

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: May 14, 2022

Auditor Information

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Company Name: Strategic Justice Solutions

Mailing Address: 14241 Coursey Blvd., Ste. A12116 City, State, Zip: Baton Rouge, LA 70817

Telephone: 225-302-0766 Date of Facility Visit: March 28 – 30, 2022

Agency Information

Name of Agency: Floyd County Corrections

Governing Authority or Parent Agency (If Applicable): Floyd County Board of Commissioners

Physical Address: 329 Blacks Bluff Road SW City, State, Zip: Rome, GA 30161

Mailing Address: 329 Blacks Bluff Road SW City, State, Zip: Rome, GA 30161

The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Website with PREA Information: <https://www.floydcountyga.gov/corrections>

Agency Chief Executive Officer

Name: Michael Long

Email: Michael.Long@floydcountyga.org Telephone: 706-236-2490

Agency-Wide PREA Coordinator

Name: Edwin Blansit

Email: Edwin.Blansit@floydcountyga.org Telephone: 706-236-2490

PREA Coordinator Reports to: Betty Bailey-Dean, Deputy Warden of Care & Treatment	Number of Compliance Managers who report to the PREA Coordinator: 0
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Facility Information

Name of Facility: Floyd County

Physical Address: 329 Black Bluff Road SW

City, State, Zip: Rome, GA 30161

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
None reported

Warden/Jail Administrator/Sheriff/Director

Name: Michael Long

Email: Michael.long@floydcountyga.org

Telephone: 706-236-2490

Facility PREA Compliance Manager

Name: Edwin Blansit

Email: Edwin.Blansit@floydcountyga.org

Telephone: 706-236-2490

Facility Health Service Administrator N/A

Name: Correct Health, Inc.

Email: april.long@correcthealth.org

Telephone: 706-236-2490

Facility Characteristics

Designated Facility Capacity:

448

Current Population of Facility:

338

Average daily population for the past 12 months:	322
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-65
Average length of stay or time under supervision:	1-3 years
Facility security levels/inmate custody levels:	Minimum to Medium, Close that are pending transfers
Number of inmates admitted to facility during the past 12 months:	402
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	397
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	363
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	86
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	13
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	8
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	18
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: GDOC Investigators) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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

Floyd County Prison (FCP) is in Rome, Georgia, approximately an hour north-west of Atlanta in the foothills of the Appalachia Mountains. The facility is located on the site of the Floyd County Stockade and can trace its history back to 1926. The current facility was erected in 2002 and in 2010 added 100-bed work release center housing county inmates. In 2016, the agency reduced capacity of the work release center to 50 beds to improve staffing ratios aiding in their dedication to compliance with the PREA Standards.

Floyd County Prison houses approximately 420 inmates providing a work force for the local government through an Intergovernmental Agreement between Floyd County and the Georgia Department of Corrections. The prison is governed by the Floyd County Board of Commissioners and the Floyd County Manager. Floyd County complies with policy and procedures of the Georgia Department of Corrections.

FCP is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit occurred at the address stated above March 28-30, 2022. The assigned PREA auditor is the primary contract holder for the FCP. Following coordination, preparatory work, and collaboration with management staff at the FCP, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit, the inmate count was 338, with a designated capacity of 448. FCP reported the average length of stay is 1 – 3 years.

PRE-AUDIT PHASE

January 10, 2022, the Auditor provided, via email, the Notice of Audit in English and Spanish with instructions to post copies in housing units, and other places deemed appropriate by facility staff. It was recommended to print the notices on bright colored paper for easy visibility. The notice provided the dates of the intended onsite audit, as well as a mailing address for the Auditor in the event an individual wished to contact the Auditor prior to the onsite audit. The audit notice also advised that any correspondence be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at FCP allows the inmate to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring the information remains confidential.

January 10, 2022, Sexual Assault Center NWGA was emailed inquiring if they had any information related to the sexual safety practices of FCP. January 11, 2022, Sexual Assault

Center NWGA responded that they had not had any referrals for services from FCP in the past 12 months. Sexual Assault Center NWGA also confirmed they had a MOU with FCP for services.

January 10, 2022, Just Detention International was emailed requesting information related to the sexual safety practices of FCP. January 17, 2022, Just Detention International responded saying a review of their database indicates they have not had information from FCP in the past 12 months.

The PCM provided the flash drive with supporting documentation, as well as the Pre-Audit Questionnaire (PAQ).

The Auditor was able to speak with a nurse from Sexual Assault Center NWGA, P.O. Box 928, Rome, GA, 30162, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams and services are free of charge to the inmate. Further, each inmate who has a SANE exam is assigned an advocate for medical accompaniment, prior to the forensic examination.

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

FCP has had two previous PREA audits. The first PREA audit was July 11, 2016, and the second was May 2-3, 2019. There were no barriers in completing the audit.

The staff, whom the Auditor encountered, were prepared, cordial and accommodating. FCP chose not to utilize the Online Audit System (OAS).

ON-SITE PHASE: March 28, 2022, the Auditor arrived at FCP and met with Warden, the PREA Compliance Manager (PCM). During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook.

Prior to arrival, the Auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The Auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and inmates who were part of targeted populations as defined in the PREA Auditor Handbook. From these rosters, the interview lists were selected in a complete random fashion. Each staff roster was utilized to create a list of staff randomly for interviews. The only selection criteria used for staff were individuals with a specialized position or individuals who had been promoted or hired within the last 12-months. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

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

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

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

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

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

On the Pre-Audit Questionnaire (PAQ), FCP reported they had zero grievances in the past twelve months. The Warden provided a memorandum regarding grievances which confirms FCP does not have administrative procedures to address inmate grievances regarding sexual abuse.

The Institutional PREA Compliance Manager (PCM) provided the information requested, and the Auditor conducted a review of the information.

During the past 12-months there were two allegations of sexual abuse, sexual harassment, or retaliation.

During the past 12-months there were zero PREA hotline calls made to report sexual abuse or sexual harassment. The PCM confirmed this and stated zero hotline calls were made in the past 12 months.

The Auditor conducted an extensive internet search regarding FCP and found little information. There were various articles discussing COVID-19 and the Georgia Department of Corrections, which mentioned FCP, but no information regarding lawsuits, civil rights issues, security issues, sexual abuse or sexual harassment, or sexual violence.

There was not any information discovered during the research portion of the audit to suggest an unhealthy correctional environment within FCP. During the research to prepare for this audit, the Auditor learned Georgia law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with

disabilities, to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities.

The Auditor did not receive correspondence from inmates prior to arrival.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. The facility is a medium security facility that houses male inmates. The facility does not house any youthful offenders. At the time of the on-site audit there were not any transgender or intersex inmates in the facility.

FCP inmates are housed in nine open bay dormitories housing up to fifty-six in each dorm. Safe beds have been identified in the dorms, except for the dorm that has been designated as the best place for any inmates identified as potential or actual sexual aggressors.

Each dorm has a day room and living area. In the rear of each dorm is a shower and restroom area. Living units are monitored using video surveillance cameras monitored in the control room and via routine security rounds conducted by correctional staff at intermittent and irregular times to avoid noticeable patterns. An administrative segregation/isolation unit comprised of seventeen individual cells, one shower cell, and one expanded metal cell for visible body searches of offenders entering assignment to the unit. Inmates assigned to the unit are classified to administrative segregation, disciplinary isolation, protective custody, pending release, pending transfer, and inmates returning from court. The unit is monitored by cameras and supervised by one correctional officer. The unit is not a gender specific post; however, supervisors do not assign female staff to the unit on days designated for inmate showers. Approximately 65 cameras are placed throughout the facility to supplement staff supervision. In most areas, the cameras are placed with cross coverage of from multiple directions to eliminate blind spots. The facility also utilizes mirrors to provide views of areas not directly covered by cameras. Each living unit is monitored by camera surveillance. Cameras are monitored in the central control room and in the Day Watch Commanders office.

During the tour of the facility, the Auditor observed inmates interact with the PCM, each time indicating a positive and respectful relationship with the inmate population. During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of and security mirrors, inspected bathrooms, showers and toilets to identify potential cross gender viewing concerns, checked for blind spots, observed staff to inmate ratios, etc. The facility had phones available for all inmates to use. The Auditor assessed these phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment.

During the on-site tour, each phone that was evaluated was able to connect to the functioning PREA hotline, which provided sufficient time to leave a detailed message to follow-up and never required personal identifying information be left. In all inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite gender staff entered a housing area, the respective staff member always made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times. In all cases if there was a response, the opposite gender staff did not enter until the inmate had completed

their purpose, if there was no response after multiple announcements; then the staff entered. During the interviews, inmates indicated some female staff will not enter the bathing areas under any circumstances and will always defer that responsibility to a male staff member. During the on-site audit, the facility staff explained the intake process. The staff was able to guide the Auditor through the intake screening process, by explaining the process that each inmate is required to participate in during the initial screening and ongoing intake processes. The intake staff member discussed each of the documents and assessments utilized as we proceeded through the processes. The intake staff also answered any questions the Auditor had with a clear and thorough understanding of the overall intake process. Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or proper procedures were demonstrated by staff on hand.

Due to logistics, the Auditor conducted some of the interviews telephonically or in writing. Each of their remarks are documented and presented in this report. All in-person interviews occurred in private area. The Auditor conducted the following number of staff interviews.

Category of Staff	Number of Interviews Conducted
Random Staff	22
Specialized Staff	20
Total Staff Interviewed	42
BREAKDOWN OF SPECIALIZED STAFF	
Agency Head	1
Agency PREA Coordinator	1
Facility Head	1
SAFE/SANE Nurse	1
Investigative Staff	1
Facility PREA Compliance Manager	1
Human Resources Staff	1
Intermediate or Higher Staff	1
Non-Medical Cross Gender Strip/Visual Body Cavity Searches	1
Intake Staff	1
Classification Staff	1
Medical Staff	1
Contractor with Inmate Contact	1
Volunteer with Inmate Contact	1
Staff Who Perform Screening for Risk of Victimization and Abusiveness	1
Incident Review Team	1
Mailroom Staff	1
Monitors Retaliation	1
Staff Who Supervise Inmates in Segregation	1
First Responder (Security/Non-Security)	1

There were twenty specialized staff interviewed using twenty protocols.

Specialized Staff Interviews: Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers based on the line of questioning on the specific interview protocols for their position and responsibilities.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways; reports can be made to staff verbally or in writing; through PREA hotline calls, or third-party reporting. Depending on whether the PREA complaint is administrative, or criminal determines who investigates the allegation. All allegations are initially given to the SART personnel at the facility. If at any time during the investigation process it appears the allegation may have included criminal behavior, SART stops investigating and turns everything over to the Office of Professional Services (OPS) to investigate.

Random Staff Interviews: There are eighty-six staff currently assigned to FCP. Random staff were chosen from the remaining staff who did not participate in the specialized staff interviews. The facility operates three shifts, two security shifts which are twelve hours each and a split shift that operates Monday through Friday during regular business hours. Minimum staffing levels on each shift are two officers and a supervisor, however the typical staffing pattern is one shift supervisor and three correctional officers. One officer is assigned to the main control room. The other officers are rovers, making checks of each dorm throughout the shift.

The Auditor conducted one interview with a volunteer who is a GED instructor. During the interview process, she was able to verbalize the key components of PREA and what her responsibilities would be if alleged sexual abuse were reported to her.

FCP does have contract workers in the facility. All contract staff receive specific PREA training as it relates to their specific position, in addition to the GDC specific PREA training. The Auditor conducted one interview with a contract staff member who works for food service. During the interview process, she was able to verbalize the key components of PREA and what she is responsibilities would be if alleged sexual abuse were reported to her.

All in-person interviews occurred in a private space in a multipurpose room. The Auditor conducted the following number of inmate interviews:

Category of Inmates	Number of Interviews Conducted
Random Inmates	22
Targeted Inmates	6
Total Inmates Interviewed	28
BREAKDOWN OF TARGETED INMATES	
Inmates who reported sexual abuse	0
Inmates who disclosed prior sexual victimization during risk screening	1
Inmates who identify as Lesbian, Gay or Bisexual	0
Inmates who identify as Transgender or Intersex	0
Inmate in segregated housing for risk of sexual victimization	0
Inmates with a physical disability	0
Inmates with hearing impairment	0
Inmates with visual impairment	1

LEP inmates	3
Inmates with a cognitive disability	1

Random Inmate Interviews: The institutional count the first day of the on-site audit was 338. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. Each inmate was escorted, by the PCM, to the area designated for interviews. During the on-site tour, the Auditor had conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was lagniappe to supplement the overall audit information gathering process. Twenty-two formal random inmate interviews were conducted with inmates of varying custody levels. The Auditor did not receive correspondence from inmates because of the PREA audit announcement posting.

