

PREA AUDIT REPORT Interim Final
ADULT PRISONS AND JAILS

Date of report: September 12, 2016

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| Auditor Information | | | |
| Auditor name: Melinda Allen | | | |
| Address: PO Box 703; Braselton, GA 30548 | | | |
| Email: preaaudit@gmail.com | | | |
| Telephone number: 706-449-0003 | | | |
| Date of facility visit: April 18-19, 2016 | | | |
| Facility Information | | | |
| Facility name: Troup County Correctional Institute | | | |
| Facility physical address: 2508 Hamilton Road; LaGrange, GA 30241 | | | |
| Facility mailing address: <i>(if different from above)</i> | | | |
| Facility telephone number: 706-883-1720 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input checked="" type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Shane Morris | | | |
| Number of staff assigned to the facility in the last 12 months: 76 | | | |
| Designed facility capacity: 372 | | | |
| Current population of facility: 338 | | | |
| Facility security levels/inmate custody levels: Medium, Minimum, County | | | |
| Age range of the population: 18-60 | | | |
| Name of PREA Compliance Manager: Bill Brown | | Title: Captain | |
| Email address: bbrown1@troupc.org | | Telephone number: 706-883-1720 ext. 211 | |
| Agency Information | | | |
| Name of agency: Troup County Correctional Institute | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Troup County Board of Commissioners. | | | |
| Physical address: 2508 Hamilton Road; LaGrange, GA 30241 | | | |
| Mailing address: <i>(if different from above)</i> | | | |
| Telephone number: 706-883-1720 | | | |
| Agency Chief Executive Officer | | | |
| Name: Shane Morris | | Title: Warden | |
| Email address: smorris@troupc.org | | Telephone number: 706-883-1720 ext. 206 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Sadie Lee | | Title: Deputy Warden | |
| Email address: slee@troupc.org | | Telephone number: 706-883-1720 | |

AUDIT FINDINGS

NARRATIVE

The auditor was contacted by the Troup County Correctional Institute to conduct a PREA Audit in January 2016. The audit was scheduled for April 18-20, 2016. The auditor provided the agency copies of a Notice of Audit in English and Spanish to post throughout the facility. The Notices were posted throughout the facility on March 2, 2016, to include inmate housing areas, staff muster rooms, the lobby, cafeteria and in visitation areas of the facility. Leading up to the audit, the auditor worked with the PREA Coordinator. The PREA Coordinator completed the Pre-Audit Questionnaire and provided supporting documentation requested with the Pre-Audit Questionnaire. The auditor reviewed the materials provide prior to conducting the on site audit.

The on site audit was conducted over the course of two days. The auditor conducted a brief in-brief with facility command staff to explain the PREA audit process, then the auditor was provided a tour of the facility that included access to all housing units, the kitchen, laundry, control, administrative areas, Intake, Medical, law library, and various other locations in the facility. Warden Shane Morris, Deputy Warden Sadie Lee, Lt. Shirey, and Captain Bill Brown led the tour. After the tour, the auditor began interviewing staff at the facility. The auditor interviewed 24 staff members and 12 inmates at the facility during the on site. The auditor reviewed documentation during the on site to include inmate grievances, inmate files, employee personnel and training files, review of investigations, inmate rosters, staffing rosters, contractor and volunteers applications and training files, medical staff training files, contracts, agreements and MOUs.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility was originally opened as the Troup County Stockade, at this location in 1927. The facility was expanded in 2001 to include a more modern administration facility, training, and some additional housing for inmates. The agency is a county prison that contracts with the State of Georgia to house sentenced inmates in a work camp environment. The facility also houses some inmates that are sentenced to county time. The work camp has 23 work crews that provide trash pickup, building maintenance, construction and grass maintenance throughout the county, providing a cost savings for the county. The facility is designed to hold 372 inmates. The inmates are all minimum to medium security inmates aged 18-60. The average length of stay at the facility is three years. Seventy-six staff members are assigned to the facility. The facility is comprised of thirteen open bay/or dorms, with 10 segregation cells. The facility electronic monitoring system was updated in March 2016, with the addition of twenty-eight cameras. The facility has not seen any structural upgrades in recent years.

SUMMARY OF AUDIT FINDINGS

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| Number of standards exceeded: | 00 |
| Number of standards met: | 41 |
| Number of standards not met: | 00 |
| Number of standards not applicable: | 03 |

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

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

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

115.11(a) Meets Standard

Findings: The Troup County Correctional Institute (TCCI) has a zero tolerance policy toward all forms of sexual abuse and sexual harassment. The policy addresses how the agency will approach preventing, detecting and responding to sexual abuse and sexual harassment.

Evidence Reviewed: The auditor reviewed the relevant policy and observed PREA posters and signage throughout the facility. The auditor interviewed a random sample of staff and offenders and learned that all are advised of the zero tolerance policy.

115.11(b) Meets Standard

Findings: TCCI has appointed the Deputy Warden as the PREA Coordinator. The Deputy Warden is the second in command at the facility and reports directly to the warden. The PREA Coordinator has sufficient time and authority to develop, implement and oversee the agency efforts to comply with the PREA standards in the facility.

Evidence Reviewed: The auditor reviewed the agency’s PREA policy and the agency organizational chart to determine the position of the PREA Coordinator. The auditor also interviewed the PREA Coordinator to determine that the position holds the necessary authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.

115.11(c) – Non-applicable

This provision of the standard is non-applicable as the agency only operates one facility.

115.12 Contracting with other entities for the confinement of inmates

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

Non-Applicable

The Troup County Correctional Institute does not contract with any other facility to house their offenders.

115.13 Supervision and monitoring

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.13(a)- Meets Standard

Findings: The agency has a staffing plan that was based primarily on positions needed to staff the facility and monitoring equipment. The eleven required components were not documented as having been considered in the staffing plan. The staffing plan should be reviewed and revised in order to comply with the requirements of this standard.

Evidence Reviewed: The auditor reviewed the staffing plan presented by the facility and a memorandum documenting the annual review of the staffing plan. The auditor also completed a site review of the facility to observe the placement of staff and cameras in the facility.

Corrective Action: The agency shall complete a review of the staffing plan to incorporate the eleven required components detailed in the standards. The agency and auditor have collaborated to identify deliverables and a timeline for them so that verification of full and successful implementation of corrective measure(s) can be accomplished by August 05, 2016.

Update: The facility has updated their staffing plan to incorporate the eleven required components detailed in standard 115.13.

115.13(b) Meets Standard

Findings: All housing unit and security posts within the facility were filled during the on site audit. A review of shift rosters indicated that all internal positions are filled daily. The facility backfills all housing unit and internal posts with overtime or adjustments to posts as needed to provide adequate staffing within the facility. The agency operates a variety of work crews that function outside of the facility. In the event the facility is short staffed internally, a work crew detail may be reassigned to assist inside the facility to provide for adequate coverage. In the past year, no mandatory posts have gone uncovered.

Evidence Reviewed: The auditor reviewed daily staffing rosters to determine compliance with this standard. In the past year, no mandatory posts have gone uncovered.

115.13(c) Meets Standard

Findings: The staffing plan is reviewed annually in consultation with the PREA Coordinator to assess and determine if adjustments are needed to staffing, monitoring or resources to ensure adherence to the staffing plan. The review for 2016 was conducted on March 3, 2016. The meeting was documented in a memorandum.

Evidence Reviewed: The auditor reviewed the annual Staffing plan review memorandum dated March 3, 2016 and discussed the review with the PREA Coordinator. The PREA Coordinator collaborates with the review of the staffing plan to ensure adjustments are made if needed in the staffing plan, deployment of monitoring technology, or allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

115.13(d)- Meets Standard

Findings: The agency has a policy mandating that mid-level supervisors (sergeants and lieutenants) conduct unannounced rounds through the housing areas at least once daily and that upper level supervisors (captains and the warden) conduct rounds through the entire facility at least once per week. These rounds take place as required by the policy and on all shifts in the facility. There is not a policy prohibiting staff from alerting other staff when a round is taking place.

Evidence Reviewed: The auditor reviewed relevant policies, reviewed logs of rounds that demonstrated rounds take place frequently and at unpredictable intervals, and during all shifts. The auditor interviewed both line staff and supervisors to confirm that rounds are unannounced, that staff do not alert one another about rounds, and that staff consider these rounds to be a deterrent to misconduct. However, this is a practice and not currently in policy, as required by the standard.

Corrective Action: The standard requires that 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. The facility should revise their policy by July 10, 2016.

Update: The agency has created a policy, PREA Rounds, 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. Staff members have been provided copies of the policy.

115.14 Youthful inmates

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

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

115.14 (a) – Non-Applicable

This facility does not house inmates under the age of 18.

115.14(b) – Non-Applicable

This facility does not house inmates under the age of 18.

115.14(c)- Non-Applicable

This facility does not house inmates under the age of 18.

115.15 Limits to cross-gender viewing and searches

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

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

115.15(a) – Meets Standard

Findings: The facility has a policy against conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. There were no cross-gender visual body cavity searches by nonmedical staff without exigent circumstances conducted in the previous year.

Evidence Reviewed: The agency policy 208.06 addresses this standard. The policy prohibits conducting cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances. The auditor also interviewed the PREA Coordinator and a random sample of staff who concur that cross-gender pat downs or cross-gender visual body cavity searches are not conducted, except in exigent circumstances. The auditor was unable to locate any non-medical staff that had participated in a cross-gender strip or visual search at the facility to interview. The facility reported no cross-gender strip searches or visual body cavity searches conducted by non-medical staff in the previous year.

115.15(b) – Non-Applicable

The TCCI does not house female offenders.

115.15(c) Meets Standard

Findings: The facility has a policy that prohibits cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances. The facility does not house female inmates.

Evidence Reviewed: Facility policy 208.06, page 8, 7, a states, "The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches meaning a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners." The auditor interviewed the PREA Coordinator and a random sample of staff to conclude that the facility documents all cross-gender body cavity searches. The facility does not house any female inmates.

115.15(d) Meets Standard

Findings: The facility has a policy that allows inmates to shower, preform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. Inmates are able to toilet, dress and shower in a relatively private area without being viewed by nonmedical staff of the opposite gender. The facility requires staff of the opposite gender to announce their presence when entering an inmate-housing unit.

Evidence Reviewed: This auditor observed female staff members announce their presence when entering male housing units. A random selection of Inmates were interviewed that confirmed staff of the opposite gender announce their presence when entering an inmate-housing unit. Inmates interviewed also stated that they are able to toilet, shower and dress without being observed by staff of the opposite gender.

