident review.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to conduct an 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. The auditor reviewed one Incident Review Team file.

115.86(b) – Meets Standard

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, K, 1, a, states, “Each facility shall meet once per month to review and assess the facility’s PREA prevention, detection, and response efforts. During this meeting an incident review shall be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review shall be conducted on all abuse allegations deemed substantiated and unsubstantiated. Reviews are not necessary for unfounded allegations.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, PREA Coordinator, and Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of documentation of an Incident review.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The facility has a policy to conduct an 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. The auditor reviewed one Incident Review Team file. The case was reviewed within the 30-day requirement.

115.86(c)- Meets Standard

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health

practitioners? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, K, 1, b, states, "The review team shall include the PREA Compliance Manager, SART and representatives from upper management, line supervisors and other staff members, as designated by the Warden/Superintendent of the facility."

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, PREA Coordinator, and Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of documentation of an Incident review.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The incident review team consists of the facility leadership, front line supervisors, investigator and medical staff at the facility. The auditor reviewed the documentation of an incident review team and determined that the appropriate staff was present during the review.

115.86(d) – Meets Standard

- 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
 - Consider whether the incident 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
 - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?
 - Assess the adequacy of staffing levels in that area during different shifts? Yes
 - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes
 - 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, K, 2, states, "The review team shall:
a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. b. Consider whether the allegation or incident was motivated or otherwise caused by the perpetrator's or victim's

race, ethnicity, gender identity, gay, lesbian, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or was motivated by other group dynamics at the facility. c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse. d. Assess the adequacy of staffing levels in the area during different shifts. e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff members. f. Prepare a report of its findings including, but not limited to, determinations regarding all of the above, and any recommendations for improvement, and submit such report to the Warden/Superintendent and PREA Compliance Manager.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, PREA Coordinator, and Medical Staff.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of documentation of an Incident review.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The incident review team consists of the facility leadership, front line supervisors, investigator and medical staff at the facility. The auditor reviewed the documentation of an incident review team and determined that review team made the appropriate considerations and documented the same.

115.86(e) –Meets Standard

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, K, 2, f states, “Prepare a report of its findings including, but not limited to, determinations regarding all of the above, and any recommendations for improvement, and submit such report to the Warden/Superintendent and PREA Compliance Manager.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Warden, PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Facility leadership all stated that recommendations for improvement would be implemented if feasible and financially possible. If there was a recommendation made by the committee that was not implemented, the recommendation would be documented to include the reasoning as to why the improvement was not implemented.

115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

115.87(a) –Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VI, K, 3 states, “Each facility shall submit a report to the Department’s PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator’s office (Attachment 2). This form shall be submitted by e-mail by the fifth calendar day of the month following the reporting month. All allegations occurring within the month shall be included on this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The auditor reviewed the agency reports for 2015 & 2016. There were no incidents to report in 2015 or 2016 (to date).

The following describes how the evidence above was used to draw the final conclusion regarding compliance: Agency has documented cases for 2012- current.

115.87(b) –Meets Standard

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The facility policy 102.01, VI, K, 3 states, “Each facility shall submit a report to the Department’s PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator’s office (Attachment 2). This form shall be submitted by e-mail by the fifth calendar day of the month following the reporting month. All allegations occurring within the month shall be included on this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.”

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: the agency does aggregate the data in the form of a spreadsheet annually.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the 2012 –current data. The agency provided copies of the SSV provided to the Department of Justice.

115.87(c) –Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: The auditor reviewed the Clayton County Prison PREA Log.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor reviewed the Clayton County PREA Log to determine if the data included in the log was sufficient to complete the annual Survey of Sexual Violence report conducted by the Department of Justice and determine that the log does provide the data necessary to complete the annual report.

115.87(d) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Reviewed investigative reports and incidents reports.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The agency compiles a master list of all PREA related incidents. The log captures data for any type of PREA related incident. The information of gleaned from incident reports, investigation reports and sexual abuse incident reviews.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency compiles a master list of all PREA related incidents. The log captures data for any type of PREA related incident. The information of gleaned from

incident reports, investigation reports and sexual abuse incident reviews. The PREA Coordinator, who would list all incidents as they are reported, maintains this log.

115.87(e) - Non-Applicable

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates?