At the beginning of each interview, the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained the purpose of the interview. The Auditor also discussed the inmate’s participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him questions. The Auditor would then ask the protocol questions. All responses were recorded by hand. During the random interviews, no PREA issues were revealed; no other interview protocols accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation, and they felt the facility staff took PREA issues seriously. Regarding personal safety at FCP, every random inmate interviewed stated he felt safe from sexual harassment and sexual abuse.

Targeted Inmate Interviews: The Auditor conducted six interviews of the inmates identified for interviews based upon specific PREA standards. Out of the ten categories, there were inmates who fell into four categories, as identified in the table above. The Auditor selected the inmates from the list received from the PCM. The Auditor interviewed all; targeted inmates who were in the facility at the time of the on-site audit. The inmates were escorted, by the PCM, to the private interview area.

At the beginning of the interview, the Auditor explained to the inmate why she was at the facility, what her role was in the PREA process and explained the purpose of the interview. The Auditor also discussed the inmate’s participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him questions. The Auditor then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand. Regarding personal safety at FCP, the one targeted inmate interviewed stated he felt safe from sexual harassment and sexual abuse.

Document Reviews: A thorough review of the Georgia State Policies, as well as the facility specific policies were included in all three phases of the audit: Pre-Audit, On-Site portion, and post-Audit. Prior to conducting the onsite visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample

during the onsite portion of the PREA audit. From these lists, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The lists requested by the Auditor in the pre-onsite audit phase were:

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

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

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	86	50
Training Records	86	50

Inmate Records	338	50
Grievances	0	0
Incident Reports	2	2
Investigation Records (SA and SH)	2	2

Personnel and Training Records: Fifty personnel records were reviewed. The records contained all required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable. FCP conducts background checks annually.

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

Grievances: On the Pre-Audit Questionnaire (PAQ), FCP reported they had zero grievances in the past 12 months. The Warden confirmed FCP does not have administrative procedures to address inmate grievances regarding sexual abuse.

Incident Reports: Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months FCP had two allegations of sexual abuse and sexual harassment. The auditor reviewed the complete PREA file for each allegation. The files contained all required information. Both were inmate-on-inmate sexual harassment allegations. After investigation, both were deemed unsubstantiated. The inmate was notified timely in both cases. Retaliation monitoring was enforced per policy. Incident reviews were not necessary because they were not sexual abuse allegations.

Investigation Records: Information received regarding allegations of sexual abuse and sexual harassment indicate in the past 12-months FCP had two allegations of sexual abuse and sexual harassment. The auditor reviewed the complete PREA investigative file for each allegation. The files contained all required information. Both were inmate-on-inmate sexual harassment allegations. After investigation, both were deemed unsubstantiated. The inmate was notified timely in both cases. Retaliation monitoring was enforced per policy. Incident reviews were not necessary because they were not sexual abuse allegations.

PREA Hotline Records: During the past 12-months FCP had zero PREA Hotline calls made to report sexual abuse or sexual harassment. The PCM confirmed this information. Consequently, there were no hotline records to review.

The Auditor scheduled the exit briefing with the Warden and the PCM. During this exit briefing, the participants were provided with an overview of what had been observed and information regarding the interim or final audit report that is due no later than May 15, 2022.

POST-AUDIT PHASE Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report. Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3- year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section 115.404 (d) states, “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance. This information was discussed with the Institutional Compliance Manager and Warden, as well as the agency PREA Coordinator. Audit Section of the Compliance Tool: The Auditor reviewed onsite documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the onsite audit should be reviewed to decide of compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard. Final Audit Report: Following completion of the compliance tool, the Auditor started completing the final report. The final report identified which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted, and what observations were made during the on-site review of the facility to decide of compliance for each standard provision. The Auditor then provide an explanation of how evidence was used to draw a conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.

Facility Characteristics

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

Floyd County Corrections (FCC) is a correctional agency located 70 miles northwest of Atlanta in the foothills of the Appalachian Mountains, the county seat is Rome, GA. The agency employs approximately 100 staff who serve in various capacities such as correctional leadership, correctional officer, detail officer, counselor, special operations, and professional support. The agency maintains a 448-bed medium security prison and a 50-bed Work Release Center, each of which houses state offenders under sentence through the Georgia Department of Corrections. These offenders make up a skilled and unskilled labor force that provides much needed aid to departments within the county as well as other municipalities in the area. The Work Release Center houses offenders working towards their successful return to society. These offenders are assisted in finding regular employment while serving their non-working hours in custody. Inmates assigned to the facility are minimum and medium security inmates with predominantly non-violent charges.

The medium security prison and the Work Release Center are both under the direct supervision of the Warden. The prison contains a hub of eight open bay dormitories, each with a common dayroom and bathroom. The bathroom is in the rear of the dormitory. There is a communal shower behind a wall that is approximately 5 feet tall. The wall provides ample privacy for inmates showering. The toilets are on the opposite side of center wall from the showers and positioned behind a partial wall, providing ample privacy. The dorms are clearly visible from the control room. The control room is in the center of the hub and has a clear view into each dorm. There is also an eighteen-cell segregation unit. The Work Release Center has only one dorm currently open for release offenders.

The facilities eight general population dorms are positioned around a large central control room. Each dorm has direct line of sight from the control room and the floor officers assigned to the dormitories. Line of sight is made possible via large windows extending the full width of each dorm facade. Cameras positioned in the dorms and the hallway area outside the dorms are monitored from the control room. This provides an extra level of supervision to supplement staff assigned to monitor and manage the living units. The dorm housing residents assigned to the work release program are monitored by direct supervision by one officer. This unit is compact, and the officer's booth is located centrally in the dayroom. The officer has direct line of sight to the living area through large windows extending the full width of the dorm facade. All living units are outfitted with six (6) phones in each dayroom. Phones are generally turned on each morning after inspection and around the clock except for two hours each morning prior to the daily inspection. Each dorm is also fitted with a kiosk which allows for direct communication to upper-level staff and specialized staff. The kiosk in each dorm is supplemented by tablet computers that inmates may check out from a docking bay. Inmates have access to email family and friends through the kiosk and tablets. All inmates have access to volunteers who conduct religious services on most nights and GED volunteers two nights a week. Inmates may make reports to

volunteers, contractors, and staff. Inmates working outside detail can make reports to their work supervisor and others in the community. Inmates have access to phones, regular mail, legal mail, email, attorney's visits, and family visits for those on the inmate's approved visitation list.

Some FCP inmates provide a work force for the local government through an Intergovernmental Agreement between Floyd County and the Georgia Department of Corrections. The prison is governed by the Floyd County Board of Commissioners and the Floyd County Manager. Floyd County complies with policy and procedures of the Georgia Department of Corrections. The prison has approximately sixty inmate work details. The prison provides work details for a variety of local government departments and several contract details for multiple nearby jurisdictions.

The prison also houses fifty inmate residents assigned to the work release program. The residents work in the community in a variety of skilled and unskilled industrial jobs. The residents meet specific criteria change outlined by the Georgia Department of Corrections as they prepare to re-enter the communities of Northwest Georgia.

In addition to work details, the facility offers a variety of programs and services. Some of these programs are General Education Diploma (GED), counseling, general recreation, worship service and spiritual growth, vocational OJT such as food service, heavy equipment operator, building maintenance, auto maintenance and laundry services.

Sexual Assault Forensic Exams are provided through the Sexual Assault Center NWGA, who come to the facility to perform all needed forensic exams.

The auditor was escorted on a complete tour of the entire facility by the PREA Compliance Manager. Areas visited included, but were not limited to the • front lobby and entrance • administrative offices and conference room • medical area, medical offices and exam and treatment rooms • front control • dining hall • kitchen • food service office • dry storage areas • multipurpose room • GED office • law library • counselors offices • chief of security office • sergeant's offices • intake area • leisure library • isolation/segregation • main control • open bay dorms • temporary cells • barbershop • ID room • laundry office • laundry • clothes storage • receiving and discharge, • storage room • visitation and intake.

The facility's offices and functional areas are equipped with windows providing unobstructive viewing. Security cameras are strategically located throughout the facility to enhance staff supervision. All cameras are viewed in main control twenty-four hours a day. PREA Posters were observed in the administration area, each of the living areas, work areas, the food service area and laundry. Each dorm has a kiosk, for offenders to email anyone on their approved list, as well as the PREA Unit. Each dorm has phones enabling offenders to call family, make legal calls and to make calls to the Georgia Department of Corrections PREA Unit to report allegations of sexual abuse or sexual harassment. Living units are open bay dormitories with double bunks, housing a maximum capacity of fifty-five offenders. Each of the dorms has five cameras (four in the living area and one in the day room) that are monitored in the main control room. The dorms surround a rotunda main control room. The control room staff can view each dorm and other functional areas. The hall wall of each dorm is floor to ceiling glass, which enable the staff to observe the offenders in the dorm from the hallway. Bathrooms are in the back of each dorm, away from the hallway.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: 115.17; 115.31; 115.33; 115.34; 115.51, 115.53

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 1-7; 28-30.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, pp. 1-2.
- Georgia Department of Corrections (GDC), Inmate Handbook, pp. 65 - 67
Georgia Department of Corrections (GDC), Prison Rape Elimination Act (PREA) Organizational Chart.

Interviews with the following:

- PREA Coordinator (PC)
- PREA Compliance Manager (PCM)

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates FCP has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

The agency has numerous policies and procedures relative to this provision. Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 1, Section I, specifically asserts the zero-tolerance policy.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 2-6, Section III, lists the definitions describing prohibited behaviors in relation to sexual abuse and sexual harassment. Policy language is specific in providing the definitions of inappropriate behavior, how to report and the investigative process. Additionally, policy language outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment.

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

The Georgia Department of Corrections (GDC) overall approach to implementing and maintaining the PREA Standards and culture of zero tolerance and reporting seems to indicate they have been proactive in instilling a zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation for reporting or for cooperating with an investigation.

The GDC has developed the Office of Professional Standards Compliance Unit, with a full time Director overseeing compliance with PREA, American Correctional Association (ACA) Standards, and Americans with Disabilities Act Compliance. In addition, the Director of the Compliance Unit supervises the Policy Administrator and the agency's Auditing Component. The Auditing Component audits GDC facilities for compliance with policies and procedure.

Provision (b)

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

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

Provision (c)

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

The PCM reports directly to the Warden of the facility, which was confirmed by a review of the institutional organizational chart. Through the interview process, it was confirmed the PCM has the responsibility to ensure the institution's compliance with the PREA standards and has the authority to address all PREA issues.

During interviews with the PCM, he indicated he has sufficient time to complete his responsibilities. It is evident that he is deeply knowledgeable with the expectations and responsibilities of his position and can fulfill them.

Conclusion:

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

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation reviewed:

- Floyd County Prison (FCP) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

Interviews with the following:

- Warden

Provision (a)

FCP Pre-Audit Questionnaire (PAQ) revealed the GDC requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. FCP does not individually contract for the confinement of inmates.

This facility does not contract for the housing of inmates but rather, houses offenders sentenced to the Georgia Department of Corrections through an intergovernmental agreement between the Georgia Department of Corrections and the Floyd County Board of Commissioners. The Intergovernmental Agreement requires the Facility to adopt and comply with the PREA Standards. This was confirmed through reviewing the intergovernmental agreement. Paragraph 8 of the Intergovernmental Agreement required the facility to adopt and comply with the PREA Standards.

Through the interview process the Warden confirmed, FCP does not hold any contracts with other entities for the confinement of inmates.

Provision (b)

See Provision (a) for details.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018
- FCP, *2021 PREA Staffing Plan*

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)
- Agency PREA Coordinator (PC)
- Intermediate-or-Higher Level Facility Staff

Provision (a)

FCP Pre-Audit Questionnaire (PAQ) indicated FCP does have a staffing plan that is reviewed at least annually.

The Georgia Department of Corrections requires that each facility develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 7, number 3, indicated the Warden will assist in the development and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8, number 4-5, requires the facility to annually discuss the need for any adjustments to be made to the staffing plan, video monitoring systems and other monitoring technologies. Once established, the plan is forwarded to the PREA Coordinator for review and approval.