115.15(e) – Meets Standard

Findings: The agency has a policy of not searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Evidence Reviewed: The auditor reviewed relevant policies, and the auditor interviewed a random selection of inmates and staff to confirm that transgender inmates are not searched or physically examined for the sole purpose of determining their genital status. The auditor attempted to locate a transgender inmate in the facility and was unable to locate any in the facility.

115.15(f) –Meets Standard

Findings: The agency has trained 89% of their staff to conduct cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner.

Evidence Reviewed: The auditor reviewed the training records of staff assigned to the facility as well as conducted interviews with a random selection of staff that were able to demonstrate to the auditor how to conduct a cross-gender, transgender or intersex pat search in a professional manner. The auditor was unable to locate any transgender or intersex inmates to interview in the facility.

Recommendation: All security staff that work directly with the residents should all have training on the proper way to conduct searches of trans-gender and inter-sex offenders, and there should be documentation that the training was provided and understood by the staff.

115.16 Inmates with disabilities and inmates who are limited English proficient

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

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.16(a) Meets Standard

NOTE: An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

Findings: The facility provides several mechanisms for relaying information to inmates. The facility provides interpretation services as needed for non-English speaking inmates. Inmates that have hearing or visual impairments, speech disabilities and low intellect are handled on a case-by-case basis by counselors to ensure familiarity with the PREA standards.

Evidence Reviewed: The facility has a policy in place that addresses this standard. The facility provides a PREA brochure in English and in Spanish languages. In order to effectively communicate with inmates that speak other languages, the facility has contracted with The Language Line to provide interpretation services. Inmates who may be deaf or hard of hearing are provided the information is available in written form. For inmates that are blind or have low vision, a staff member is made available to explain the zero tolerance policy and how to report an incident of sexual harassment or sexual abuse. The counselors provide the more in-depth training to the inmates and this would be done verbally for the blind or visually impaired inmates. Likewise, counselors would work with the low intellectual individuals and inmates with speech disabilities to ensure that they are familiar with PREA. The facility does not house inmates with psychiatric disabilities as they function as a work camp and the State DOC screens the inmates for psychiatric impairments.

115.16(b) Meets Standard

Findings: The facility has contracted with The Language Line to provide interpretation services as needed in the facility. The Language Line solution supports over 200 languages. The interpretation services are paid for by the agency and translation is free for the offender. The facility does not rely on offender interpreters, readers or assistants except in limited circumstances where a delay in obtaining an interpreter could place the offender's safety in jeopardy.

Evidence Reviewed: The facility has a policy to provide the appropriate interpretation services for non-English speaking offenders. The facility also has a Language Line account to provide interpretation services for inmates. The auditor to interview inmates with limited English proficiency or with limited cognitive skills and was unable to locate any inmates in the facility that did not speak English. The auditor did interview an inmate who that English was a second language and found the offender to be fluent in the English language.

115.16(c) Meets Standard

Findings: The facility has a policy to refrain from relying on inmate interpreters, readers or other types of inmate assistance except in circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety or performance of the first-response duties under 115.64 or the investigation of the inmate's allegations.

Evidence Reviewed: The auditor review the facility policy, Spanish brochures and information provided by the agency. The agency has an account with The Language Line to provide interpretation services. The agency reports that there were thirteen incidents in which they used an offender interpreter/reader in the previous year

to assist. A random sample of staff and inmates interviewed indicated that offender interpreters/readers are never used in the investigation of an inmate's allegation.

115.17 Hiring and promotion decisions

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

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

115.17(a) – Meets Standard

Findings: The facility does have a policy in place to address this provision of the standards; Interviews with the Administrative/HR staff indicated that the Warden would be the individual responsible from asking these questions. The facility also has a form titled *Applicant Verification* that asks these questions.

Evidence Reviewed: The auditor reviewed a selection of staff and contractor files in order to determine compliance with this provision. Recently hired applicant's files contained a copy of the *Applicant Verification* that ask these questions.

115.17(b) Meets Standard

Findings: The facility does conduct a background investigation of all applicants and contractors who may have contact with inmates. The facility does have a policy in place to address this provision of the standards. Interviews with the Administrative/HR staff indicated that the Warden would be the individual responsible from asking this question. The auditor was unable to determine if the question is asked and investigated since the question is not documented in any employee's files that the auditor reviewed.

Evidence Reviewed: The auditor reviewed a selection of staff and contractor files in order to determine compliance with this provision. The auditor was unable to confirm that this question is posed to applicants. Staff interviewed suggested that the Warden would make this inquiry when interviewing applicants.

Corrective Action: Add this question to the application to hire employees or contractors who may have contact with inmates and to the promotional review process:

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

Update:

The facility has implemented a form in the hiring and promotional process that includes asking potential employees and contractors if they have previously been involved in any sexual harassment incidents. This document was incorporated into the hiring process on January 20, 2016.

115.17(c) Meets Standard

Findings: The facility has a policy that requires them to perform a criminal background check before hiring staff that may have contact with inmates. The agency also makes its best effort 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.

Evidence Reviewed: The auditor reviewed the policy that requires a criminal background check be performed. The auditor also reviewed a random selection of staff files to verify that criminal background checks are completed prior to hiring. Each file reviewed contained the necessary documentation of the completion of a criminal background check. In the event a potential hire previously worked for an institution, an inquiry was documented that that the facility made 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.

115.17(d) Meets Standard

Findings: The agency has a policy that it will preform a criminal background check before enlisting the services of any contractor who may have contact with inmates.

Evidence Reviewed: The agency has a policy that it will preform a criminal background check before enlisting the services of any contractor who may have contact with inmates. The auditor reviewed the files of contractors and volunteers that may have contact with offenders and determined that the agency completes the required criminal background checks and documents the same.

115.17(e) Meets Standard

Findings: The facility has a policy that to conduct a criminal background check 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. Staff interviewed indicated that a criminal background check is actually completed annually for sworn staff or staff that carry a weapon. This is a requirement of the Lautenberg Amendment. Contractors, volunteers and non-sworn staff that may have contact with inmates would be subjected to a review every five years. A review of employee files indicated that criminal background checks have not been consistently conducted, or if conducted, they were not documented in the employee's file.

Evidence Reviewed: The auditor reviewed staff, contractor and volunteer's files for compliance. The auditor also interviewed HR/Administrative staff that stated sworn staff, which carry a weapon, are reviewed annually and indicated that she was unsure about other staff members or contractors/volunteers.

Corrective Action: The agency shall document criminal background checks of all staff, contractors and volunteers that may have contact with inmates. The review must be completed every five years and documented. The agency should establish a method of consistently documenting background checks. This should be completed by July 31, 2016.

Update:

The facility has implemented a process for completing a criminal background check of all staff, contractors and volunteers who have contact with inmates. The review is completed every five years and documented in a spreadsheet for compliance. All background checks were updated to come into compliance with this provision.

115.17(f) Meets Standard

Findings: The agency has a policy to ask 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. The agency does not make a similar inquiry of staff seeking promotion. The agency does ask all applicants and who may have contact with inmates directly about previous misconduct described in paragraph (a). Employees have a continuing affirmative duty to disclose any such misconduct.

Evidence Reviewed: The auditor reviewed agency policy 208.06, the Applicant Verification form, a sampling of employee files, and the application for promotion for compliance with this standard and was unable to locate any questions regarding previous misconduct described in paragraph (a) of this section that are asked of staff seeking promotions. These questions are asked of applicants seeking employment. The auditor was unable to locate any written documentation regarding verbal questions asked during an interview for promotion or self-evaluations (if the employer secures) conducted as part of the review of current employees. The auditor interviewed Administrative/HR Staff and the PREA Coordinator. The agency does impose a continuing affirmative duty to disclose any such misconduct as evidenced in the PREA Policy 208.06 and through interviews with Administrative/HR Staff.

Corrective Action: The agency should ask these questions during the promotion process in interviews and in self-evaluations conducted as part of reviews of current employees. The agency should amend their promotional process to include the following questions:

- 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);
- 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)(2) of this section.

While this may seem redundant as these questions are posed to applicants; however, it is important to consider any cases or allegations of sexual harassment or sexual abuse when considering promoting an individual.

Update:

The facility has implemented a process to capture applicant response to the above questions during the applicant interview. The responses are documented for compliance with this provision.

115.17(g) Meets Standard

Findings: Agency policy 208.06 states that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Evidence Reviewed: The auditor reviewed policy 208.06 to determine that the agency has a policy that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination. Interviews with Administrative HR Staff indicate that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination.

115.17(h) Meets Standard

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? Yes No

Findings: The agency has a policy that addresses that states the agency 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.

Evidence Reviewed: The auditor reviewed policy 208.06 and interviewed Administrative/HR staff regarding this provision. The Administrative/ HR Staff indicated that they would refer all requests for this type of information over to the Warden and that the Warden would personally speak with the agency making the inquiry.

Recommendation: Best practices would be that Administrative/ HR Staff are empowered to provide this information to the requesting institution if the case involved sexual harassment or sexual abuse, unless this is prohibited by law.

115.18 Upgrades to facilities and technologies

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

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

115.18(a) – Non-Applicable

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? Yes No Not Applicable

The agency has not designed or acquired any new facility or planned any substantial expansion or modification of existing facility.

115.18(b) Meets Standard

Findings: TCCI currently utilizes 80 cameras and 10 vortex mirrors, which are used to prevent sexual abuse and investigate allegations of wrongdoing. When installing new equipment, the Warden, Captains of Security, and facility SART will ensure it is used to protect inmates from sexual abuse. Twenty-eight cameras were added to the facility in March 2016. The agency considered sexual safety of inmates when considering the placement and need for additional cameras. The auditor reviewed a memorandum to file written by the Deputy Warden that states sexual safety was a consideration in the expansion of the monitoring system. The cameras added help reduce the number of blind spots in the facility and provide for enhanced viewing of offenders.

Evidence Reviewed: Twenty-eight cameras were added to the facility in March 2016. The agency considered sexual safety of inmates when considering the placement and need for additional cameras. The auditor reviewed a memorandum to file written by the Deputy Warden that states sexual safety was a consideration in the expansion of the monitoring system. The cameras added help reduce the number of blind spots in the facility and provide for enhanced viewing of offenders. The agency provided a memorandum that reiterates the agency's consideration of how the technology would enhance the agency's ability to protect inmates from sexual abuse.

115.21 Evidence protocol and forensic medical examinations

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

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

115.21(a)- Meets Standard

Findings: TCCI is responsible for investigating Administrative allegations only. All criminal investigations will be handled by the Georgia Department of Corrections or the Troup County Sheriff's Office.