This agency does not contact with any private facilities for the confinement of its inmates.

115.87(f) - Meets Standard

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Copies of SSV reports were provided.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of annual SSV reports.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has provided copies of SSV reports for 2012-current.

115.88 Data review for corrective action

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

115.88(a) Meets Standard

- 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
 - Taking corrective action on an ongoing basis? Yes
 - Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: The agency has not prepared an annual report of its findings and corrective actions for the facility. The facility has completed the PREA Log each year, but has not converted the data into a report that is published annually.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency has not prepared an annual report of its findings and corrective actions for the facility. The facility has completed the PREA Log each year, but has not converted the data into a report that is published annually.

The following corrective measure(s) were recommended for action during the corrective action period: Convert the annual PREA logs into an annual report. The annual report should identify problem areas, and indicate how the agency took corrective action on an ongoing basis (if any).

The agency and auditor collaborated to identify deliverables and the CCCI created annual PREA reports for 2012-2015 of its findings and corrective actions for each facility, as well as the agency as a whole.

115.88(b) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Annual Reports

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of annual reports.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency keeps a PREA log of all incidents annually. The log should be converted into a report that compares 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.

The agency has completed annual PREA Reports that 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.

115.88(c)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Annual Reports

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of annual reports.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency keeps a PREA log of all incidents annually. The log should be converted into a report that compares 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.

The agency has completed annual reports to 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. The reports have been approved by the agency head and made available to the public through its website at <http://www.claytoncountyga.gov/departments/corrections-department/clayton-county-prison/prison-rape-elimination-act.aspx>.

115.88(d)- Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Annual Reports

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Review of annual reports.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency would 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. No material was redacted as there were no cases to report.

115.89 Data storage, publication, and destruction

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

115.89(a) –Meets Standard

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VII, states, “Retention of PREA related documents and investigations shall be securely retained and made in accordance with the following schedule: 1. Sexual abuse data, files, and related documentation – at least 10 years from the date of the initial report. 2. Criminal investigation data, files, and related documentation – for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater. Administrative investigation data, files, and related documentation – for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: None.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The auditor interviewed the PREA Coordinator who stated that the Deputy Warden retains the data electronically accessible.

115.89(b) –Non-Applicable

- 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?

This agency does not contract with any other facilities to house its inmates.

115.89(c) – Meets Standard

- Does the agency remove all personal identifiers before making aggregated

sexual abuse data publicly available? Yes

In order to make a determination of compliance, the following policies and other documentation were reviewed: Review of Annual reports.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator.

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: The PREA Coordinator would redact any personal identifiers before making aggregated sexual abuse data publicly available.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The PREA Coordinator stated that there has not been any data to redact to date. The PREA Coordinator would redact any personal identifiers before making aggregated sexual abuse data publicly available.

115.89(d) – Meets Standard

- 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

In order to make a determination of compliance, the following policies and other documentation were reviewed: Policy 102.01, VII, states, “Retention of PREA related documents and investigations shall be securely retained and made in accordance with the following schedule: 1. Sexual abuse data, files, and related documentation – at least 10 years from the date of the initial report. 2. Criminal investigation data, files, and related documentation – for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater. Administrative investigation data, files, and related documentation – for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.” Historical data was reviewed.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: PREA Coordinator

In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: Reviewed historical data.

The following describes how the evidence above was used to draw the final conclusion regarding compliance: The agency collects 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. The agency presented data collected since 2012.

115.401 Frequency and scope of audits

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material

ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

115.401 (h)- Meets Standard

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes

The auditor was granted access to the entire facility to observe all areas to be audited. The Deputy Warden accompanied the auditor to each area of the facility.

115.401 (i)- Meets Standard

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes

The auditor was given a copy of all documents requested for the purposes of the audit.

115.401 (m) -Meets Standard

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes

The auditor was permitted to conduct private interviews with inmates. All interviews were conducted in a private conference room that was made available for the auditor to conduct all interviews.

115.401 (n)- Meets Standard

- 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

A notice of audit was posted in each of the housing units on January 19, 2016. The PREA coordinator documented the postings and provided the auditor with photographs of the postings.

AUDITOR CERTIFICATION

I certify that:

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

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

Melinda Allen

Auditor Signature

July 14, 2016

Date