The FCP, *2021 PREA Staffing Plan*, indicates that it is the policy of the FCP to ensure all relieved posts are staffed at the times specified in the staffing plan and all gender-restricted posts, if any, are posted by male staff only.

The Auditor reviewed the 2021 annual PREA staffing plan. The plan was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits ensure compliance with the established staffing model. The staffing plan addresses programming, educational classes, recreational activities, religious activities, inmate population, etc.

The staffing plan is predicated upon an inmate population of 448. The average daily number of inmates during the time of the audit was 338.

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

Provision (b)

FCP has established a staffing plan, which is predicated upon an inmate population of 448. In the event a mandatory post is vacant, the post is filled with on-call staff or staff re-directed from

non-mandatory posts.

The PAQ reported common reasons for deviations from the staffing plan in the past 12-months:

1. Sick Leave
2. Annual Leave
3. Vacant Position
4. Training

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

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

Provision (c)

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

Additionally, this policy requires an annual internal audit of the staffing plan. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels are present where inmates may be present. The committee, on an annual basis, addresses justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment. The annual review of the staffing plan includes facility management level staff that include, but is not limited to the Warden, PCM, and Captain.

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

Provision (d)

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

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

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

Conclusion:

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

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8.

Observations during on-site review

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)

Provision (a)

On the PAQ, FCP reported they do not house youthful inmates. During the on-site tour, the Auditor did not observe any youthful inmates. This facility does not house any youthful offenders. Youthful offenders are not appropriate for this type of facility and the Georgia Department of Corrections houses all male youthful offenders at the Burruss Correctional Training Center, in Forsyth, Georgia where they are kept sight and sound separate from adult offenders.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8. Indicates youthful offenders in the Georgia Department of Corrections will not have sight, sound, or physical contact with any adult offenders through shared dayrooms or other common space, shower area or sleeping quarters. Further, outside of housing units, sight and sound separation will be maintained or direct staff supervision will be provided.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

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

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP),

Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

- GDC Policy 226.01, Searches
- 2021 In Service Training Roster
- Complete roster of FCP inmates

Observations during on-site review

Interviews with the following:

- Random Staff
- Random Inmates

Provision (a)

On the PAQ, FCP reported they did not have any cross-gender strip or cross-gender viewed body cavity searches in the past twelve months.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, a, states staff shall not conduct cross gender strip searches or cross gender visual body searches except in exigent circumstance. The reviewed policy is consistent with the PREA standards.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 9, number 8, c, states all cross-gender strip searches or cross gender visual body cavity searches shall be documented.

When staff were interviewed and questioned about cross gender search practices, each recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity, searches do not occur at this facility. A review of the staff training records confirmed staff were trained in cross gender searches.

Provision (b)

On the PAQ, FCP reported it does not house female inmates. During the on-site tour, the Auditor did not observe any female inmates. A review of the complete inmate roster revealed there were no female inmates housed at FCP.

Provision (c)

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

When staff were interviewed and questioned about cross gender search practices, each responded

there were always sufficient male staff members available to conduct any searches needed. The went on to say male staff would be diverted to address the issue if needed.

Provision (d)

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

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

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

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

The inmate dormitory housing units provide separate toilets, showers, sinks and urinals inside each dormitory. The bathroom area is separated from the dormitory area by a pony wall, which is approximately four feet tall by the toilets and five feet tall by the showers.

The cells in the inmate cell housing unit, have toilets and sinks inside the cell. The shower is separate and outside the cell. Each shower is a single stall with appropriate privacy provided by either a shower curtain or a shower door.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 10, number 8, f, indicates staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Staff members were interviewed and questioned about cross gender search practices. All staff members recalled having specific training and reported cross gender strip searches or cross gender body cavity searches, do not occur at FCP. In addition, the interviewed staff indicated

specifically that no searches are conducted for the sole purpose of identifying inmate genital status.

All inmates interviewed confirmed female staff do not conduct cross gender searches.

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

Provision (f)

The Auditor reviewed every staff member PREA training sessions that occurred in 2021. The Auditor verified each signature on the sign-in sheet correlated to an existing FCP staff member, ensuring that all staff had received the required training. All participants also signed their acknowledgment of all training materials. Training topics included appropriate search techniques, specific to cross-gender pat searches and searches of transgender and intersex inmates. Additional training documents provided direction to staff on proper documentation practices when cross gender searches occur. The 2021 In-Service Training Register confirms staff received PREA training as required.

When female staff were asked, how they would proceed if a male staff were not available, they indicated there is never an instance when a male staff member is not on duty and would be directed to the area to conduct the search. All staff interviewed recalled receiving training on opposite gender pat searches.

During the facility tour, opposite gender staff were observed entering housing units and announcement of their presence were made. FCP staff when entering the inmate housing and restroom areas also announced the opposite gender Auditor.

Conclusion:

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

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

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

115.16 (a)

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

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Americans with Disabilities Act (ADA), Title II Provisions.
- Contract with Language Line for interpretive services.
- Instructions for Accessing Language Line Instructions for Accessing Language Line
- Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing.
- Agency Disability Report provided by the PREA Analyst.
- PREA Posters in Spanish and English.
- PREA Video in English and Spanish, Closed Caption in both English and Spanish

Observations of PREA poster locations during on-site tour of facility

Interviews with the following:

- Warden
- Random Staff
- Inmates with disabilities or LEP

Provision (a)

On the PAQ, FCP reported the GDC, as well as FCP, have established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 9, a, states the PCM shall ensure the appropriate resources are available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing detecting and responding to sexual abuse and sexual harassment.

FCP has access to Language Line Solutions via a contract/agreement to provide interpretive services for disabled and limited English proficient inmates in making an allegation of sexual abuse. An additional translation process which can be used as a backup to the Sheriff's Office services is the Google Translate Services (<https://translate.google.com/>) with an attached microphone to address any translation needs for the inmates of the facility. Currently, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week. Access to this service is facilitated through the respective watch commander.

The GDC provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. In addition to Language Line Solutions, these include Ad Astra, Lionbridge, and All World Language Consultants. The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish and in English and Spanish closed caption. Georgia Department of Corrections facilities have a valuable resource when needing to access interpretive services. The agency ADA Coordinator has communicated information on how to access interpretive services via statewide contracts and when there is a need to secure an interpreter expeditiously, staff contact the ADA Coordinator who can expedite those services. While the ADA Coordinator is not responsible for county facilities, she would be available to suggest how the facilities might access any services not available to them through the statewide contracts. Each facility has an ADA Compliance Staff who can facilitate contact with the Statewide Coordinator in securing interpretive services.

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

FCP has GED teachers/literacy remedial teachers who can assist any literacy or cognitively challenged inmates in understanding the PREA information and how to report. Counselors can assist inmates with mental health issues. Language Line Solutions is available to staff working with limited English proficient offenders. American Sign Language is available on-site through a contract with Language Line Solutions including via video with a Language Line staff who is qualified in American Sign Language. The ADA Coordinator ensures a local ADA Coordinator is being designated in each facility to be responsible for assisting with any ADA issue, including an inmate who is challenged by a disability that might interfere with his/her ability to participate in the agency's sexual abuse prevention efforts.

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

Provision (b)

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

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

Provision (c)

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

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

During the interview with the PCM, he indicated there have not been any instances in the past twelve months when an interpreter service was required for anything PREA related.

Conclusion:

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 104.09, Filling a Vacancy, dated October 13, 2020
- Georgia Department of Corrections, Sexual Assault/Sexual Misconduct, PREA

Education Acknowledgement Statement

- Personnel record reviews for current employees

Interviews with the following:

- Administrative (Human Resources) Staff
- Random Inmates

Provision (a)

On the PAQ, FCP reported eight-six staff with thirteen new hires in the past twelve (12) months. Further, they reported seven contractors and twenty-five volunteers who have contact with inmates.

The Georgia Department of Corrections, as required in policy, prohibits the hiring or promotion of anyone and enlisting the services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997; who has who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the same activity. The Department considers any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders. Policy requires every employee, as a continuing affirmative duty to disclose any such misconduct.

Georgia Department of Corrections requires the following regarding the hiring and promotion process:

- Applicants responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form;
- Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center;
- Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC annually.

Material omissions regarding misconduct or providing materially false information will not be grounds for termination.

Policy also requires before hiring new employees, who may have contact with inmates, the agency performs a thorough criminal background records check. These checks include a check of the Georgia Crime Information Center and the National Crime Information Center, as well as an initial fingerprint check for all security positions.

Additionally, unless prohibited by law, the Department will provide information on Substantiated Allegations of sexual abuse or Sexual Harassment involving a former employee upon receiving

a request from an institutional employer for whom such employee has applied to work. GDC Complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations. The described hiring processes for staff of the facility were consistent with GDC Policy and the PREA Standard and included the following:

Newly Hired Staff require the following:

- Applicant Verification Form asking the PREA questions (Prohibitions)
- Professional Reference Checks as applicable (Facility has an Institutional Reference Check) Background Check including the Georgia Crime Information Center and the National Crime Information Center
- Fingerprints

Promotions – Prior to promotions staff must have the following:

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

Uniform Staff –

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

Non-Uniformed Staff-

- Facility reportedly now runs all staff annually; the requirement if every five (5) years

Volunteers –

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

The facility has developed acknowledgment statements for documenting background checks for newly hired staff and promoted staff.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 11, 10, a, i, 1 and 2, declare that GDC agency policy prohibits the hiring or promotion of an employee or contractor who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- Has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(i)(1) of this section.

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

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 34 U.S.C. §30309);
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1) (b) of this section.

The Auditor reviewed the employee records. Each of the records reviewed contained all items required by the standard, which included documentation and Criminal History Check information.

Provision (b)

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

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

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number

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

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

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

In the preceding twelve months there were thirteen persons hired, who may have contact with inmates who had a criminal background completed. The Auditor conducted a review of all fifty personnel records and verified the files contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (d)

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

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

Provision (e)

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

The Auditor reviewed a current listing of all FCP staff and contractors that reflected the dates of their last criminal background records check. All files had the required criminal background records checks required by standard. FCP completes a criminal background check on each employee, contractor, and volunteer annually. Further FCP employees, volunteers and contractors complete a form annually that ask the three questions outlined in this standard:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility,

- juvenile facility, or other institution (as defined in 34 U.S.C. §30309);
2. Has been convicted of engaging or attempting to engage in sexual activity the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable consent or refuse; or
 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1) (b) of this section.

Provision (f)

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

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

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 34 U.S.C. §30309);
- b. Has been convicted of engaging or attempting to engage in sexual activity the community facilitated by force, overt or implied threats or force, or coercion, or if the victim did not consent or was unable consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1) (b) of this section.

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

Provision (g)

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

Provision (h)

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

Conclusion:

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Observations during on-site review

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)

Provision (a)

On the PAQ, FCP reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility since the last PREA audit.

The Auditor conducted a comprehensive tour of FCP. Since the last audit, there had not been any substantial expansions or additions to the facility.

The Auditor interviewed both the Warden and the PCM, who advised that any construction, renovation, or modification would be done with full consideration of all PREA standards. They both advised there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings FCP executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (b)

It is FCP policy to consider the effect of the design, acquisition, expansion or modification in reference to the facility's ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities.

The Warden confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to how specific technology could enhance the agency's ability to protect inmates from sexual abuse

Conclusion:

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018
- GDC, SOP, Policy Number 103.10, *Evidence Handling and Crime Scene Processing*, dated March 23, 2018
- GDC, *PREA Investigation Protocol*, dated June 15, 2016
- Memorandum of Understanding (MOU), FCP and Sexual Assault Center NWGA, dated February 12, 2016

Interviews with the following:

- Random Staff
SAFE/SANE Staff
- PREA Compliance Manager (PCM)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018, p. 13, B, 1, a, states each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018, p. 15, h, indicates an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to Office of Professional Standards (OPS). This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

The GDC has a uniform evidence protocol, as outlined in Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018 which confirms GDC will conduct all investigations in a fair and impartial manner, maintain confidentiality in all investigations, and protect the constitutional rights of all individuals subjected to investigation.

The Auditor interviewed staff regarding the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to

explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

The Auditor was able to speak with a nurse from Sexual Assault Center NWGA, P.O. Box 928, Rome, GA, 30162, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams and services are free of charge to the inmate. Further, each inmate who has a SANE exam is assigned an advocate for medical accompaniment, prior to the forensic examination.

Provision (c)

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

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

The Auditor was provided with a Memorandum of Understanding (MOU) between FCP and Sexual Assault Center NWGA. This MOU establishes collaboration between FCP and Sexual Assault Center NWGA to provide treatment services to inmates assigned to FCP.