Evidence Reviewed: TCCI only handles Administrative cases in-house. The Georgia Department of Corrections or the Troup County Sheriff's Office handles the criminal cases.

115.21(b) Meets Standard

Findings: TCCI uses protocols that are developmentally appropriate for youth where applicable. The Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution in accordance with SOP 103.06, Investigations of Allegations of Sexual Contact. The Department's response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version.

Evidence Reviewed: The auditor reviewed policy 103.06, Investigations of Allegations of Sexual Contact and interviewed investigators that work at the TCCI. Investigators were well versed in uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The investigator interviewed has completed the NIC training titled *PREA: Investigating Sexual Abuse in Confinement*.

115.21(c)

Findings: TCCI offers all victims of sexual abuse access to forensic medical examination at an outside facility, without financial cost where evidentiarily or medically appropriate. The agency would send any victim to sexual

abuse to the Rutledge Correctional Institute, a facility operated by the Georgia Department of Corrections, where a SANE Nurse would complete the forensic medical examination. There are six SANE nurses available to conduct the forensic medical examinations between Global Diagnostic and Satilla SANE Nurses that are also available. These facilities are available 24-hours a day.

Evidence Reviewed: TCCI contracts with the State of Georgia Department of Corrections (GDC) to house state inmates at the County facility. As part of that contract, the GDC provides for medical and mental health care of the inmates. When medically indicated, medical staff shall initiate arrangements to transfer the offender accompanied by a qualified staff member to the designated emergency facility for continued treatment and collection of forensic evidence. The GDC has established Rutledge State Prison as the "Catchment" facility for these services. The auditor reviewed the SOP 208.06, Attachment 7 titled *Procedure for SANE Nurse Evaluation/Forensic Collection*.

115.21(d) Meet Standard

NOTE: *For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.*

Findings: TCCI has made available a victim's advocate from a rape crisis center to provide victim advocate services. The facility is a community-based organization. The agency uses the Harmony House Rape Crisis Center for victim advocacy.

Evidence Reviewed: TCCI has an agreement with Harmony House Domestic Violence Shelter, Inc., which provides support services to any victim of sexual assault regardless of that victim's status. They can be contacted at 706-885-1525 at any time for assistance. The staff member that oversees the counseling services of victims is Beverly Davis. The agency has documented their efforts to secure these services.

115.21(e) Meets Standard

Findings: TCCI will provide a victim advocate from the Harmony House, Rape Crisis Center to accompany and support the victim through the forensic medical examination process and investigatory interviews. If an advocate is not available from Harmony House, the facility has two trained victim advocates on staff at TCCI. These individuals would provide emotional support, crisis intervention, information and referrals on behalf of the offender.

Evidence Reviewed: The auditor interviewed the PREA Coordinator and determined that the facility has an agreement with the Harmony House to provide advocacy services. If the Harmony House is not available, the facility has two staff members that have been trained in victim advocacy. The auditor reviewed the training records of these two staff members.

115.21(f) Meets Standard

Findings: TCCI is not responsible for investigating allegation of sexual abuse. The agency has an MOU with the Troup County Sheriff's Office (TCSO) to conduct criminal sexual abuse investigations.

Evidence Reviewed: TCCI has signed an MOU with the Troup County Sheriff's Office and also contracts with the GDC, who agree to investigate allegations of sexual abuse. The GDC and TCSO follow paragraphs (a) through (e) of this standard in conducting investigations of sexual abuse. The auditor reviewed the MOU with TCSO, Program Services/Health Services VH07-0001 and policy 208.06 for compliance. The auditor also interviewed the PREA Coordinator and Warden to determine that this protocol is followed.

115.21(g) *This provision need not be assessed as part of the facility audit.*

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

115.21(h) Meets Standard

Findings: The Harmony House provides assistance victim advocates assisting inmates. TCCI has two staff members trained as victim's advocates. These individuals have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general.

Evidence Reviewed: The auditor has reviewed the training records of the TCCI staff members that have been trained as victim's advocates for appropriateness to serve in this role and they have received education concerning sexual assault and forensic examination issues in general.

115.22 Policies to ensure referrals of allegations for investigations

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

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

115.22(a) Meets Standard

Findings: TCCI ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Evidence Reviewed: TCCI has a policy 208.06 to investigate all allegations of sexual harassment and sexual abuse. The auditor interviewed the PREA Coordinator, a facility investigator and Warden in reference to this standard. While the facility has not had any complaints of sexual harassment or sexual abuse in the past several years, they stand at the ready to investigate any an all claims of sexual harassment or sexual abuse. Policies are in place and the facility has provided multiple reporting mechanisms for the offenders to use to report an incident of sexual harassment or sexual abuse. The auditor reviewed documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings that were available. There have not been any complaints made since 2012.

115.22(b) Meets Standard

Findings: The agency has a policy, 208.06, to ensure allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, if the case in potentially criminal behavior. The agency has published its PREA policy for the public to review. The agency documents all referrals for investigation.

Evidence Reviewed: GDC Office of Investigations and Compliance will investigate Allegations made concerning state inmates and allegations made concerning a county inmate will be investigated by Troup County Sheriff's Office. Whenever an allegation is made concerning a state inmate, the Warden will notify the GDC Internal Investigations Unit. This notification will be made in writing and the notification will become part of the PREA investigation. This information is published on the TCCI Website. The auditor interviewed the facility investigator and confirmed that this is the protocol for the facility.

115.22(c) Meets Standard

Findings: GDC Office of Investigations and Compliance will investigate Allegations made concerning state inmates and allegations made concerning a county inmate will be investigated by Troup County Sheriff's Office.

Evidence Reviewed: The auditor reviewed policy 208.06 and the TCCI Website to confirm that the facility has published information regarding who has responsibility to conduct criminal investigations. This information is published on the TCCI Website

<http://www.troupcountyga.org/media/Prison%20Rape%20Elimination%20Act.pdf>

115.22(d) Non-Applicable

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

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

115.22(e) Non-Applicable

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

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

115.31 Employee training

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.31(a) Meets Standard

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

Evidence Reviewed: The auditor reviewed the training curriculum presented to all staff in the facility for compliance with this provision. Each of the required elements was present in the training curriculum. The auditor also reviewed a random sampling of training records of staff members at the facility to confirm that they have completed the required PREA training.

115.31(b) Does not Meet Standard

Findings: The TCCI does not use training tailored for the gender of the inmates at the facility (males). The curriculum presented is geared toward male and female inmates. This facility only houses male inmates. The facility only houses male inmates, thus the provision requiring additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa is mute.

Evidence Reviewed: The auditor reviewed the training curriculum presented by the TCCI.

Corrective Action: TCCI should amend the training curriculum so that the curriculum is geared only toward male inmates since they do not house female inmates.

Update: Training curriculum was revised to be geared toward the housing of male inmates.

115.31(c) Exceeds Standard

Findings: TCCI staff members have received the PREA Training. The agency provides refresher training annually.

Evidence Reviewed: The auditor reviewed the training records of a sampling of staff members. TCCI presents the PREA training annually. The auditor interviewed the training director and a random sample of staff to confirm compliance.

115.31(d) Meets Standard

Findings: TCCI documents, though employee signature that employees understand the training they have received.

Evidence Reviewed: The auditor reviewed a sampling of staff training files. Staff members sign a document titled, GEORGIA DEPARTMENT OF CORRECTIONS SEXUAL ASSAULT/SEXUAL MISCONDUCT PRISON RAPE ELIMINATION ACT (PREA) EDUCATION ACKNOWLEDGEMENT STATEMENT as proof of understanding of the

training. The samplings pulled contained an acknowledgement form. The auditor also interviewed a sample of staff members to ensure they were familiar with the required training.

115.32 Volunteer and contractor training

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

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

115.32(a) Meets Standard

Findings: TCCI provides training to all volunteers and contractors who have contact with inmates on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures.

Evidence Reviewed: The auditor reviewed the curriculum presented to volunteers and contractors who have contact with inmates. The curriculum details their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. These contractors and volunteers are also required to sign an acknowledgement of understanding of the curriculum presented. The auditor also interviewed a sample of contractors and volunteers to ensure familiarity with the PREA curriculum.

115.32(b) Meets Standard

Findings: TCCI contractors and volunteers are trained based on the level of contact they have with the offenders. All volunteers and contractors who have contact with offenders are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and are informed of how to report an incident.

Evidence Reviewed: The auditor reviewed the training curriculum presented to volunteers and contractors at the facility. All volunteers and contractors that have contact with offenders are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The contractors and volunteers also sign an acknowledgement that they have received and understand the PREA training. The auditor interviewed a sample of contractors and volunteers to ensure familiarity with the PREA curriculum and found them to understand the protocol for reporting and the zero-tolerance policy regarding sexual harassment and sexual abuse.

115.32(c) Meets Standard

Findings: TCCI maintains documentation confirming that volunteers and contractors understand the training they received.

Evidence Reviewed: The auditor reviewed a sampling of documents that contractors and volunteers sign acknowledging that they have received and understand the PREA training.

115.33 Inmate education

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

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

115.33(a) Meets Standard

Findings: TCCI provides information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report incidents regarding sexual abuse and sexual harassment during the intake process.

Evidence Reviewed: Offenders are provided a PREA Brochure during the intake process that advises them of the zero-tolerance policy regarding sexual abuse and sexual harassment. The brochure also provides information on how to report an incident of sexual abuse and sexual harassment. This information is also contained in the Inmate Handbook. Inmates sign an acknowledgement of the initial notification and the education. Inmates also view a video titled, *Speaking Up*, a video on sexual abuse.

115.33(b) Meets Standard

Findings: TCCI has a policy to complete the comprehensive education for inmates in person or through video regarding their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents

Evidence Reviewed: The auditor reviewed the agency’s Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation provided to inmates upon arrival to the facility; in addition to verbal notification, offenders are provided a GDC PREA pamphlet; AND, within 15 days of arrival, PREA education is conducted by the assigned staff members (counselors) to inmates, which includes the Speaking Up video on sexual abuse. The initial notification and the education are documented in writing by signature of inmate. Interviews with a random sampling of inmates indicated that not all offenders have learned the basics required of PREA Education. Some offenders reported that they had never received the training but most mentioned having seen the *Speaking Up* video. The auditor reviewed the Speaking Up video and found it to be insightful and does present the basic requirements for this provision. Additionally, several inmates advised the auditor that one of the training instructors had reported to the living units and taught a session on PREA for the offenders. Many of the offenders reported having not opened or read the PREA Brochure or Inmate Handbook. Upon further review it appears as though the inmates that reported not having received the training were all booked in prior to 2014. Inmates booked after this date all responded that they had received the training with a few days of arriving at the facility. The auditor believes that the agency has presented the training in a variety of formats and avenues to the offenders. Offenders have signed that they understand and have received the training. In addition to the *Speaking Up* video and the inmate orientation, the inmate handbooks and PREA brochures further explain the PREA reporting procedures.

115.33(c) Meet Standard

Findings: TCCI inmates have received PREA Education. Inmates do not transfer from TCCI to another facility operated by TCCI.

Evidence reviewed: The auditor reviewed the offender signature verification that they have received and understand the PREA Education. The auditor also interviewed a sampling of offenders and determined that he training is being presented to the offenders. TCCI only operates one facility; therefore, they are not required to present how the policies and procedures of the inmate’s new facility differ. The auditor interviewed intake staff to determine that offenders receive the required training.

115.33(d) Meets Standard

Findings: TCCI provides PREA education in a variety of formats to include English, Spanish, in writing, verbal or auditory and in large print for inmates. TCCI counselors educate the inmates within 15 days of arrival at the facility.

Evidence Reviewed: TCCI policy requires the staff to present the offender PREA education in a variety of ways and platforms. TCCI has two PREA *Speaking Up* videos in English and in Spanish, which encompasses the majority of the languages spoken at TCCI. The agency does have an account with the Language Line to assist with translation if needed. Inmates with special needs are not typically housed at this facility since they are screened by the GDC prior to being transferred to the facility.. Counselors, who present the education, consider each offender on a case-by-case basis to determine the education needs of the offender. Offenders with hearing or visual impairments are afforded alternate mechanisms for receiving training such as verbal or in writing. A counselor presents inmates with limited reading skills the information verbally. The auditor reviewed the inmate education materials available at TCCI.

115.33(e) Meets Standard

Findings: TCCI documents inmate participation in education sessions.

Evidence Reviewed: The auditor reviewed a sampling of inmate signatures verifying participation in education sessions.

115.33(f) Meets Standard

Findings: TCCI makes key information continuously available to offenders through posters, inmate handbooks and PREA brochures.

Evidence Reviewed: TCCI staff members provide offenders with an Inmate Handbook and PREA brochures upon entry in the facility. Each of these documents provides information regarding inmate reporting and the agency’s zero-tolerance policy against sexual harassment and sexual abuse. The agency also provides PREA education posters in the offender living areas.

115.34 Specialized training: Investigations

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.34(a) Meets Standard

Findings: TCCI investigators have completed the required specialized training for conducting sexual abuse investigations.

Evidence Reviewed: The auditor reviewed the training records of five officers that have completed the PREA: Investigating Sexual Abuse in Confinement Setting offered by the NIC. The facility has one primary investigator that they use for PREA cases. The auditor interviewed the investigator and found him to be knowledgeable in the tenants of conducting an investigation of sexual abuse. It should be clarified that the facility will call upon the GDC to investigate a sexual abuse case involving a state inmate and would call upon the Troup County Sheriff's Office to investigate a case involving a county sentenced inmate.

115.34(b) Meets Standard

- Does this specialized training include:

Findings: TCCI investigators have completed the required specialized training for conducting sexual abuse investigations, which include the required components.

Evidence Reviewed: The auditor reviewed the training records of five officers that have completed the PREA: Investigating Sexual Abuse in Confinement Setting offered by the NIC. The facility has one primary investigator that they use for PREA cases. The auditor interviewed the investigator and found him to be knowledgeable in the tenants of conducting an investigation of sexual abuse. It should be clarified that the facility will call upon the GDC to investigate a sexual abuse case involving a state inmate and would call upon the Troup County Sheriff's Office to investigate a case involving a county sentenced inmate. The auditor has reviewed the curriculum presented by the NIC and has found that the training does 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.

115.34(c) Meets Standard

Findings: TCCI investigators have completed the required specialized training for conducting sexual abuse investigations.

Evidence Reviewed: The auditor reviewed the training records of five officers that have completed the PREA: Investigating Sexual Abuse in Confinement Setting offered by the NIC. The facility has one primary investigator that they use for PREA cases. The auditor interviewed the investigator and found him to be knowledgeable in the tenants of conducting an investigation of sexual abuse. It should be clarified that the facility will call upon the GDC to investigate a sexual abuse case involving a state inmate and would call upon the Troup County Sheriff's Office to investigate a case involving a county sentenced inmate.

115.34(d) *This provision need not be assessed as part of the facility audit.*

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

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

115.35 Specialized training: Medical and mental health care

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

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

115.35(a) Meets Standard

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

Findings: Medical staff has not been trained on how to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff has not been trained on how to preserve physical evidence of sexual abuse.

Evidence Reviewed: The auditor interviewed medical staff that stated that they have not received training on preserving evidence of a sexual abuse case or in how to properly report an incident of sexual abuse or sexual harassment. However, the agency provided documentation of the completion of a course titled PREA: Medical Care for Sexual Assault Victims in a Confinement Setting presented by the National Institute of Corrections on January 19, 2016. It appears as though the medical staff have not been properly trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Corrective Action: All Medical Staff should immediately be trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training should be documented and the contractors should sign that they have received and understand the training.

Update:

The facility has provided training for Medical Staff in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training was documented and staff acknowledged the training.

115.35(b) Non-Applicable

Medical staff employed by the agency does not conduct forensic examinations.

115.35(c) Meets Standard

Findings: TCCI have maintained a copy of some PREA training but Medical staff have not completed all of the required training referenced in this standard from the agency or elsewhere.

Evidence Reviewed: Medical Staff have not received the required training referenced in this standard. Staff interviewed indicated that they had completed some online training pertinent to behavioral and medical training but report that they have not received training in how to preserve evidence or how to report an incident of sexual abuse or sexual harassment.

Corrective Action: All Medical Staff should immediately be trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training should be documented and the contractors should sign that they have received and understand the training.

Update:

Medical Staff has been trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training was documented and staff acknowledged the training.

115.35(d) Meets Standard

Findings: Medical practitioners employed by the agency do not receive the training mandated for employees by §115.31. Medical practitioners employed by the agency do not receive the training mandated for contractors and volunteers by §115.32.

Evidence Reviewed: The auditor reviewed the training files for Medical practitioners and interviewed the medical practitioners and determined that medical practitioners do not receive the required training.

Corrective Action: All Medical Staff should immediately be trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Update:

Medical Staff has received the same training provided to all contractors. This training includes PREA and Ethics/Harassment/Personal Dealing. The training was documented and the contractors signed a form acknowledging that they have received and understand the training.

115.41 Screening for risk of victimization and abusiveness

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

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.41(a) Meets Standard

Findings: TCCI offenders are assessed upon transfer to the facility during an intake screening for their risk of being sexually abused by other inmates or sexual abusive toward other inmates.

Evidence Reviewed: The facility has a policy to conduct a risk assessment screening of inmates entering the facility. The auditor reviewed the intake-screening instrument that is used at the facility. The screening is completed on each inmate when they are transferred to the facility. The auditor reviewed completed Risk-Screening Assessments for a sampling of 14 inmates. The auditor did note that while this is a fairly new practice at TCCI, starting within the past two years; it has been consistently used since its inception. The auditor feels this practice is embedded and will continue as required.

115.41(b) Does Not Meet Standard

Findings: TCCI screenings are not conducted within 72 hours of arrival at the facility.

Evidence Reviewed: The facility has a policy, 208.06, that all Risk Assessment screenings will be conducted with 72 hours of arrival at the facility. Information from this assessment will be used to determine housing, bed assignment, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor reviewed a sampling of 14 inmate files and only found one file that met the 72 hour standard.

Corrective Action: TCCI staff should complete all intake screenings within 72 hours of arrival at the facility. This should be implemented immediately.

Update: TCCI has implemented a process to complete all intake screenings within 72 hours of arrival at the facility. I have reviewed a random sampling of inmate files for compliance with this provision and found that the required screenings were completed within 72 hours of admission.

115.41(c) Meets Standard

Findings: All PREA screening assessments are conducted using an objective-screening instrument.

Evidence Reviewed: The auditor has reviewed the PREA Screening assessment instrument and has determined that the instrument is objective. The instrument is detailed and includes Victim/Aggressor Classification Ratings determined by the scoring of the instrument.

115.41(d) Meets Standard

Findings: The Risk-Screening Instrument used by TCCI contains 9 of the 10 elements contained in this standard. The instrument does not include whether the inmate is detained solely for civil immigration purposes, as this facility would never house an offender solely for civil immigration purposes.

Evidence Reviewed: The Risk Screening Instrument contains questions regarding whether the inmate has a mental, physical, or developmental disability, the age of the inmate, the physical build of the inmate, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, 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), whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability. The instrument does not include whether the inmate is detained solely for civil immigration purposes, as this facility would never house an offender solely for civil immigration purposes.

115.41(e) Meets Standard

Findings: When assessing inmates for risk of being sexually abusive, the initial PREA risk screening considers, when known to the agency, prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse.

Evidence Reviewed: The Auditor reviewed the risk-screening instrument used at TCCI. TCCI also considers the criminal history of the offender for prior acts of sexual abuse and convictions for violent offenses. The facility reviews the history of prior institutional violence or sexual abuse. The state of Georgia uses a system known as SCRIBE to record this information and this information is utilized by TCCI when they receive an offender into their facility. Local records are reviewed when a county offender is transferred from the Troup County Sheriff's Office Jail.

115.41(f) Meets Standard

Findings: The facility does not reassess every inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility.

Evidence Reviewed: The auditor reviewed 14 inmate files to consider compliance with this provision. Two of the 14 files contained evidence of a reassessment being conducted. The auditor also interviewed the risk screening staff and a sampling of offenders and determined that the risk screening reassessments are not being completed.