During the interview with the PCM, he advised in the past 12-months there had been zero inmates seen for SAFE/SANE services.

The Auditor was able to speak with a nurse from Sexual Assault Center NWGA, P.O. Box 928, Rome, GA, 30162, who advised they have a Sexual Assault Nurse Examiner facility offering exams 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. She confirmed the exams and services are free of charge to the inmate. Further, each inmate who has a SANE exam is assigned an advocate for medical accompaniment, prior to the forensic examination.

Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination. In addition, per the MOU with Sexual Assault Center NWGA, the victim/inmate is provided advocacy assistance through Sexual Assault Center NWGA.

During the interview with the PCM, he indicated victim advocacy services are offered through contract and are built into the forensic exam process. The PCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the inmate meets the

victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated with mental health service. Additionally, the victim continues to have access to the community advocate.

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

Provision (e)

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

Provision (f)

As reported in Provision (a) the facility/agency is responsible for conducting administrative investigations, including inmate-on-inmate sexual abuse that does not rise to the level of criminal behavior. Criminal investigations are managed through the Georgia Department of Corrections Investigators, as is any allegation of staff sexual misconduct. The PREA Compliance Manager (PCM) provides investigative assistance for those inmate-on-inmate sexual harassment administrative cases.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

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

Conclusion:

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interviews with the following:

- Random Staff
- Investigative Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 15, h, indicates an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to Office of Professional Standards (OPS). This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

The agency and facility refer all investigations to the Sexual Abuse Response Team (SART). The auditor reviewed documentation confirming FCP SART investigators completed the specialized investigative training from the National Institute of Corrections.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 26, 2, indicates Sexual Abuse Response Team (SART) is responsible for conducting a prompt, thorough and objective investigations. SART refer allegations that involve potentially criminal behavior to the Office of Professional Standards (OPS).

There were two allegations of sexual abuse or sexual harassment at FCP in the past 12-months.

The Warden confirmed that he or the facility PREA Compliance Manager may make an initial inquiry to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation

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

Provision (b)

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

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

During the interviews, staff indicated all allegations are investigated. The ones that are criminal in nature are referred for prosecution if it meets the prosecutorial standard.

Provision (c)

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

Provision (d)

Auditor is not required to audit this provision.

Provision (e)

Auditor is not required to audit this provision.

Conclusion:

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- FCP In-Service Training Register
- GDC, *PREA Acknowledgement Statements, Employees and Unsupervised Contractors, and Unsupervised Volunteers*
- GDC, *Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders*
- GDC, SOPIIA21-0001, Attachment 1, *Sexual Assault/Sexual Misconduct Acknowledgement Statement*, dated October 15, 2007
- FCP Applicant Verification
- FCP PREA Training Materials

Observations during on-site review

Interviews with the following:

Random Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 16, C, 1, a, states all Departmental employees shall be required to attend training annually on:

1. The Department's zero-tolerance policy for Sexual Abuse and Sexual Harassment.
2. How to fulfill their responsibilities under the Department's Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures.
3. Offenders' right to be free from Sexual Abuse and Sexual Harassment.
4. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment.
5. The dynamics of Sexual Abuse and Sexual Harassment in confinement.
6. The common reactions of Sexual Abuse and Sexual Harassment victims.
7. How to detect and respond to signs of threatened and actual Sexual Abuse.
8. How to avoid inappropriate relationships with offenders.
9. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside

authorities

A review of the training modules confirmed these ten items are part of the annual training.

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

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

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

It is the policy of FCP to train employees who may have contact with inmates on the following:

1. Our zero-tolerance policy for sexual abuse and sexual harassment
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Inmates' right to be free from sexual abuse and sexual harassment.
4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in confinement.
6. The common reactions of sexual abuse and sexual harassment victims.
7. How to detect and respond to signs of threatened and actual sexual abuse.
8. How to avoid inappropriate relationships with inmates.
9. How to communicate effectively and professionally with inmates; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

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

employees at FCP had acknowledged receiving the PREA training.

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

Provision (b)

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

The PCM confirmed the training is tailored to the gender of the inmates in the facility.

The PCM, as well as other staff, confirmed they are provided refresher training every year during in-service classes to ensure that all staff know the facility sexual abuse and sexual harassment policies and procedures. Between training sessions, staff are provided with information about any additional and/or changing policies regarding sexual abuse and harassment.

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

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

Provision (c)

Of the staff presently assigned to FCP, the Auditor reviewed documentation that reflected all staff have received the PREA training in the past 12-months.

During the on-site facility tour, the Auditor observed bulletin boards that depicted various aspects of the PREA standards. It contained assorted items regarding PREA such as terminology, how to report, zero tolerance, the inmate right to be free from sexual abuse and sexual harassment,

Provision (d)

Through the interview process, staff confirmed they sign an acknowledgement when they complete PREA training.

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

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

Conclusion:

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 1
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 3, *PREA Acknowledgement Statements, Employees and Unsupervised Contractors, and Unsupervised Volunteers*
- FCP PREA Training Materials
- GDC, *PREA Acknowledgement Statement for Supervised Visitors/Contractors/Volunteers*
- GDC, *PREA Acknowledgement Statements, Employees and Unsupervised Contractors, and Unsupervised Volunteers*
- FCP In-Service Training Register
- GDC, *A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders: for Contractors, Vendors and Volunteers*

Interviews with the following:

- Contractors who have contact with inmates
- Volunteers who have contact with inmates

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, 2, a, states the GDC is responsible to ensure all volunteers and contractors at their facility have received appropriate training.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 17, 2, b, specifies the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy.

The PCM confirmed all volunteers and contractors who have contact with inmates are trained on their responsibilities under our sexual abuse and sexual harassment prevention, detection, and response policies and procedures

Of the volunteer and contractors currently at FCP, the Auditor reviewed documentation indicating that seven contractors, or 100%, have received PREA training in the past 12-months. The twenty-five volunteers had also been trained in the past 12-months.

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

The Auditor conducted one formal interview with a volunteer. The volunteer recalled having PREA training. Recalling the level of training was specific to the volunteer role or responsibilities in the facility. When questioned about her knowledge of PREA, she was able to readily identify what PREA was and more importantly, what her role or responsibility would be in the event she was confronted with a situation of sexual abuse or sexual harassment.

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

Provision (b)

The PCM indicated the level and type of training for volunteers and contractors will be based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates shall be notified of the facility zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

There are eight contract staff at FCP. These contract staff are provided specific PREA training relative to their position and responsibility. In addition to that specific training, they are also provided GDC specific PREA training.

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

Provision (c)

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

The PCM confirmed FCP maintains documentation that volunteers and contractors understand the training they have received. Contractors and volunteers will read and sign the Sexual Assault/Sexual Misconduct Acknowledgement Statement, confirming their

understanding of the facilities zero tolerance policy.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 3, documents that supervised visitors, contractors and volunteers, have received PREA training and have a clear understanding of the facilities zero tolerance for sexual abuse and sexual harassment.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 1, *PREA Acknowledgement Statements, Employees and Unsupervised Contractors, and Unsupervised Volunteers*, documents unsupervised contractors and unsupervised volunteers have received PREA training and have read GDC, Standard Operating Procedure, 208.06, Sexually Abusive Behavior Prevention and Intervention Program. It further documents a clear understanding of the facilities zero tolerance for sexual abuse and sexual harassment.

The Auditor reviewed the sign-in sheets from the PREA training sessions for the past 12-months. Sign in sheets reflected acknowledgment signatures from eight contractors and one volunteer for the PREA training they received.

Conclusion:

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

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- *FCP Rules and Regulations Inmate Handbook*
- FCP, Offender PREA Training Materials
- FCP Acknowledgement sheets for Offender PREA Training
- GDC, Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), brochure

Observations during on-site review

Interviews with the following:

- Intake Staff
- Random Inmates

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 18, 3, states notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival to the facility. In addition to verbal notification, offenders will be provided a GDC PREA pamphlet. Within 15 days of arrival, formal PREA education will be conducted by assigned staff members to all offenders which will include a gender appropriate video on sexual abuse. Both the initial notification and the formal education will be documented in writing by signature of offender and placed in the offender's institutional file.

The Auditor reviewed the Inmate Handbook, the inmate PREA orientation material, the PREA brochure, the PREA video and the PREA posters during the on-site tour of the facility. The Auditor reviewed written materials in both English and Spanish.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 18-19, 3, a, indicates the PREA education will be provided by designated staff members and the presentation must include:

1. The Department's zero tolerance of sexual abuse and Sexual Harassment;

2. Definitions of sexually abusive behavior and Sexual Harassment;
3. Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department custody;
4. Methods of reporting an incident of sexual abuse/Sexual Harassment against oneself, and for reporting allegations of sexual abuse involving other offenders;
5. Treatment options and programs available to offender victims of sexual abuse and sexual harassment;
6. How an investigation begins and the general steps to an investigation;
7. Monitoring, discipline, and prosecution of sexual perpetrators;
8. The prohibition against retaliation for reporting, and;
9. Notice that male and female staff routinely work and visit housing areas;

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

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

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

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

Provision (b)

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

Per the PAQ, FCP reported during the past 12-months there were 363 inmates admitted to the facility whose length of stay was more than thirty days. The PAQ also reflected all these inmates were provided the PREA information that included their right to be free from sexual abuse, as well

as the policies and procedures for reporting. FCP reported 100% of the inmates admitted to their facility in the past 12-months received the mandated information.

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

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

Provision (c)

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

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

Provision (d)

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

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

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

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

Provision (e)

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

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

Provision (f)

GDC, FCP and the PCM make great efforts to ensure the inmates at FCP receive crucial education about sexual abuse and sexual harassment. Using varying formats, the inmate population receives important information in user friendly, comprehensible ways. The various delivery systems are Inmate handbook, which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

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

In interviews with inmates, each reported the PCM often checks with them about PREA issues and practices.

Conclusion:

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation

provided.

- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Certification of Completion for *PREA: Investigating Sexual Abuse in a Confinement Setting*

Interviews with the following:

- Investigative Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 19, 4, a, states All staff investigating sexual abuse/Sexual Harassment allegations must be specially trained in conducting sexual abuse/Sexual Harassment investigations in confinement settings.

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

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

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, further dictates that all training must be documented and verified through employee signature and must be retained by the agency.

During the interview process the investigator indicated he had completed the general PREA training, as well as training on how to conduct sexual abuse investigations in confinement settings. He confirmed the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The PCM confirmed FCP maintains documentation that facility investigators have completed the required specialized training in conducting sexual abuse investigations.

According to the PAQ, FCP has zero criminal investigators and three administrative investigators. The Auditor reviewed the training certificate for the investigators assigned to FCP. The training

records reflected the required training items.

The Georgia Department of Corrections investigates all criminal allegations.

Provision (b)

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

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

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

Provision (c)

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

FCP has zero criminal investigators and three administrative investigators. The Auditor reviewed the training certificate for the investigators assigned to FCP. The training records reflected the required training items.

The Georgia Department of Corrections investigates all criminal allegations

Conclusion:

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Certification of Completion for *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting*
- Certification of Completion for *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*

Observations during on-site review

Interviews with the following:

- Medical Staff
- PREA Compliance Manager (PCM)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, 5, GDC medical and mental health staff members and Georgia Correctional HealthCare (GCHC) staff members who have contact with offenders will be trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and MH Standards curriculum. Certificate of completion will be printed and maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC's annual PREA in-service training.

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement. Additionally, the Auditor verified training through staff interview and review of training documents. The medical staff successfully completed the required training and met all training requirements.

FCP medical staff confirmed they had been trained on the following:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;

3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Provision (b)

FCP medical staff confirmed they do not conduct forensic medical examinations.

Provision (c)

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

The Certification of Completion for *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting*, as well as the Certification of Completion for *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*, both through the National Institute of Corrections confirms medical staff have been trained adequately and appropriately regarding this standard.

Provision (d)

The PCM confirmed FCP maintains documentation that medical staff has received this training either here at the facility or elsewhere.

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

Conclusion:

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 4, PREA Sexual Victim/Sexual Aggressor Classification Screening
- GDC, PREA Sexual Victim/Sexual Aggressor Classification Screening Form, 208.06 ATT 4, Revised 08/14/15

Interview with the following:

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

Provision (a)

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

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, D, 2, indicates counseling staff members will conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of

Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility. Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

The PCM and intake staff confirmed all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive towards other inmates.