From the frequently asked questions on the PREA Resource Center's Website:

Q: *Standards 115.41(f) and 115.241(f) require that the facility "reassess the inmate's/resident's risk of victimization or abusiveness based on any additional, relevant information received by the facility since the intake process" and that it do so no more than 30 days after intake. The question is whether this standard subsection requires that EVERY inmate be reassessed within 30 days of arrival at the facility to determine whether any relevant new information exists; OR, alternatively, whether it requires that some process be in place to capture new information that arrives at the facility within 30 days and, when new information arrives, it prompts a reassessment?*

A. *Both. First, there is a general and continuing obligation to conduct a screening reassessment whenever warranted upon receipt of additional relevant information. Specifically, § 115.41(g) requires that "[a]n inmate's risk level shall be reassessed 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." This continuing obligation extends through the duration of the inmate's incarceration. By contrast, the standards also require an affirmative reassessment within a set time period, but no later than 30 days of intake. Specifically, § 115.41(f) requires that "[w]ithin a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening" (emphasis added).*

While § 115.41(f) requires an affirmative reassessment within 30 days, the reassessment need not "start

from scratch.” For example, as noted in the PREA Notice of Final Rule, a facility may generally rely upon information previously gathered, so long as the reassessment “captures any changes in risk factors that may have occurred subsequent to the facility’s prior gathering of information regarding that inmate.” While a facility may (and should) have a system in place for capturing additional or new information from a variety of sources (e.g., mental health assessment, disciplinary history, or allegations of relevant threats or victimization), the 30-day affirmative reassessment requires, at a minimum, that screening staff consult available sources to determine whether any previously unknown triggering event or information has become available and to document such review. If, after consulting all relevant sources, no new relevant information is present, then further reassessment under the standards may not be necessary. In short, as opposed to the “passive” requirements under § 115.41(g), § 115.41(f) requires screening staff to affirmatively “look.”

As noted in the PREA Notice of Final Rule, “[t]he final standard requires that inmates who remain in custody undergo a more extensive classification process [within 30 days].” This requirement recognizes that information relevant to the risk and classification needs will become available as staff interview, assess, and observe the inmate, and as the facility receives information from other agencies and sources.

Corrective Action: Screening staff consults available sources to determine whether any previously unknown triggering event or information has become available and to document such review. If, after consulting all relevant sources, no new relevant information is present, then further reassessment under the standards may not be necessary. In short, as opposed to the “passive” requirements under § 115.41(g), § 115.41(f) requires screening staff to affirmatively “look.” This should be implemented immediately.

Update: *The facility has implemented a process for rescreening inmates whose scores indicate that possible victimization are being rescreen within 30 days of their arrival. I have reviewed a sampling of inmate files to verify the date of the inmate’s arrival, initial screening, and reassessment.*

115.41(g) Meets Standard

Findings: TCCI reassesses inmate’s risk level when warranted due to a referral, request or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

Evidence Reviewed: The auditor interviewed a sampling of inmates and the staff that complete the risk-screening instrument to determine that reassessments are completed for inmates when warranted due to a referral, request or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. The auditor specifically reviewed two files of inmates that had previously been a victim of sexual abuse and determined that reassessments had been completed.

115.41(h) Meets Standard

Findings: TCCI does not discipline inmates 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.

Evidence Reviewed: TCCI policy 208.06, states that inmates who do not respond to PREA related questions would not be disciplined. Staff that conduct risk screenings were interviewed and agreed that inmates would not be disciplined for failing to respond to the following questions:

- Whether or not the inmate has a mental, physical, or developmental disability;

- Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- Whether or not the inmate has previously experienced sexual victimization; and • the inmate’s own perception of vulnerability.

115.41(i) Meets Standard

Findings: The agency has 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.

Evidence Reviewed: TCCI has a policy in place that states, “Any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.” The auditor interviewed the PREA Coordinator and staff responsible for risk screening and determined that the information is available to Captains, Deputy Warden, Warden, PREA training supervisor (Investigator), counselors, Sergeants, ID Staff (complete intake) and administrative staff. Line officers do not have access to the information in the risk screening assessment.

115.42 Use of screening information

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

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

115.42 (a) Meets Standard

Findings: TCCI uses 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, work assignments, education assignments and program assignments.

Evidence Reviewed: The auditor interviewed the PREA Coordinator and the staff responsible for the risk screening to determine that the information gleaned from the risk-screening instrument is used to determine housing, work, education and program assignments. A review of inmate files indicated that staff use the information gleaned in the screening to make assignments.

115.42 (b) Meets Standard

Findings: TCCI makes individualized determinations about how to ensure the safety of each offender.

Evidence Reviewed: TCCI has a policy to make individualized determinations about how to ensure the safety of each offender. The auditor interviewed staff responsible for risk screening and determined that the staff makes individualized determinations about how to ensure the safety of each offender. Each inmate is considered on a

case-by-case basis in order to place them in a safe and secure environment. The facility goes a step further and places inmates in safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse. These safe bed(s) or safe dorm(s) are areas that have more visibility for staff to watch the inmates to ensure their safety.

115.42 (c) Meets Standard

Findings: TCCI considered on a case-by-case basis where to place a transgender or intersex inmate in order to ensure the inmate's health and safety and whether a placement would present management or security problems.

Evidence Reviewed: TCCI is unique in that they only receive inmates from the GDC and the TCSO who have been screened for placement in the TCCI. As a general rule, neither facility would send a transgender or intersex inmate to TCCI for placement. TCCI does have a policy in place that indicates that they would consider on a case-by-case basis where to place a transgender or intersex inmate in order to ensure the inmate's health and safety and whether a placement would present management or security problems. The auditor interviewed the PREA Coordinator and attempted to locate transgender or intersex inmates to interview with no success. Staff interviewed indicated that they had never gotten a transgender or intersex inmate in the facility that they were aware of. The facility would not be in a position to decide to transfer an inmate to another facility as this is controlled by the state DOC.

115.42 (d) Meets Standard

Findings: TCCI would reassess transgender and intersex inmates at least twice a year to review any threats to safety experienced by the inmate if a transgender or intersex inmate was assigned to the facility.

Evidence Reviewed: TCCI has a policy in place that addresses reassessing transgender and intersex inmates at least twice a year to review any threats to safety experienced by the inmate. Staff interviewed stated that they would talk with the Deputy Warden or Warden to discuss the placement of a transgender or intersex inmate if they received one at the facility.

115.42 (e) Meets Standard

Findings: TCCI does not consider each transgender or intersex inmate's own view with respect to his or her own safety given serious consideration when making facility and housing assignments.

Evidence Reviewed: TCCI has a policy to consider each transgender or intersex inmate's own view with respect to his or her own safety given serious consideration when making facility and housing assignments. The auditor interviewed the PREA Coordinator and staff responsible for risk screening to determine that transgender and intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing assignments. Staff responsible for risk screening indicated that they would place transgender and intersex inmates in highly visible areas and would "try to get rid of them as soon as possible."

Corrective Action: TCCI should reeducate staff on the standards pertinent to housing transgender and intersex inmates. The facility could receive a transgender or intersex inmate at anytime and they should be prepared to protect the rights of the inmates when they enter the facility.

Update: The facility has created a local policy, At Risk Inmate Management, which addresses procedures for transgender and intersex inmates. The policy was implemented August 1, 2016. Staff members were trained on the new policy.

115.42 (f) Meets Standard

Findings: TCCI does not currently have a plan in place to allow for a transgender or intersex inmate to shower separately from other inmates.

Evidence Reviewed: The auditor completed a site review of the facility and determined that there are no single showers in the facility, other than in segregation. While this can be overcome by scheduling shower time for transgender or intersex inmates, there is no plan currently in place to accommodate these requests.

Corrective Action: TCCI should develop a plan to have in place should they receive a transgender or intersex inmate that may desire to shower separately from other inmates.

Update: The facility has created a local policy, At Risk Inmate Management, which addresses procedures for transgender and intersex inmates. The policy was implemented August 1, 2016. Staff members were trained on the new policy.

115.42 (g) Meets Standard

Findings: TCCI is not under a consent decree, settlement or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates. The facility does refrain from placing lesbian, gay, transgender, intersex and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

Evidence Reviewed: The auditor interviewed the PREA Coordinator to determine that the agency is not under a consent decree, settlement or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates. The facility refrains from placing lesbian, gay, transgender, intersex and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. The auditor attempted to locate inmates that transgender, intersex or LGBTI in the facility and was unable to locate anyone that fit this protocol.

115.43 Protective custody

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

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

115.43 (a) Meets Standard

Findings: TCCI refrains 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Evidence Reviewed: The auditor interviewed the Warden who stated that they would not prohibit the use of segregation, but would place them there for a limited amount of time, overnight, since normal intake occurs on

Tuesdays and Thursdays. Facility policy states that if an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged.

115.43 (b) Meets Standard

Findings: Inmates placed in segregated housing because they are at high risk of sexual victimization have access to programs, privileges, education and work opportunities to the extent possible.

Evidence Reviewed: The auditor interviewed staff that supervise segregated housing and found that inmates placed in segregated housing because they are at high risk of sexual victimization have access to programs, privileges, education and work opportunities to the extent possible. During the on site review, the auditor visually observed the segregated housing unit and spoke briefly with inmates in the unit. The auditor was unable to locate any inmates that had been placed in segregation based on their risk of sexual victimization or if they had been abused. During the on site review, the auditor visually observed the segregated housing unit and spoke briefly with inmates in the unit.

115.43 (c) Meets Standard

Findings: TCCI only assigns inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. This assignment would not ordinarily exceed 72 hours (weekend).

Evidence Reviewed: The auditor reviewed policy 208.06 and found that an inmate at high risk of sexual victimization could be placed in involuntary segregation, but only until a means of separation from likely abusers could be arranged. The auditor also interviewed the Warden and staff that supervise inmates in segregation housing to determine that movements can be arranged Monday-Friday. If an incident or movement occurred over the weekend, the maximum amount of time spent in involuntary segregation would be 72 hours. Since the TCCI houses inmates for the GDC and TCSO county sentenced inmates, a call would be made to move the offender(s) back to the facility of origin.

115.43 (d) Meets Standard

Findings: TCCI documents the use of involuntary housing assignments and the reason(s) why no alternative means of separation can be arranged pursuant to paragraph (a) of this section.

Evidence Reviewed: TCCI policy 208.06 states that an offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The auditor was unable to locate any inmates to interview that had filed been the victim of sexual abuse or sexual harassment while at the TCCI.

115.43 (e) Meets Standard

Findings: In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, TCCI completes a review to determine whether there is a continuing need for separation from the general population every 30 days.

Evidence Reviewed: TCCI has a policy to review to determine whether there is a continuing need for separation from the general population each inmate who is placed in involuntary segregation because he/she is at high risk

of sexual victimization. The auditor attempted to locate documentation of 30 days reviews, but was unable to locate any since the facility has not had any inmates placed in involuntary segregation because he was at high risk of sexual victimization.

115.51 Inmate reporting

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

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

115.51 (a) Meet Standard

Findings: TCCI provides for multiple internal ways for inmates to privately report sexual abuse and harassment, retaliation by other inmates or staff for reporting an incident and staff neglect or violation of responsibilities that may have contributed to an incident.

Evidence Reviewed: TCCI has established multiple internal ways for inmates to privately report sexual abuse and harassment, retaliation by other inmates or staff for reporting an incident and staff neglect or violation of responsibilities that may have contributed to an incident. Inmates may report in incident in writing, verbally, through the offender PREA hotline, and by mail to the Department Ombudsman Office. This information is disseminated to the inmates through a variety of mechanisms to include inmate education, inmate handbooks and through a PREA brochure provided at intake. Inmates interviewed by the auditor were able to articulate a variety of ways to report an incident internally. Most inmates stated they would simply speak to an officer at the facility. Inmates stated that fell comfortable speaking with the staff at TCCI.

115.51 (b) Meets Standard

Findings: TCCI provides inmates at orientation with information on Harmony House Domestic Violence Shelter, Inc. which is located in LaGrange, GA. Harmony House has a confidential 24-hour reporting hotline number- (706) 885-1525 -that inmates can utilize to make reports of sexual harassment concerning themselves or as an anonymous reporting source for other inmates. This is a community support based organization and services are provided at no cost to the reporting person.

Evidence Reviewed: TCCI has arranged for the Harmony House, a private entity to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. The private entity allows the inmate to remain anonymous. TCCI does not house inmates solely bases on civil immigration purposes. The auditor contacted the Harmony House and verified that the Harmony House provides this service for TCCI. They indicated that they would report an incident to the facility on if the inmate signed a waiver and consented to the Harmony House sharing the information. The inmate would otherwise remain anonymous and the agency would not be notified. The auditor interviewed a representative from the Harmony House to verify that this is the protocol in use.

115.51 (c) Meets Standard

Findings: TCCI staff accepts reports verbally, in writing, anonymously and from third parties. All verbal reports are promptly documented.

Evidence Reviewed: TCCI policy 208.06 requires staff to accept reports verbally, in writing, anonymously and from third parties. Staff members are also required to document in writing any verbal reports. The auditor interviewed a sampling of staff and learned that all staff members are familiar with the requirement to promptly document any reports made verbally. Staff interviewed stated that they would document the verbal report before the end of shift.

115.51 (d) Meets Standard

Findings: TCCI staff may privately report an incident of sexual abuse and sexual harassment by speaking in private with a supervisor, or by going to a higher-ranking individual if the supervisor may be involved. Staff also indicated that they could call the PREA hotline themselves to report an incident.

Evidence Reviewed: The auditor interviewed a sampling of staff members that advised the auditor that they would report an incident of sexual abuse or sexual harassment by speaking privately with a supervisor. Staff members also indicated that they could use the PREA Hotline to report an incident if they did not feel comfortable with reporting the incident to a supervisor.

115.52 Exhaustion of administrative remedies

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

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

115.52 (a) Meets 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, an inmate does not have an administrative procedure to address sexual abuse.*

Findings: TCCI has an administrative procedure to address inmate grievances regarding sexual abuse; therefore, the agency is not exempt from this standard.

Evidence Reviewed: TCCI has an inmate grievance system in place to address inmate complaints. The auditor reviewed the Grievance log for 2015-2016. Agency policy 208.06 addresses grievances and allows offenders a full and fair opportunity to file grievances regarding sexual abuse so as to preserve their ability to seek judicial redress after exhausting administrative remedies. This procedure shall be conducted in accordance with SOP 227.02, Statewide Grievance Procedure. All grievances received are forwarded to the local SART for handling in accordance with the local response protocol as outlined in the Local Procedure Directive.

115.52 (b) Meets Standard

Findings: There is a grievance system in place at TCCI allows for accepting a grievance related to sexual abuse without time limitations. According to the policy, inmates are not required to use an informal grievance process to attempt to resolve with staff, an alleged incident of sexual abuse. However, the inmate handbook fails to notify inmates that they may file a grievance related to sexual abuse without a time limitation or without using the informal grievance process to attempt to resolve an incident involving sexual abuse.

Evidence Reviewed: TCCI policy 227.02 addresses the use of the grievance system. The grievance policy allows for accepting a grievance related to sexual abuse without limitations. The policy states that inmates are not required to use an informal grievance process to attempt to resolve with staff, an alleged incident of sexual abuse. The auditor reviewed the inmate handbook and found that there was no reference to filing a grievance related to sexual abuse without time limitations or that inmates may submit the grievance without using the informal grievance process to attempt to resolve with staff the alleged incident of sexual abuse.

Corrective Action: The Inmate Handbook should be revised to allow for the acceptance of a formal grievance or emergency grievance related to sexual abuse without time limitations and without having to first attempt to resolve the grievance through the informal grievance process. This revision should be completed immediately and disseminated to all inmates.

Update: The facility has added the required information on grievances involving sexual abuse allegations to the inmate handbook.

115.52 (c) Meets Standard

Findings: There is a grievance system in place at TCCI allows for accepting a grievance related to sexual abuse without time limitations. According to the policy, inmates are not required to use an informal grievance process to attempt to resolve with staff, an alleged incident of sexual abuse. However, the inmate handbook fails to notify inmates that they may file a grievance related to sexual abuse without a time limitation or without using the informal grievance process to attempt to resolve an incident involving sexual abuse. The grievance is not referred to a staff member who is the subject of the complaint.

Evidence Reviewed: TCCI policy 227.02 addresses the use of the grievance system. The grievance policy allows for accepting a grievance related to sexual abuse without limitations. The policy states that inmates are not required to use an informal grievance process to attempt to resolve with staff, an alleged incident of sexual abuse. The auditor reviewed the inmate handbook and found that there was no reference to filing a grievance related to sexual abuse without time limitations or that inmates may submit the grievance without using the informal grievance process to attempt to resolve with staff the alleged incident of sexual abuse.

Corrective Action: The Inmate Handbook should be revised to allow for the acceptance of a formal grievance or emergency grievance related to sexual abuse without having to first attempting to resolve the grievance through the informal grievance process and without having to refer the grievance to the staff member who is the subject of the complaint. This revision should be completed immediately and disseminated to all inmates.

Update: The facility has added the required information on grievances involving sexual abuse allegations to the inmate handbook.

115.52 (d) Meets Standard

Findings: TCCI issues 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. The agency allows for an allowable extension to respond of

up to 70 days and notifies the inmate in writing of an extension and provides a date by which a decision will be made, 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.

Evidence Reviewed: Grievance Policy 227.02 states the agency will 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. The agency allows for an allowable extension to respond of up to 70 days and notifies the inmate in writing of an extension and provides a date by which a decision will be made, 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. The auditor reviewed the grievances filed 2015-April 2016. The auditor was unable to locate any grievances alleging sexual abuse. The auditor was also unable to locate any inmates in the facility that has alleged sexual abuse to interview. Therefore, this provision is considered based solely on policy and interviews with staff members. The PREA Coordinator was able to articulate this policy when interviewed.

115.52 (e) Meets Standard

Findings: TCCI allows third parties to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. Third parties are also permitted to file a request on behalf of an inmate. If the inmate declines to have the request processed on his behalf, the agency documents the inmate's decision.

Evidence Reviewed: Grievance policy 227.02 addresses each of these requirements. The agency did not have any third-party reports to review in a three-year period. Inmates interviewed were familiar that they could use a third party to assist in filing a request for administrative remedies relating to allegations of sexual abuse to include an advocate, family member, attorney or other persons.

115.52 (f) Meets Standard

Findings: TCCI does not have a grievance policy that allows for filing an emergency grievance for allegations of *substantial risk* of imminent sexual abuse. The policy does allow for filing an emergency grievance that involves "allegations of sexual assault." The policy allows for an initial response within 48 hours and a final agency decision within five days. The policy does not require the initial response and final agency decision to be documented, to include the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The inmates at TCCI are not familiar with the Emergency grievance process as they are related to filing an emergency grievance for allegations of *substantial risk* of imminent sexual abuse.

Evidence Reviewed: The auditor reviewed the Grievance policy 227.02, the inmate handbook and interviewed a random sample of inmates to determine compliance. The grievance policy states that inmates may file an emergency grievance that involves an allegation of sexual assault, rather than an allegation of substantial risk of imminent sexual abuse. The perception here would be that the abuse would of had to happen, rather than the inmate being at substantial risk of being abused. Additionally, the policy lacks a requirement to document the initial response and final agency decision to include the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Corrective Action: The grievance policy should be amended to include emergency grievances for allegations of *substantial risk* of imminent sexual abuse and should include a requirement to document the initial response and final agency decision, to include the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. This information should also be added to the inmate handbooks at TCCI and educate the inmates on this policy.

Update: The facility has added the required information on emergency grievances alleging substantial risk imminent sexual abuse to the inmate handbook.

115.52 (g) Meets Standard

Findings: TCCI has a policy that inmates who file a **report** related to an alleged sexual abuse case will only be disciplined for grievances filed in bad faith.

Evidence Reviewed: Policy 208.06 states, “For the purposes of a disciplinary action, a **report** of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.” The policy does not specifically address discipline for filing a grievance, but a report could include a grievance.

Recommendation: Best practices would include placing a statement in the grievance policy that the agency will only discipline an inmate for filing a grievance related to an alleged sexual abuse, if they do so **ONLY** where the agency can demonstrate that the inmate filed the grievance in bad faith.

115.53 Inmate access to outside confidential support services

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

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

115.53 (a) Meets Standard

Findings: TCCI directive 115.53 states that inmates will be notified of the rape victim advocacy and service agency located in the community. This information is also available to them upon request. An inmate may make a verbal or written request to staff to contact a victim service advocate or agency at any time. All reasonable measures will be taken to allow for as much privacy as possible. If inmates of TCCI request to contact a rape crisis organization staff will make every effort to offer the inmate reasonable privacy while maintaining visual security if located in restricted or sensitive areas within the facility. Inmates will typically utilize the phone in their counselor's office. The counselor will ensure privacy while the inmate is contacting the rape crisis-counseling provider.

Evidence Reviewed: The auditor conducted a site review of the facility and did not note any signage that provided inmates with access to outside victim advocates for emotional support services. The auditor reviewed the Inmate Handbook and was unable to locate any pertinent information regarding access to outside victim advocates for emotional support services. The auditor interviewed numerous random inmates, which generally revealed ignorance and lack of information concerning community resources available or contact address/phone numbers for such organizations.

Corrective Action: Provide the contact information for the Harmony House to inmates. The auditor would suggest adding the information to the inmate handbook or to the PREA brochure that is provided at intake.