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

During the on-site audit, the facility staff explained the intake screening process and the Auditor subsequently reviewed intake-screening documents. Staff were able to guide the Auditor through the intake screening process, by explaining the process each inmate is required to participate in during the initial screening and ongoing classification processes. The intake staff member discussed each of the documents and assessments utilized.

Provision (b)

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

The Auditor reviewed the PAQ, which indicated in the past 12 months, 100% or 397 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

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

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

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

Provision (c)

The Auditor reviewed copies of several intake forms and screening assessments from the intake staff, which were documented on the GDC, *PREA Sexual Victim/Sexual Aggressor Classification Screening Form*, 208.06 ATT 4, Revised 08/14/15. This form is the foundation for an assessment that provides the intake and classification staff with an independently developed, validated and objective assessment used for screening assessments.

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

FCP PCM confirmed staff conduct a screening for risk of victimization and abusiveness, in SCRIBE, through use of the Victim/Aggressor Classification Instrument, within 72 hours of arrival at the facility. Moreover, it was confirmed information from this assessment is used to inform housing, bed assignment, work, education and program assignments with the goal of keeping as separate as possible those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Staff members who conduct intake screenings utilize GDC, *PREA Sexual Victim/Sexual Aggressor Classification Screening Form*, 208.06 ATT 4, Revised 08/14/15, for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. All inmates are reassessed within thirty (30) days.

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

As stated in (a), the Auditor was able to interview intake staff who were able to walk the Auditor through the intake screening and classification process, which included an overview of the GDC, *PREA Sexual Victim/Sexual Aggressor Classification Screening Form*, 208.06 ATT 4, Revised 08/14/15.

Provision (d)

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

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

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

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

Provision (e)

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

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

FCP PCM indicated the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing inmates for risk of being sexually abusive.

Provision (f)

The Auditor reviewed the PAQ that indicated within the past 12 months, 100% or 363 inmates have been assessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within thirty 30-days of their entry into the facility. Inmates are re-assessed as required.

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

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

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

FCP PCM confirmed an inmate's risk level is when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Moreover, transgender inmates are reassessed every six months.

As stated in Provision (a), the Auditor was able to converse with intake staff who were able to explain to the Auditor the intake screening and classification process. Intake staff indicated they monitor all

the inmate population and will conduct a re-assessment when warranted due to:

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

Provision (h)

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

FCP PCM stated inmates are never disciplined for refusing to answer, or for not disclosing complete information in response to questions asked under section 7.1.3. However, he indicated inmates are encouraged to disclose as much information as possible for the facility to provide the most protection possible under PREA guidelines and procedures. But, if an inmate chooses not to respond to questions relating to his level of risk, he may not be disciplined.

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

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

Provision (i)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 20, D, 4, states any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions. As stated in (a), the Auditor interviewed intake staff.

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

The Auditor interviewed the PCM regarding who can specifically access the screening information

collected during intake and screenings, and was advised that Medical Staff, Classification Staff and the PREA Compliance Manager have access.

Conclusion:

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

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC, SOP, Policy Number 220.09, Classification and Management of Transgender and Intersex Offenders, dated July 26, 2019

Interview with the following:

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

Provision (a):

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 5, specifies the Warden/Superintendent shall designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in the Staffing Plan.

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

The PCM indicated every assessment completed by staff is factored into the placement and programming of each inmate. He further stated the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those of at high risk

of being sexually abusive.

Following a review of inmate records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

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

FCP PCM confirmed the information from the risk screening required by Section 7.1 is used to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

Provision (c)

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

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

During the interview process the agency PREA Coordinator (PC), indicated according to GDC policy, the gender identification of each inmate is initially determined by their sex assignment at birth. However, from that point every inmate is individually assessed and classified to ensure the safety of each inmate, as well as the safety of the inmate population.

There were no inmates at FCP who identified as transgender or intersex at the time of the audit.

Provision (d)

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

FCP PCM confirmed a transgender or intersex inmate's own view with respect to his or her own safety will be given serious consideration.

During the interview process with the PCM and staff responsible for screening, all specified the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further independently confirmed that regular classification reassessments are conducted a minimum of every six months, or if the inmate is involved in an incident of a sexual nature.

There were no inmates at FCP who identified as transgender or intersex at the time of the audit.

Provision (e)

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

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

FCP PCM confirmed in making housing and programming assignments for a transgender or intersex inmate, the facility will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

There were no inmates at FCP who identified as transgender or intersex at the time of the audit.

Provision (f)

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

FCP PCM confirmed transgender or intersex will be given the opportunity to shower separately from other inmates.

The Auditor asked the PCM and the staff responsible for risk screening about the showering arrangements for Transgender or Intersex population. Each indicated the inmate's views of their own

safety is given serious consideration when providing showering options. In addition, the clarified that Transgender or Intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the dormitories have bathrooms in the back of the dorm. These bathrooms have open showers that are behind a pony wall that is approximately four feet tall. The random staff who were interviewed indicated that if a Transgender or Intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates. It was indicated that the alternate shower time would probably be thirty minutes before or after other inmates can shower. Additionally, the staff reported more privacy could be granted using the showers that are primarily used for the inmates in cell housing units. These showers are individual stalls and are near the dormitory housing units.

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

Provision (g)

GDC, SOP, Policy Number 220.09, Classification and Management of Transgender and Intersex Offenders, dated July 26, 2019, p. 6, 9, d, specifies the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

FCP PCM confirmed the facility does not place gay, bisexual, transgender or intersex inmates in a dedicated dormitory solely on the basis of such identification or status, unless such placement is in a dedicated dormitory established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The interview with the PC and the PCM both indicated that neither the GDC nor FCP are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. Both indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff meet with the inmate and address the concerns.

As previously stated, there were no inmates at FCP who identified as transgender or intersex at the time of the audit.

Conclusions:

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interview with the following:

- Warden
- PREA Compliance Manager (PCM)

Provision (a):

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp.21-22, D, 9, indicates offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's

safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

FCP PCM confirmed inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

During the past 12-months zero inmates were placed in involuntary administrative or punitive segregation in accordance with this standard. The PAQ reflects this information.

The Auditor interviewed the Warden and the PCM specific to this issue and both confirmed there have not been any inmates placed in protective custody in the past 12-months.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 22, a – d, reflects:

- a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.
- b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.
- d. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

FCP PCM confirmed inmates placed in a segregated housing area for this purpose have access to programs, privileges, education, and work opportunities to the extent possible.

FCP PCM confirmed inmates in involuntary segregated housing are afforded a review at least every 30 days to determine whether there is a continuing need for separation from the general population.

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

Provision (c)

FCP PCM confirmed the facility will assign such inmates to involuntary segregated housing area only until an alternative means of separation from likely abusers can be arranged. If an assessment of other means cannot be conducted immediately, the inmate may be held in involuntary segregation for no more than 24 hours while the assessment is being completed.

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

Provision (d)

N/A

Provision (e)

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

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

Conclusions:

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy

Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

- FCP, *Rules and Regulations, Inmate Handbook*
- Memorandum of Understanding (MOU), FCP and Sexual Assault Center NWGA, dated February 12, 2016.
- GDC, Inmate PREA pamphlet in English and Spanish
- GDC Website (<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report>)

Interview with the following:

- PREA Compliance Manager
- Random and Specialized Staff
- Random and Targeted Inmates

Provision (a):

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 22, E, 1, a, specifies that inmates may report sexual abuse or harassment verbally or in writing, through internal and external methods available. All reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.

The PCM confirmed FCP provides multiple internal ways for inmates to privately report to agency officials about:

1. Sexual abuse and sexual harassment;
2. Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
3. Staff neglect or violation of responsibilities that may have contributed to such incidents.

Instructions for reporting allegations of sexual abuse and sexual harassment can be found on the FCP website:

<https://www.floydcountyga.gov/corrections/page/prea>

Additional instructions for reporting allegations of sexual abuse and sexual harassment can be found on the GDC website:

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

During the interview process staff indicated they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each reported inmates could report several different ways that included, but was not limited to, telling a staff member, calling the PREA hotline posted throughout the facility, telling a family member or notifying the Ombudsman office.

During the interview process, all inmates reported they were aware of multiple ways to report incidents of Sexual Abuse or Sexual Harassment. These included using the *7732 telephone

number, contacting the PCM, have family member contact the institution, contacting a staff member, and submitting a written report.

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

Provision (b)

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

FCP PCM confirmed inmates who are victims of sexual abuse will have the option to report the incident to staff members other than an immediate point of contact Correctional Officer.

FCP PCM confirmed inmates are provided with the following internal and external ways to make such reports:

- In writing by utilizing inmate request forms or other written communication.
- Verbally or in writing to Correctional Officers during security rounds or other routine daily contacts.
- Verbally or in writing to medical staff during medical office visits.
- By utilizing free call from dorm phones to the Georgia County Prison Inmate PREA hotline at 1-888-992-7849 which allows the inmate to remain anonymous upon request.

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

The PCM was interviewed regarding the FCP process for providing one way for the inmate population to report abuse or harassment to a public or private entity. He indicated FCP has an MOU with an outside agency that provides an avenue for the inmate population to contact them and leave an anonymous message. He further stated that these messages are provided directly to the appropriate agency staff for appropriate follow-up and resolution. The Memorandum of Understanding (MOU) between FCP and Sexual Assault Center NWGA, dated February 12, 2016, confirms this partnership.

During the interview process, all inmates reported being familiar with the PREA hotline. All the inmates reported they were aware they could make a report via the telephone without providing their name or ID number.

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

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 23, 2, b, indicates GDC staff members, including FCP staff, can receive information, including verbal, written, third party reports or anonymous complaints, concerning inmate sexual abuse, sexual harassment and custodial sexual misconduct; retaliation against inmates or staff who report such an incident, or any staff neglect or violation of responsibility that may have contributed to an incident or violation shall immediately report the incident through their chain of command.

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

FCP PCM confirmed the facility provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not a part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

During the interview process, all inmates interviewed regarding this provision indicated they were aware they could make reports of sexual abuse or sexual harassment in person and in writing.

Provision (d)

The PCM confirmed the facility provides a method for staff to privately report sexual abuse and sexual harassment of inmates to their immediate supervisor OR the PREA Compliance Manager OR the agency head (the Warden).

During the interview process with staff, several methods for staff to privately report sexual abuse of inmates were identified. Staff indicated they might choose to make a private report to their supervisor, another supervisor, PCM, or the Warden.

Conclusions:

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may

also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018

Observations during on-site review

Interviews with the following:

- Random and Specialized Staff
- Random and Targeted Inmates
- Warden
- PREA Compliance Manager

Provision (a):

The Warden confirmed FCP does not have administrative procedures to address inmate grievances regarding sexual abuse.

On the Pre-Audit Questionnaire (PAQ), FCP reported they had zero (0) grievances in the past twelve months.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018, p. 23, 3, states allegations of sexual abuse or sexual harassment are not grievable issues. They should be reported in accordance with methods outline in this policy.

The PCM confirmed FCP follows the Georgia Department of Corrections procedures for dealing with inmate grievances regarding sexual abuse

Interviews with staff and inmates confirmed allegations of sexual abuse or sexual harassment are not managed through the grievance process but are referred to SART for investigation.

Provision (b)

N/A – See Provision (a) for details

Provision (c)

N/A – See Provision (a) for details.

Provision (d)

N/A – See Provision (a) for details.

Provision (e)

N/A – See Provision (a) for details.

Provision (f)

N/A – See Provision (a) for details.

Provision (g)

N/A – See Provision (a) for details.

Conclusions:

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018

Observations during on-site review

Interviews with the following:

- Random and Targeted Inmates
- PREA Compliance Manager
- Sexual Assault Center NWGA

Provision (a)

The facility provided the Auditor contact information for Sexual Assault Center NWGA that indicated a mailing address, an office number, and a 24-hour Crisis Line.

The PCM confirmed appropriate trained local staff have been identified to provide advocate services to victims of sexual assault.

The PCM confirmed “confidential” communications under this section are distinguished from privileged communications, such as in attorney-client relationships. 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.

Communications are monitored in a manner consistent with the facility’s security practices and should be addressed in any memorandum of understanding with any outside victim advocacy organization.

The Auditor spoke with a representative from Sexual Assault Center NWGA and was advised a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

During the interview process, all staff responded they were familiar with the PREA hotline. Each reported the call was free and confidential. Each responded they knew about an outside agency because of the PREA training and the posters around the facility.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters repeatedly stated, “You have a right to be free from sexual assault” or “zero tolerance for sexual abuse or assault.” The posters had a victim support telephone number to call. An inmate can also go to the telephone and be connected to the PREA hotline for a free, confidential way to report sexual abuse or assault. The Auditor utilized the telephone number provided for the PREA hotline and was able to confirm it was a functioning for the identified services. Lastly, posting around the facility let inmates know they can notify the PCM, or other staff member, of any incident of sexual abuse or harassment.

Provision (b)

During the tour of the facility, the Auditor assessed several payphones for access to the PREA hotline. Each time the PREA hotline functioned appropriately. An intermediate or higher staff member, to make sure they are in working order to reach the PREA hotline without difficulty, checks the phones once on each shift.

During the interview process, all inmates interviewed, responded they were familiar with the PREA hotline. Each responded they knew some of the information they provided might be given to the facility staff.

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

Provision (c)

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

Conclusion:

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018
- GDC Website (<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report>)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*, dated 03/02/2018, p. 23, 2, a, i, ii, iii that third party reports may be made to:

- The Ombudsman’s Office at P.O. Box 1329, Forsyth, GA, 21029; 478-992-5358.
- State Board of Pardons and Paroles, Office of Victims Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334

The PCM confirmed 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 also on the Floyd County Prison website:

<https://www.floydcountyga.gov/corrections/page/prea>

Additional instructions for reporting allegations of sexual abuse and sexual harassment can be found on the GDC website:

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

Conclusion:

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC, SOP, Policy Number 507.04.85, Informed Consent
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, Local Procedure Directive and Coordinated Response Plan

Interviews with the following:

- PREA Compliance Manager (PCM)
- Warden
- Medical Staff
- Specialized Staff
- Random Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, Local Procedure Directive and Coordinated Response Plan indicates the following staff and department reporting duties:

- a. Staff who witness or receive a report of sexual assault, sexual harassment or who learn of rumors or allegations of such conduct, must report information concerning incidents or incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement in accordance with the Employee Standards of Conduct.
- b. The highest-ranking supervisor on duty at an institution who receives a report of sexual assault, sexual harassment, shall report it to the appointing authority or his or her designee immediately.
- c. The supervisor in charge shall notify the PREA Compliance Manager and/or SART Leader, as designated by the Local Procedure Directive (Attachment 9, IIA21-0004 ATT9 – Local Procedure Directive).

The PCM confirmed staff who witness or receive a report of sexual assault, sexual harassment or who learn of rumors or allegations of such conduct, must report information concerning incidents or incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with employee standards of conduct.

The PCM confirmed the highest-ranking supervisor on duty at the facility who receives a report of sexual assault or sexual harassment reports it to the head of the facility or his/her designee immediately.

During the staff interview process, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

Provision (b)

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

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

The PCM confirmed that he, the Warden or the SART team leader may make an initial inquiry to determine if a report of sexual assault or sexual harassment is a rumor or an actual allegation. Allegations of sexual assault or sexual harassment are considered major incidents and must be reported in accordance with this policy and GDC SOP IIA04-0002, Incident Reports.

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

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

Provision (c)

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

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

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

Provision (d)

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

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

Provision (e)

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

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

Conclusion:

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, Local Procedure Directive and Coordinated Response Plan
- GDC, PREA Investigation Protocol, June 15, 2016

Interviews with the following:

- Warden
- Random Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 9, states offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

Subsection 9.2.1, p. 21, mandates to separate the alleged victim and abuser.

1. Ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with GDC SOP IIB09-0001, Administrative Segregation.
2. If placed in administrative segregation, ensure that a SCRIBE case note indicating the reason for placement has been completed.
3. If the inmate remains in Administrative Segregation for 72 hours, ensure that SART has again evaluated the victim within 72 hours. 21
4. Ensure that a SCRIBE case note indicating the reason for continued placement in Administrative Segregation has been completed.
5. The Care and Treatment member of SART has responsibility for completing the SCRIBE case note.

Subsection 9.2.2, p. 22, indicates if the alleged perpetrator is an inmate, ensure that the alleged perpetrator has been placed in Administrative Segregation in accordance with GDC SOP.

1. If placed in Administrative Segregation, ensure that a SCRIBE case note indicating the reason for placement has been completed.
2. If the inmate remains in Administrative Segregation for 72 hours, ensure that SART has again evaluated the perpetrator within 72 hours.
3. Ensure that a SCRIBE case note indicating the reason for continued placement in Administrative Segregation has been completed.
4. The Care and Treatment member of SART has responsibility for completing the SCRIBE case note.

Subsection 9.2.3, p. 22, states if the alleged perpetrator is a staff member, separate the staff member from the alleged victim during the period of investigation by reassigning the staff member to other duties or another work area, suspending the staff member per facility policies or temporarily banning the employee from the facility, whichever option the appointing authority deems appropriate.

Subsection 9.2.4, p. 22, states if applicable, consult with the SART, the GDC Regional Director, the Department's PREA Coordinator, or OPS Investigator within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population.

1. Document the final decision in the inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated.
2. Ensure the SART has evaluated the victim within 24 hours of the report as set forth above.

During the interview process, the Warden stated he would take immediate action to protect the victim (inmate). The victim (inmate) might be moved to another area of the facility or to another facility all-together, depending on what was needed to protect the victim. He stated that the perpetrator, if known, would be placed in their transitional unit, and transferred to another facility.

During random staff interviews, all staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, protect the victim, contact their supervisor, and preserve evidence.

Conclusion:

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, 2, 1, a-d, states:

- a. In cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.
- b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- c. The facility shall document that it has provided such notification.
- d. The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The PCM confirmed in cases where there is an allegation that sexually abusive behavior occurred at another Georgia Dept. of Corrections facility, the Warden, or his/her designee, of Floyd County Prison will provide notification to the Warden of the identified facility and the GDC PREA Coordinator.

The PCM confirmed that in cases alleging sexual abuse by staff at another facility, the Warden or designee of Floyd County Prison will refer the matter directly to the appropriate individual.

FCP reports in the last 12-months they have received zero notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

Provision (b)

The 72-hour notification requirements are the same as indicated in Provision (a).

FCP reports in the last 12-months they have received zero notifications of sexual abuse or sexual harassment that occurred in other confinement facilities.

Provision (c)

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

The PCM confirmed such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. This notification will be documented.

Provision (d)

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

The PCM confirmed the facility Warden and/or PREA Compliance Manager at the other facility that receives such notification from Floyd County Prison are responsible for and will ensure that the allegation is investigated according to the GDC PREA Standards and Operating Procedures.

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

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

Conclusion:

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

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy

Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/201, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan

- *PREA Incident Checklist for Incidents of Sexual Abuse and Harassment*

Interviews with the following:

- Custody Staff First Responders
- Non-Security First Responders
- Warden
- PREA Compliance Manager

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/201, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan indicates that upon learning of an allegation of a PREA related incident, the first responder shall:

- Notify your Shift OIC and ensure the victim is separated from the aggressor.
- Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- If known, instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an internal investigator arrives.
- Ensure the victim receives immediate medical attention (in accordance with SOP 507.04.84, Medical Management of Suspected Sexual Abuse and SOP 507.04.91, Medical Management of Suspected Sexual Assault, Abuse or Harassment), followed by a mental health evaluation within 24 hours, (in accordance with SOP 508.22, Mental Health Management of Suspected Sexual Abuse, Contact or Harassment).
- If applicable, ensure SANE protocol is enacted in accordance with 208.06 Attachment 5 and the Department's PREA Coordinator is notified.
- Implement Local PREA Notification Procedures to ensure all required personnel are notified that an incident has occurred.
- Ensure the incident report and supporting documentation has been completed before leaving the institution for the day.
- Ensure the victim receives a SART evaluation promptly within 24 hours.
- Ensure the alleged victim is housed separately from the alleged perpetrator; inmate shall be placed in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim.
- If applicable, ensure the alleged perpetrator has been placed in administrative segregation.
- If the alleged perpetrator is a staff member, separate the staff member from the alleged victim pending further instructions from Warden/Superintendent.
- If applicable, consult with the SART the Regional Director, and SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain

segregated from the general population, and document the final decision in the inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated

- If the alleged victim is under the age of eighteen, the Regional Director in conjunction with the Director of Investigations, or designee, shall report the allegation to the Department of Family and Children Services, Child Protective Services Section, reference O.C.G.A §19-7-5
- If the alleged victim is considered a vulnerable adult under O.C.G.A. §30-5-4, then the Director of Investigations, or designee, will make notification to the appropriate outside law enforcement agency.

The PCM and Warden confirmed upon learning of an allegation that an inmate has been sexually abused, the first security staff member to respond is required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the alleged abuse took place within the previous 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, drinking or eating; and
4. If the alleged abuse took place within the previous 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, drinking or eating.
5. If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff immediately.
6. SART will be notified and will implement local protocol in accordance with all applicable policies and procedures.

PREA Incident Checklist for Incidents of Sexual Abuse and Harassment form is an exhaustive list of steps and responsibilities of staff when a PREA incident allegedly occurs. It is divided into three sections:

- Initial Responsibilities of a PREA Incident
- Incident Reporting
- After Action Requirements

Each section has a list of actions that must be taken, a place to check off when the action has been completed and a space to put the date and time the action was taken.

Information received indicated in the past 12-months there were zero allegations of sexual abuse and sexual harassment.

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

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

During the interview process, first responders stated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They all verbalized the importance of, as well as their understanding of, the need for confidentiality in all cases.

Conclusion:

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

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention

and Intervention Program, dated 03/02/2018

- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

Interview with the following:

- Warden

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, F, 3 indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 23, F, 1, outlines the official response following an offender report, including staff, first responder and GDC reporting duties.

The Warden confirmed that upon learning of an allegation of a PREA related incident, these following actions should be taken in the order noted below:

FIRST STEPS

- Notify your Shift OIC and ensure the victim is separated from the aggressor.
- Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- If known, instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence.
- Secure the crime scene if applicable to restrict access to the area and to prevent handling of evidence until an internal investigator arrives
- Ensure the victim receives immediate medical attention If applicable ensure the escorting officer retrieves the rape kit or other physical evidence from medical personnel, document the contents, and store the evidence in a secure place until it can be turned over to an internal investigator; (Maintain a written chain of custody on the evidence at all times, Remember it is only necessary for one staff member to receive, transport, and secure the evidence.)
- Implement Local PREA Notification Procedures to ensure all required personnel are notified that an incident has occurred. (Example: Warden, Deputy Warden, SART Leader, Compliance Manager, Internal Investigations etc.)

- Ensure the incident report and supporting documentation has been completed before leaving the Institution for the day.
- Ensure the victim receives a mental health evaluation promptly within 24 hours.
- Ensure the alleged victim is housed separately from the alleged perpetrator; inmate shall be placed in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim.
- If applicable, ensure the alleged perpetrator has been placed in administrative segregation.
- If the alleged perpetrator is a staff member, separate the staff member from the alleged victim pending further instructions from Warden/Superintendent.
- If applicable, consult with the S.A.R.T., the Field Operations Manager, and Internal Investigations within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population, and document the final decision in the inmate's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated.

Safe Housing

- Segregation cell

Identifying "at risk" Inmates at this facility

- Using the screening process, the prison has in place to screen inmates when entering the facility officers will at that point identify any inmate at risk. That inmate will be placed in a dorm area near the door so to be in plain view of officer in control room.

The PCM confirmed the foregoing procedure is kept current and include names and telephone numbers of coordinating parties and be a part of our Local Procedure Directive (Ga. Dept. of Corrections Attachment 9 of PREA Policy #208.06) attached to this PREA policy and used as part of Floyd County Prison Procedures. In addition to the information directed in Section 4.0 of this policy, this plan shall include the following:

1. SART shall evaluate the victim within 24 hours of the report.
2. SART shall arrange for an immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours, in accordance with GDC SOP VG55-0001 and SOP VH815-00012, Medical and Mental Health Management of suspected Sexual Assaults.
3. The SART medical staff member will contact the appropriate Sexual Assault Nurse Examiner (SANE) and will transport the inmate to their facility as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. If SANE is not available within a reasonable period, the facility PREA coordinator in consultation with OPS Investigator shall coordinate with the Office of Health Services (OHS) to arrange for the inmate to be transported to a hospital for collection of the forensic evidence.
4. If applicable, ensure that security staff escorting an alleged sexual assault victim for medical attention take custody of the rape kit or other physical evidence from medical personnel, document the contents, and store the evidence in a secure place until it can be turned over to an OPS Investigator.
5. The incident report and supporting documentation must be completed before leaving the

facility for the day and in accordance with SOP IIA04- 0002, Incident Reports and entered accurately into the SCRIBE database.