Update: The facility has posted signs on dorms referencing outside victim advocates for emotional support services and added advocate services information with Sexual Assault Support Center to PREA pamphlet that is given to inmates upon arrival.

115.53 (b) Meets Standard

Findings: The facility does not 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.

Evidence Reviewed: TCCI directive 115.53 states, “All reasonable measures will be taken to allow for as much privacy as possible. If inmates of Troup County Correctional Institution request to contact a rape crisis organization staff will make every effort to offer the inmate reasonable privacy while maintaining visual security if located in restricted or sensitive areas within the facility. Inmates will typically utilize the phone in their counselor’s office. The counselor will ensure privacy while the inmate is contacting the rape crisis-counseling provider.” The auditor was unable to locate where/how this information is communicated to the inmates in the facility. The auditor interviewed a sampling of inmates in the facility and none of the inmates interviewed were familiar with the victim advocate or how to contact them.

Corrective Action: Inmates are to be informed, 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. This should be posted in the Inmate Handbook, on the PREA Brochure and/or near the telephones in the facility along with the contact information for victim advocates.

Update: The facility has added this information to the inmate handbook.

115.53 (c) Meets Standard

Findings: TCCI has not presented an agreement or MOU signed by the parties have they presented any documentation showing attempts to enter into an agreement. The Harmony House does provide these services for the TCCI.

Evidence Reviewed: The auditor was unable to determine that TCCI has entered into an agreement or MOU with the Harmony House or that they have documented the attempts to enter into an agreement. The auditor did speak with the Harmony House and confirmed that the Harmony House will provide victims advocate services and accept telephone calls from inmates housed at TCCI.

Corrective Action: Provide a copy of the signed agreement or documentation that the facility has attempted to enter an agreement with Harmony House.

Update: The facility entered into counseling services agreement with Sexual Assault Support Center, Inc. on September 1, 2016. A copy of the agreement was reviewed and retained by the auditor.

115.54 Third-party reporting

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

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

Findings: TCCI has provided a mechanism for receiving third-party reports of sexual abuse and sexual harassment. The facility has publicly distributed information on how to report sexual abuse and sexual harassment on behalf of an inmate by posting this information on their website.

Evidence Reviewed: The auditor reviewed TCCI’s website for compliance with this standard. The website directs individuals in how to report an incident of sexual abuse or sexual harassment. During orientation, inmates are made aware that they can report any PREA allegation, even third-party allegations, to staff or by utilizing the PREA hotline. PREA hotline posters are on display throughout the facility. Inmates interviewed were familiar with third party reporting to file a report of sexual harassment or sexual abuse either for themselves or for another inmates.

115.61 Staff and agency reporting duties

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

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

115.61 (a) Meets Standard

Findings: TCCI requires all staff to immediately report 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. TCCI also requires staff to report, according to policy, any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Evidence Reviewed: TCCI facility directive 115.61 states, “The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” The auditor interviewed a random sample of staff who confirmed that they have a duty to report 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

115.61 (b) Meets Standard

Findings: TCCI staff refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Evidence Reviewed: Facility directive 115.61 states, “Apart from reporting to designated supervisors or officials, staff shall not reveal 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.” Staff interviewed indicated that this information would only be revealed on a need to know basis to ensure the safety and security of the inmate.

115.61 (c) Meets Standard

Findings: Medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section. Medical and mental health practitioners are required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.

Evidence Reviewed: The auditor interviewed Medical staff at TCCI and confirmed that staff medical members are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Medical staff also reported that they disclose the limitations of confidentiality and their duty to report at the initiation of services.

115.61 (d) Non-Applicable

TCCI does not house anyone under the age of 18 or anyone considered a vulnerable adult.

115.61 (e) Meets Standard

Findings: TCCI staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.

Evidence Reviewed: The auditor reviewed TCCI’s directive 115.61, which states, “all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the Troup County Correctional Institution SART, GDC Statewide PREA Coordinator, and the GDC Internal Investigations Unit when the alleged perpetrator and/or victim is a State inmate. If any of the allegations involve County inmates, all of the same notifications will be made with the addition of the investigative unit for the Troup County Sheriffs Office. The Warden will be responsible for ensuring these notifications are made as soon as possible.” The auditor also interviewed the Warden who confirmed that all complaints are reported to designated investigators.

115.62 Agency protection duties

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

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

Findings: TCCI staff members take immediate action to protect inmates when they learn that the inmate is subject to substantial risk of imminent sexual abuse.

Evidence Reviewed: TCCI directive 115.62 states, “If an inmate at Troup County Correctional Institution is determined to be in imminent danger of sexual abuse, the Warden will be notified immediately and the inmate

will be housed in Administrative Segregation immediately in order to protect them.” The auditor interviewed a random sample of staff that all indicated that immediate action would be taken to protect an inmate who was at risk of imminent sexual abuse. The auditor interviewed the Warden and staff and each indicated that they would either remain with the offender in order to protect the offender and prevent any abuse from occurring or move the offender from the alleged threat and report the incident to their supervisor.

115.63 Reporting to other confinement facilities

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

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

115.63 (a) Meets Standard

Findings: The TCCI Warden, upon receiving an allegation that an inmate was sexually abused while confined at another facility, will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Evidence Reviewed: TCCI policy 208.06 states, “In cases where there is an allegation that sexual abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim's current facility will provide notification to the Warden/Superintendent of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.” The auditor inquired with the Warden and the PREA coordinator to see if there had been any cases reported in the past year and there were none to report.

115.63 (b) Meets Standard

Findings: TCCI policy and directive require that notifications be provided as soon as possible, not to exceed 72 hours after receiving the allegation.

Evidence Reviewed: TCCI policy 208.06 states, “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.” The auditor inquired with the Warden and the PREA coordinator to see if there had been any cases reported in the past year and there were none to report.

115.63 (c) Meets Standard

Findings: TCCI policy requires the agency to document that it has provided notification to other facilities if an inmate alleges he was sexually abused while confined at another facility.

Evidence Reviewed: TCCI policy 208.06 states, “The facility shall document that it has provided such notification.” The auditor inquired with the Warden and the PREA coordinator to see if there had been any cases reported in the past year and there were none to report.

115.63 (d) Meets Standard

Findings: TCCI Warden or agency office that receives such notification ensures that the allegation is investigated in accordance with these standards.

Evidence Reviewed: TCCI policy 208.06 requires the facility head or office that receives notification to ensure that the allegation is investigated in accordance with PREA standards. The auditor interviewed the Warden who advised that he would immediately refer the case to his investigator to ensure the case is investigated.

115.64 Staff first responder duties

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

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

115.64 (a) Meets Standard

Findings: TCCI security staff members that are the first to respond to a report of sexual abuse are required to separate the victim and abuser, preserve and protect the crime scene, ask the victim to not destroy any physical evidence by brushing his teeth, showering, changing clothes, urinating, defecating, smoking, drinking or eating if the abuse occurred in a time period that allows for the collection of physical evidence. Staff also ensure that 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.

Evidence Reviewed: The auditor reviewed TCCI’s Local Procedure Directive, which provides step-by-step procedures for responding to an allegation of sexual abuse. The plan covered each of the elements listed in this provision. In addition to the plan, all staff members are provided a card to carry at all times that lists the steps in responding to an allegation. Staff members interviewed were able to articulate the steps necessary to preserve evidence.

115.64 (b) Meets Standard

Findings: If the first staff responder is not a security staff member, the responder is required to request the victim to not take any actions that could destroy physical evidence and then notify security staff.

Evidence Reviewed: The auditor reviewed the agency Local Procedure Directive and found that it directs all staff to request the victim to not take any actions that could destroy physical evidence and then notify security staff. The auditor interviewed first responders (both security and non-security) and a random sample of staff members in reference to their required response to an allegation of sexual abuse. Each staff member interviewed responded affirmatively.

115.65 Coordinated response

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

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

Findings: TCCI has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan is referred to as the *Troup County Correctional Institution PREA Local Procedure Directive*. The plan coordinates actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Evidence Reviewed: The auditor interviewed the Warden and confirmed that the plan is in place and has been distributed amongst staff. The auditor also reviewed the coordinate response plan and verified that the plan coordinates actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

115.66 Preservation of ability to protect inmates from contact with abusers

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

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

115.66 (a) Non-Applicable

This standard is non-applicable, as the agency does not participate in any collective bargaining.

115.67 Agency protection against retaliation

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

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

115.67 (a) Meets Standard

Findings: TCCI has 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.

Evidence Reviewed: Agency policy 208.06 addresses retaliation. The policy protects inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency has established multiple mechanisms for protecting staff and inmates from retaliation. The agency has designated an individual to monitor retaliation for the agency. The auditor interviewed the retaliation monitor and found him to be familiar with the requirements of a retaliation monitor.

115.67 (b) Meets Standard

Findings: TCCI staff 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.

Evidence Reviewed: The auditor reviewed policy 208.06, which provides for 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. The auditor interviewed the Warden and Retaliation Monitor to confirm that these protocols are followed. The auditor was unable to locate any inmates that had reported sexual abuse or any inmates that had been placed in segregation housing for risk of sexual victimization or who alleged sexual abuse.

115.67 (c) Meets Standard

Findings: TCCI retaliation monitor follows each case for a minimum of 90 days to monitor the conduct and treatment of staff or inmates who reported sexual abuse or suffered sexual abuse to see if there are any changes that may suggest possible retaliation by staff or inmates. He acts promptly to remedy any retaliation. He monitors inmate disciplinary reports, inmate housing changes, program changes, and monitors for negative performance reviews or reassignments of staff. The retaliation monitor may monitor the case beyond 90 days if he feels there is a continuing need.

Evidence Reviewed: Local directive 115.67 states, "The appointing authority's designee for monitoring retaliation shall, for at least 90 days following a report of abuse, monitor 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 of staff. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need." The auditor interviewed the individual appointed as the retaliation monitor for the facility and learned that he is familiar with the provisions on this standard. The warden was also interviewed regarding retaliation monitoring and he indicated that there are multiple mechanisms in place to protect an inmate or staff member and that everything would be done to protect them from retaliation.

115.67 (d) Meets Standard

Findings: TCCI local directive 115.67 includes a clause that staff will monitor inmates with periodic status checks.

Evidence Reviewed: The auditor reviewed local directive 115.67, which includes a requirement that staff will continue to monitor inmates with periodic status checks. The retaliation monitor verified that he would conduct periodic status checks to ensure the safety of the inmate.