6. Allegations of sexual abuse and sexual harassment are considered major incidents and must be reported in accordance with this policy and the aforementioned SOP pertaining to Incident Reports.

The PCM confirmed the Warden or designee will take the following actions anytime they learn of an allegation of sexual abuse or sexual assault:

1. Separate the alleged victim and abuser.
2. Ensure the local Institutional Sexual Abuse Response Plan is enacted.
3. Contact the Field Operations Manager.
4. Notify OPS Senior Investigator.
5. Subsequently, submit a written notification (Glad You Asked – GYA) via email to the OPS Senior Investigator and the GDC PREA Coordinator. 24 This reporting should follow any and all established notification procedures in place by the Facilities Division Director.

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

Conclusion:

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

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interviews with the following:

- Administrative (Human Resources) Staff
- PREA Compliance Manager (PCM)

Provision (a)

According to the PAQ, FCP prison staff employed by the GDC do not have a labor union. Therefore, the GDC and FCP do not engage in collective bargaining with corrections officers or other facility.

Through the interview process, the Auditor learned management does have the right to separate the inmate from a staff member who is the subject of an investigation. This separation can either be temporarily reassigning the employee, redirecting the employee, or restricting the employee from the grounds during the investigation.

The PCM confirmed anyone who retaliates against a staff member or an inmate who has reported in good faith an allegation of sexual abuse or sexual harassment will be subject to disciplinary action.

The PCM reported in the past 12-months, FCP has not had any PREA related incidents that required alleged staff sexual abusers to not have contact with any inmate pending the outcome of an investigation during the audit period.

Provision (b)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 8, Georgia Department of Corrections Retaliation Monitoring Checklist

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 24, F, 4, a-c, states:

- a. Anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.
- b. The Department shall protect offenders and staff members who report sexual abuse, or sexual harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in the PREA Local Procedure Directive and Coordinated Response Plan (Attachment 7). Multiple protection measures include offender housing changes or transfers, removal of alleged staff members or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.
- c. The designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the sexual abuse or who participated in an investigation, to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.

This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. The monitor shall make periodic in-person status checks as well.

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

This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee

monitored. The original shall be kept in a master file by the monitor.

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

The PCM confirmed for at least 90 days following a report of abuse, monitoring of the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any such retaliation. This monitoring will include review of any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.

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

Provision (b)

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

The PCM affirmed there were zero incidents that required inmates to be transferred due to a PREA related incident for sexual safety during this reporting period.

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

Provision (c)

See policy details in Provision (a).

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

During the interview process, the Warden advised that retaliation is not tolerated at FCP. The Warden, as well as the PCM, emphasize to staff and inmates that they are to report PREA issues in good faith and without fear of retaliation. He stressed that if retaliation does occur; those responsible for the retaliation will be investigated and disciplined.

Provision (d)

The PCM confirmed the Georgia Department of Corrections and Floyd County Prison will protect inmates and staff who report sexual abuse, sexual misconduct or sexual harassment from retaliation. Multiple protection measures include inmate housing changes or transfers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting or for cooperating with investigations.

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

Provision (e)

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

The PCM confirmed anyone who retaliates against a staff member or an inmate who has reported in good faith an allegation of sexual abuse or sexual harassment shall be subject to disciplinary action.

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interviews with the following:

- Warden
- PCM

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 21-22, D, 9, a-d, indicates offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

- a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.
- b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.
- d. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

The PCM confirmed the Warden, or his designee will take the following actions anytime they learn of an allegation of sexual abuse or sexual assault:

1. Separate the alleged victim and abuser.
2. Ensure the local Institutional Sexual Abuse Response Plan is enacted;
3. Contact the Field Operations Manager;
4. Notify OPS Senior Investigator;
5. Subsequently, submit a written notification (Glad You Asked – GYA) via email to the OPS Senior Investigator and the GDC PREA Coordinator. This reporting should follow any and all established notification procedures in place by the Facilities Division Director.

The PCM confirmed inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

The PCM confirmed inmates placed in a segregated housing area for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the following shall be documented:

1. The opportunities that have been limited;
2. The duration of the limitation; and,
3. The reasons for such limitations.

The Warden confirmed FCP assigns such inmates to involuntary segregated housing area only until an alternative means of separation from likely abusers can be arranged. If an assessment of other means cannot be conducted immediately, the inmate may be held in involuntary segregation for no more than 24 hours while the assessment is being completed.

The PCM confirmed an involuntary segregated housing assignment is made pursuant to section 7.3.1, the facility shall clearly document the following utilizing SCRIBE case notes:

1. The basis for the facility's concern for the inmate's safety; and
2. The reason why no alternative means of separation can be arranged.

The Warden confirmed inmates in involuntary segregated housing will be afforded a review at least every 30 days to determine whether there is a continuing need for separation from the general population.

The Warden and the PCM both confirmed during the previous 12-months, FCP had zero inmates held in involuntary segregated housing as it relates to this standard.

Conclusion:

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Certificate of Completion, *PREA: Investigating Sexual Abuse in a Confinement Setting* through the NIC

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)
- Investigative Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 25, G, 1, require the Department to investigate all allegations of sexual misconduct involving inmates thoroughly, promptly, and objectively under the jurisdiction or authority of the Department.

The PCM confirmed he or the Warden can make an initial inquiry to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The PCM further confirmed that facility SART is responsible for initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART inquiry deem the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. No interview shall be conducted, nor a statement be collected from the accused staff without first consulting the Georgia Department of Corrections Office of Professional 25 Standards.

During the interview process, the investigator indicated investigations begin immediately following notification from FCP. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically; third party, by mail or anonymously.

In the past 12-months, two PREA allegations have been made at FCP. They were both inmate-on-inmate sexual harassment. After investigation, both were deemed unsubstantiated. Both inmates were notified in a timely manner. A sexual Abuse Review is not required in a sexual harassment case.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, pp. 19-20, 4, a-c, indicates

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

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

During the interview with investigative staff, it was confirmed all training sessions had been successfully completed. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training.

Provision (c)

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

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

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 26, G, 2, states the local SART is responsible for the

administrative investigation of all allegations of sexual abuse or sexual harassment.

Attachment 4, Sexual Allegation Response Checklist will be completed for all PREA allegations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC.

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

Provision (e)

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

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

Provision (f)

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

The investigative staff confirmed criminal investigations will 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.

During the interview process, investigative staff reported in administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in the final report.

During the past 12-months there have been two administrative cases.

Provision (g)

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

In the past 12-months there have been zero criminal investigations.

Provision (h)

As stated in Provision (f) criminal investigations will 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.

During the past 12-months, there have been zero criminal cases referred for prosecution.

Provision (i)

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

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

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

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

The PCM confirmed investigations of allegations of sexual abuse, Floyd County Prison will cooperate and provide testimony and evidence following GA. Dept. of Corrections uniform evidence protocol. This will maximize the potential for obtaining usable physical evidence for any administrative and/or criminal proceedings.

The Warden and investigative staff all reported they would be fully cooperative with an outside agency involved in the investigation of sexual abuse allegation.

Conclusions:

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interview with the following:

- Investigative Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 13, specifies there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or Sexual Harassment are substantiated.

The investigative staff confirmed there will be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 14 indicates following the close of an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS or substantiated-forwarded to OPS. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

The PCM confirmed following an investigation into an inmate's allegation that he suffered sexual abuse in FCP, the facility shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This will be completed by the SART team leader or facility PREA Coordinator. Such notifications or attempted notifications will be documented by placing a case note in SCRIBE. The inmate will also be sent a form letter informing him of the investigation results. However, FCP's obligation to report under this standard shall terminate if the inmate is released from the custody of the Department of Corrections. Moreover, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, upon completion of the Internal Investigation an assessment of the appropriateness of notification will be made by the Appointing Authority in consultation with Human Resources Office and GDC Legal Office. If determined that notification is appropriate, it will be made in accordance with applicable Federal and State PREA standards.

Conclusion:

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, Attachment 3, Georgia Department of Corrections, PREA Disposition Offender Notification Form
- FCP, *Inmate Notification Letter*

Interview with the following:

- Warden
- Investigative Staff

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, G, 14, specifies following the close of an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, unsubstantiated-forwarded to OPS or substantiated-forwarded to OPS. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for

investigation, the facility shall notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

The Warden indicated that following an investigation into an inmate's allegation that he suffered sexual abuse in FCP, the facility shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This will be completed by the SART team leader or facility PREA Coordinator. Such notifications or attempted notifications will be documented by placing a case note in SCRIBE. The inmate will also be sent a form letter informing him of the investigation results. Additionally, FCP's obligation to report under this standard shall terminate if the inmate is released from the custody of the Department of Corrections.

During the interview process, the investigative staff instructed the Auditor that final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation, SART submits a close out letter to the victim and the perpetrator, advising each of the conclusion of the investigation and the findings. This notification is made using Attachment 3, Georgia Department of Corrections, PREA Disposition Offender Notification Form.

The Warden was asked a similar question and he echoed the response of the investigative staff. Information received indicated during the past 12-months there were two administrative cases and zero criminal cases.

Provision (b)

N/A

Provision (c)

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

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

Provision (d)

See Provision (c) for details.

Provision (e)

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

The *Inmate Notification Letter* demonstrates the method by which FCP notifies inmate of PREA investigation results.

Information received indicated during the past 12-months there two PREA allegations. Both were inmate on inmate sexual harassment. Both were unsubstantiated. Both inmates were provided notice of the outcome of the investigation. No Sexual Abuse Incident Review was required. Because they were not sexual abuse cases.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- *PREA Education Acknowledgment Statement, Employees and Unsupervised Contractors and Unsupervised Volunteers*

Interviews with the following

- Warden
- PREA Compliance Manager (PCM)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, H, 1, a, states staff members who engage in sexual abuse with an offender shall be banned from correctional institutions and subject to

disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.

The *PREA Education Acknowledgment Statement, Employees and Unsupervised Contractors and Unsupervised Volunteers*, states correctional staff members who engage in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000 or both. I further understand that an offender cannot consent to sexual activity with staff.

Provision (b)

The PAQ reflects in the past 12-months, there have been zero staff from the facility who have violated agency sexual abuse or sexual harassment policies. Likewise, there have been zero staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

Provision (c)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 28, H, 1, b, disciplinary sanctions for violations of Department policy related to Sexual Harassment will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories

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

Provision (d)

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

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

Conclusion:

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

Interview with the following

- Warden

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 29, H., 2, states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

The Warden confirmed any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies. Moreover, unless the activity was clearly not criminal, it will likewise be reported to relevant licensing bodies or supervisory personnel. Floyd County Prison will take appropriate remedial measures, and will prohibit further contact with inmates, to include removing said contractor or volunteer from approval to enter our facility

Provision (b)

GDC and FCP policy is outlined in Provision (a).

During an interview with the Warden, he disclosed that when an issue is brought to his attention, he immediately refers the matter to the SART for their follow-up. During this time, the contractor and volunteer are not allowed access to the facility pending investigation and review of the matter.

During the interview process, the Warden and the PCM both confirmed during the preceding 12-months there were not any incidents of PREA allegations involving volunteers or contractors.

Conclusion:

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018.

Interview with the following

- Warden
- Medical Staff

Provision (a)

The PAQ reflects in the past 12-months there has been zero administrative findings of inmate-on-inmate sexual abuse that have occurred in the facility. Additionally, there have been zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility. This information was confirmed by the Warden and the PCM.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 29, H, 3, b, indicates offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

The Warden confirmed the Georgia Department of Corrections and Floyd County Prison prohibit all consensual sexual activity between inmates, and inmates may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between inmates does not constitute sexual abuse but is considered a disciplinary issue. Inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse. These sanctions will be imposed in accordance with SOP IIB02-0001 (Offender Discipline).

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, d, states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and

the sanctions imposed for comparable offenses by other offenders with similar histories.

The Warden confirmed sanctions given 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.

During the interview process the Warden, discussed disciplinary sanctions. The Warden indicated inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.

Provision (c)

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

Provision (d)

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

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

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 30, H, 3, g, an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

The Warden confirmed an inmate may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. Further, in the past 12-months there had been zero inmates disciplined for sexual abuse or sexual harassment.

Provision (f)

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

Intervention Program, dated 03/02/2018, p. 30, H, 3, h, specifies for the purposes of a disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

The PCM confirmed 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. Following an administrative finding of malicious intent on behalf of the inmate making a false report then the inmate shall be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP IIB02-0001, GDC PREA Policy 208.06

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

Provision (g)

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

The PCM confirmed all sexual activity between inmates is prohibited within FCP and subject to disciplinary sanctions if determined that the sexual activity is not coerced.

Conclusion:

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC, SOP, Policy Number 507.04.85, Informed Consent

Interview with the following

- Medical Staff

Provision (a)

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

The Warden confirmed when an inmate discloses, during intake or at any time during his incarceration at the FCP, previous sexual abuse whether in an institutional setting or not he will be offered a follow-up with mental health.

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

The Auditor interviewed one inmate who had disclosed victimization during risk screening in the past 12-months. He was offered counseling within the appropriate time frame but declined.

Provision (b)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 21, D, 4, offenders whose risk screening indicates a risk for victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all offenders, within 30 days of arrival at the institution. A case note shall be entered in SCRIBE to indicate this review has been conducted. This case note is for the sole purpose of documenting the screening occurred and shall not include any confidential or clinical information.

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

Provision (c)

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

More details addressed in Provision (a).

At the time of the on-site audit, there was one inmate who disclosed victimization during risk screening in the past 12-months. He was interviewed and offered mental health counseling within a week of arrival, but he declined.

Provision (d)

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

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

Provision (e)

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

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

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

Conclusion:

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- FCP, Memorandum of Understanding (MOU) with Sexual Assault Center NWGA, dated February 12, 2016

Interview with the following

- Medical Staff
- First Responders

Provision (a)

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

All SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at Sexual Assault Center NWGA. However, they come to FCP to conduct all forensic examinations. SAFE/SANE practitioners are on staff. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to conduct the rape kit examination, provide results of the exam to FCP, as well as other issues relative to the exam.

Through informal conversations and the formal interview process, medical staff indicated treatment is provided immediately and is based on their professional judgment. Medical and mental health at Autry State Prison work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

The PCM reported zero SANE exams during the past 12-months; therefore, no interviews were conducted.

Provision (b)

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

include an examination. Offender consent must be obtained prior to initiating the SANE protocol, in accordance with 507.04.85 Informed Consent.

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

Provision (c)

The FCP response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility (Sexual Assault Center NWGA), without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. (When not possible a qualified medical practitioner will complete the exam.) Inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate. FCP shall document its efforts to provide SAFEs or SANEs.

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

Provision (d)

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

The PCM confirmed treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

FCP, Memorandum of Understanding (MOU) with Sexual Assault Center NWGA dated February 12, 2016, states Sexual Assault Center NWGA the inmate will not be held financially responsible for the forensic exam.

Conclusion:

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC, SOP, Policy Number 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, dated May 3, 2018

Interview with the following:

- Medical Staff
- PREA Compliance Manager (PCM)

Provision (a)

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

A Memorandum of Understanding (MOU) has been entered into between FCP and Sexual Assault Center NWGA for facilitating services related to implementation of Prison Rape Elimination Act (PREA).

All forensic medical exams and SAFE/SANE (Sexual Assault Nurse/Examiner) personnel are located at Sexual Assault Center NWGA. However, the SANE personnel come to FCP to conduct all forensic examinations. In the unlikely event a SAFE/SANE practitioner is not on shift, one is always on call 24/7 and will report to the hospital to conduct the rape kit examination, provide results of the exam to FCP, as well as other issues.

The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of sexually transmitted infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

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

Provision (b)

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

Provision (c)

Through the interview process with medical staff, as well as informal conversations, support compliance around evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff reflects an active understanding of the importance of appropriate evaluation, follow up, treatment planning and service referral.

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

Provision (d)

The FCP response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility (Sexual Assault Center NWGA), without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

The PCM reported zero SANE exams during the past 12-months. Consequently, there was no documentation to review.

Provision (e)

N/A – FCP is an all-male facility.

Provision (f)

The FCP response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility (Sexual Assault Center NWGA), without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Inmate victims of sexual abuse or sexual harassment while incarcerated shall be offered timely information about access to emergency contraception, pregnancy tests, tests for sexually transmitted infections, and prophylaxis where medically appropriate.

FCP PCM reported zero SANE exam during the past 12-months. Consequently, there was no documentation to review.

Provision (g)

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

Provision (h)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 8, C, 1-2, g, states: 1. Mental health staff will evaluate all substantiated offender-on-offender abusers within sixty (60) days from date of substantiation

and offer mental health treatment when deemed appropriate; and 2. Substantiated offender-on-offender abusers needing sex-offender evaluation/treatment will be referred to Risk Reduction.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)
- Incident Review Team (IRT)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 3, I, defines the Sexual Abuse Incident Review Team (SAIRT) as a team that consists of upper-level management representatives. SART members may be part of the SAIRT, however; the SAIRT shall not be solely comprised of SART members. Line supervisors and other staff members may be designated as SAIRT members at

the discretion of the Warden/Superintendent of the facility.

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 31, J, 1, indicates that the facility Sexual Abuse Incident Review Team (SAIRT) shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for incidents with a disposition of unfounded.

During the past 12-months, there were two PREA related investigations, both administrative. Both were inmate-on-inmate sexual harassment. Both were determined to be unsubstantiated and closed. The inmate was notified of the findings of the investigation. Retaliation monitoring was carried out according to policy. A Sexual Abuse Incident Review Team was not required on sexual harassment allegations.

Provision (b)

See Provision (a) for policy details.

During the past 12-months, there were two PREA related investigations, both administrative. Both were inmate-on-inmate sexual harassment. Both were determined to be unsubstantiated and closed. The inmate was notified of the findings of the investigation. Retaliation monitoring was carried out according to policy. A Sexual Abuse Incident Review Team was not required on sexual harassment allegations.

Provision (c)

See Provision (a) for policy details.

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

During the past 12-months, there were zero PREA sexual abuse allegations and therefore zero Reviews.

FCP PCM confirmed there were zero incident reviews conducted during the previous twelve months.

Provision (d)

The Warden, PCM as well as other members of the Incident Review Team were interviewed. Some participated in informal conversations with the Auditor. Each team member reported the team considers the following criteria:

1. Consider whether the allegation or investigation indicates a need to change policy or practice
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender

identity, LGBTQI identification, gang affiliation, or war motivated by group dynamic at FCP

3. Examination of area where incident occurred to assess need for enhancements
4. Assess the adequacy of staffing levels in the area during the different shifts
5. Review of the personnel file of any involved employees (background screening, training, etc.)
6. Assess whether additional monitoring technology should be employed, enhanced, etc.
7. Prepare a report of findings for submission to Monitor, DOJ, PREA Coordinator and PCM, as appropriate.

During the past 12-months, there were two PREA allegations for sexual harassment and therefore zero Incident Reviews were required.

Provision (e)

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

Conclusion:

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

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

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

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018

Interview with the following

- PREA Coordinator (PC)

Provision (a)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 33, in part, dictates that the data collection requirement include:

1. The procedure for data maintenance and collection for every allegation of sexual abuse and harassment
2. The sources for data collection including the data required by the US DOJ, which includes inmate polling, documentation of announced and unannounced rounds, grievances, reports, investigation files and incident reviews
3. The instruments used to collect data
4. The standardized definitions used
5. The methodology employed to analyze data
6. The quality control mechanisms to verify data accuracy

Provision (b)

The GDC aggregates all its data submitting all required items according to the US Department of Justice SSV-2 (Survey of Sexual Victimization) and submits all information annually to the US Department of Justice.

The Auditor was able to review a copy of the most recent annual report that contained relevant areas of concern and noted corrective action items.

Provision (c)

See Provision (a) for policy details.

PREA policy dictates 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.

Provision (d)

PREA policy mandates the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

Provision (e)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 33, I, says in part, county facilities and private facilities operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. The Department of Justice shall certify all auditors. Each facility shall bear the burden of demonstrating compliance with the federal standards. A copy of the final report shall be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

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

inmates.

Provision (f)

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

Conclusion:

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC website: <http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>
- FCP website: <https://www.floydcountyga.gov/corrections/page/prea>

Interview with the following

- Warden
- PREA Coordinator (PC)

Provision (a)

FCP policy regarding Data Review for Corrective Action specifies the facility is responsible for doing 4 things.

- The facility will review data collected and combined pursuant to Section 13.3 in order to assess and improve the effectiveness of our sexual abuse prevention, detection and response policies, practices and training, including by:
 - Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Preparing an annual report of our findings and corrective actions.
- Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of the facility's progress in addressing sexual abuse.
- Our report will be approved by our Warden and made readily available to the public through the Floyd County website.

- The facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security at the prison. However, the nature of the material redacted must be indicated.

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

Through the interview process the Warden indicated the facility PREA committee reviews each allegation, and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the facility PREA committee are addressed at that time.

Provision (b)

The Auditor reviewed the annual report from 2020 and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse.

Provision (c)

As required by standard, the GDC places all reports on its website, accessible for public view.
<http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>

As required by standard, FCP places all reports on its website, accessible for public view.
<https://www.floydcountyga.gov/corrections/page/prea>

Provision (d)

The PREA Coordinator indicated that the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.

Conclusion:

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Floyd County Prison (FCP) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018
- GDC website: <http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>

Interview with the following

- PREA Coordinator (PC)

Provision (a)

During an interview with the PREA Coordinator (PC), the Auditor was advised there are several

locations where the GDC retains data. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the GDC website for public access.

Provision (b)

The GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>

The FCP PREA webpage provides multiple reports relative to sexual abuse data in accordance with PREA Standards. Data can be accessed at <https://www.floydcountyga.gov/corrections/page/prea>

Provision (c)

During the interview process the PC indicated the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. The agency report reviewed by the Auditor met PREA compliance standards.

Provision (d)

Georgia Department of Corrections (GDC), Standard Operating Procedures (SOP), Policy Number 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, dated 03/02/2018, p. 33, VI, A-C, indicates:

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

In addition to the above requirements, the facility PREA Compliance Manager will also submit a report to the Georgia Department of Corrections PREA Coordinator using Attachment 2 Monthly Report Log. This form will be submitted by electronic method and is due by the fifth business day of the month following the reporting month. All allegations occurring within the month will be included on this report along with the appropriate disposition. Cases that have not been closed by the last day of the month require a notification to the GDC PREA Coordinator by email advising the status of a case when it is closed. A monthly report must be submitted even if there were no allegations in the preceding month.

Conclusion:

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Georgia Department of Corrections (GDC) publicly accessible website <http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>
- FCP publicly accessible website <https://www.floydcountyga.gov/corrections/page/prea>

Interview with the following

- PREA Coordinator

Provision (a)

The Warden confirmed FCP will have an audit every three years to ensure proper implementation of ALL PREA policies and procedures. Floyd County Prison will be solely responsible for the scheduling and funding of these audits and will choose an auditor that is certified by the Department of Justice. The facility will notify the GDC PREA Coordinator of the date(s) of our audit, will provide the name and address of the auditor and will bear the burden of demonstrating compliance with federal standards. A copy of the final audit report will be submitted to the GDC PREA Coordinator at the completion of the audit process.

Through the interview process, the PREA Coordinator advised each facility within the GDC had been audited within the previous three (3) year audit cycle. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data in accordance with PREA standards. Data can be accessed at: <http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>

Copies of all audit reports are on the FCP website for public information and review. FCP PREA webpage provides multiple reports relative to sexual abuse data in accordance with PREA standards. Data can be accessed at:

<https://www.floydcountyga.gov/corrections/page/prea>

Provision (b)

During an interview with the PREA Coordinator, the Auditor was advised the audit for FCP is in the third year of the three (3) year audit cycle.

GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

<http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>

FCP PREA webpage provides multiple reports relative to sexual abuse data in accordance with PREA standards. Data can be accessed at:

<https://www.floydcountyga.gov/corrections/page/prea>

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

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

Provision (i)

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

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

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

Provision (n)

During the inmate interviews, all inmates indicated they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Georgia Department of Corrections (GDC) publicly accessible website
<http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>
- Floyd County Prison website
<https://www.floydcountyga.gov/corrections/page/prea>

Provision (a)

N/A

Provision (b)

N/A

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Previous PREA reports, for all facilities can be accessed at:

<http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/PREA>

FCP website provides multiple reports relative to sexual abuse in the facility in accordance with PREA standards. Previous PREA reports can be accessed at:

<https://www.floydcountyga.gov/corrections/page/prea>

Conclusion:

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Darla P. O'Connor

May 14, 2022

Auditor Signature

Date

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

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