115.67 (e) Meets Standard

Findings: TCCI affords inmates that cooperate with an investigation the same protections as the victim of a sexual abuse case. Agency staff would take appropriate measures to protect the individual from retaliation.

Evidence Reviewed: TCCI's local directive states, "If any other individuals/inmates, who are cooperating with the investigation, feel a need for retaliation monitoring, the appointed staff for the victim will also serve in this capacity for these identified individuals." The retaliation monitor was interviewed and he stated that an inmate that cooperates with an investigation alleging sexual abuse, the inmate would be protected from retaliation, just as a victim of abuse would be protected.

115.68 Post allegation protection custody

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

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

115.68 Meets Standard

NOTE: The auditor should refer to the findings under Section 115.43 to determine compliance with this section.

Findings: TCCI only uses segregated housing to protect an inmate who is alleged to have suffered sexual abuse in the event all other available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers.

Evidence Reviewed: The auditor conducted an on site review of the facility to include the segregation unit. No inmates were observed in protective custody during the on-site walk through. The auditor interviewed the Warden who stated that they would not prohibit the use of segregation, but would place them there for a limited amount of time, overnight, since normal intake occurs on Tuesdays and Thursdays. Facility policy states that if an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged.

115.43 (a)

Findings: TCCI refrains 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Evidence Reviewed: The auditor interviewed the Warden who stated that they would not prohibit the use of segregation, but would place them there for a limited amount of time, overnight, since normal intake occurs on Tuesdays and Thursdays. Facility policy states that if an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement including the concern for the offender's safety must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged.

115.71 Criminal and administrative agency investigations

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

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

115.71 (a) Meets Standard

Findings: TCCI conducts investigations into allegations of sexual abuse and sexual harassment. All cases that appear criminal in nature are referred to an outside entity to investigate. The GDC investigators investigate all cases involving GDC inmates and cases involving county inmates are investigated by the TCSO. TCCI conducts investigations for all allegations, including third party and anonymous reports.

Evidence Reviewed: TCCI policy 208.06 addresses the requirements of conducting investigations into allegations of sexual abuse and sexual harassment. The GDC investigators investigate all cases involving GDC inmates and cases involving county inmates are investigated by the TCSO. TCCI conducts investigations for all allegations, including third party and anonymous reports. Interviews with investigative staff reveal that all allegations, even rumors, would be investigated. TCCI has not had any cases reported in recently; therefore, the auditor was unable to review cases or incidents that were investigated. The auditor conducted numerous interviews with staff and asked about when the most recent cases were reported and was advised that it had been eight or nine years.

115.71 (b) Non-Applicable

TCCI does not conduct investigations of sexual abuse, these cases would be investigated by the GDC or TCSO, depending on who the victim was in the incident.

115.71 (c) Meets Standard

Findings: TCCI does have trained investigators that are capable of gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses. TCCI investigators can also review prior reports and complaints of sexual abuse involving the suspected perpetrator. However, it should be noted that all cases that appear criminal in nature are referred to outside agencies to investigate. Once TCCI learns that a case is criminal or appears a though it could be criminal, a referral is made and the on site investigator would assist the investigating agency as needed in securing evidence.

Evidence Reviewed: Policy 208.06 addresses the duties and requirements of investigators and when a case is to be referred for investigation. The auditor also interviewed the staff investigator. There were no cases to review for compliance.

115.71 (d) Meets Standard

Findings: TCCI refers all criminal investigations to GDC or TCSO. In cases that appear to support criminal prosecution, the lead investigative agency would consult with prosecutors before conducted compelled interviews.

Evidence Reviewed: TCCI complies with standard by following policies and procedures as outlined in the Georgia Department of Corrections policy number 208.06 in regard to PREA Investigations concerning criminal prosecutions which states, "When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Investigative staff interviewed concurred that all cases would be presented to the prosecutor to consult prior to conducting compelled interviews.

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?

Findings: TCCI investigators assess the credibility of an alleged victim, suspect or witness on an individual basis and not on that individual's status as an inmate or staff. TCCI investigators 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.

Evidence Reviewed: Policy 208.06 and facility directive 115.71 address this provision and prohibits the use of any truth telling devices as a condition for proceeding. TCCI investigators stated that they would assess the credibility of an alleged victim, suspect or witness on an individual basis and not on that individual's status as an inmate or staff. TCCI has not had any allegations of sexual abuse or sexual harassment in the past eight or nine year; therefore, there were no case files to review of compliance.

115.71 (f)

Findings: TCCI administrative investigations include an effort to determine if staff actions or failure to act contributed to the abuse. All administrative investigations are 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.

Evidence Reviewed: TCCI policy 208.06 and facility directive 115.71 address this provision of the standards. The auditor interviewed the facility investigator who stated that he would document the allegation, to include all evidence, statements, incident reports, outcome of the investigation and the results of the investigation in his report.

115.71 (g) Meets Standard

Findings: All criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence.

Evidence Reviewed: TCCI policy 208.06 and facility directive 115.71 address this provision of the standards. The auditor interviewed the facility investigator who stated that he would document the allegation, to include all evidence, statements, incident reports, outcome of the investigation and the results of the investigation in his

report.

115.71 (h) Meets Standard

Findings: All substantiated allegations of conduct that appear to be criminal would be referred for prosecution by the investigating agency. TCCI does not complete the investigations that appear to be criminal in nature. TCCI has not investigated any cases in the past four years that appears to be allegations of conduct that appear to be criminal that were referred for prosecution.

Evidence Reviewed: TCCI does not investigate allegations that appear to be criminal cases. These cases are referred to the GDC or the TCSO for investigation. There are no cases to review for compliance.

115.71 (i)

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

Findings: TCCI would retain all written reports reference in 115.71(f) and (g) for as long as the alleged abuser in incarcerated or employed by the agency, plus five years.

Evidence Reviewed: Facility Directive 115.71 addresses the retention of written reports to include retaining all written reports reference in 115.71(f) and (g) for as long as the alleged abuser in incarcerated or employed by the agency, plus five years. The auditor was unable to review any reports of this nature for compliance with this provision, as no reports exist that have been written since before 2012.

115.71 (j) Meets Standard

Findings: TCCI policy ensures that departure of an alleged abuser from the employment or control of the agency does not provide a basis for terminating an investigation

Evidence Reviewed: Policy 208.06 states, "The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation." The auditor interviewed investigative staff and the warden to confirm that the investigation would continue even if the alleged abuser or victim was released or removed from employment of the department.

115.71 (k) N/A

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

Evidence Reviewed:

115.71 (l) Meets Standard

Findings: TCCI investigative staff members cooperate with outside entities investigating sexual abuse. The facility cooperates with outside investigators and endeavor to remain informed about the progress of the investigation.

Evidence Reviewed: TCCI policy 208.06 and facility directive 115.71 require the investigative staff to cooperate with outside entities and to endeavor to remain informed about the progress of the investigation. The auditor interviewed the facility investigator and learned that he acts as the primary liaison with outside investigators. The auditor also interviewed the Warden and PREA Coordinator who confirmed that the investigator would work with the outside agency to remain informed as to the progress of the investigation.

115.72 Evidentiary standard for administrative investigations

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

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

Findings: TCCI conducts its own investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively regardless of the source of the report.

Evidence Reviewed: The auditor interviewed the facility investigator to learn that all allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively regardless of the source of the report. There were no cases to review for compliance with this provision as there have not been any reports of PREA cases in the past eight or nine years.

115.73 Reporting to inmates

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

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

115.73 (a) Meets Standard

Findings: TCCI has a policy to inform an inmate, following an investigation into an allegation that he or she suffered sexual abuse in an agency facility, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Evidence Reviewed: TCCI policy 208.06 states that the facility will notify an inmate whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation of an allegation. The investigator and warden were interviewed and verified that this is the policy of the facility. There were not inmates who had reported an incident of sexual abuse at this facility to interview. The auditor did interview one inmate that had reported an allegation of sexual abuse while housed at another facility, but this case was not relevant to TCCI’s compliance with this provision.

115.73 (b) Meets Standard

Findings: TCCI policy would require the investigator to remain informed and to request the relevant information from the investigative agency in order to inform the inmate of the status of the case.

Evidence Reviewed: Policy 208.06 governs the requirement to remain informed and to request the relevant information from the investigative agency in order to inform the inmate of the status of the case. There were no cases to review for compliance with this provision as there have not been any reports of PREA cases in the

past eight or nine years.

115.73 (c) Meets Standard

Findings: Following an inmate’s allegation of sexual abuse committed by a staff member, the agency will inform the inmate when the staff member is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility, or the learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Evidence Reviewed: TCCI policy 208.06 states, “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, or unfounded. A member of the local SART will complete this unless appointing authority delegates to another designee under certain circumstances. Such notifications or attempted notifications shall be documented on Attachment 5, Notification to Offender. The Department’s obligation to report under this standard shall terminate if the offender is released from the Department’s custody.” The auditor was unable to review any cases for compliance with this provision as there have not been any reports of PREA cases in the past eight or nine years.

115.73 (d) Meets Standard

Findings: TCCI has an obligation to inform the inmate when the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Evidence Reviewed: TCCI facility directive 115.73 requires the facility to notify an inmate when the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The facility has created a form to use for the notification labeled the Investigative findings memo. There were no cases to review for compliance with this provision as there have not been any reports of PREA cases in the past eight or nine years.

115.73 (e) Meets Standard

Findings: TCCI has an obligation to inform the inmate when the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The facility documents all notifications or attempted notifications.

Evidence Reviewed: TCCI facility directive 115.73 requires the facility to notify an inmate when the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The facility has created a form to use for the notification labeled the Investigative findings memo. There were no cases to review for compliance with this provision as there have not been any reports of PREA cases in the past eight or nine years.

115.76 Disciplinary sanctions for staff

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.76 (a) Meets Standard

Findings: TCCI staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies

Evidence Reviewed: Policy 208.06 states, “Staff members that engage in sexual misconduct with an offender shall be banned from correctional institutions or subject to disciplinary action, up to and including termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate.” There were no cases to review for compliance with this provision as there have not been any reports of PREA cases in the past eight or nine years.

115.76 (b) Meets Standard

Findings: TCCI policy states that termination the presumptive disciplinary sanction for staff that has engaged in sexual abuse.

Evidence Reviewed: Policy 208.06 states, “Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual *touching*.” There were no sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policies available for review.

Recommendation: Best practices would be to review this policy to be in line with the verbiage from the PREA standards and state “termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”

115.76 (c) Meets Standard

Findings: All disciplinary sanctions for violation of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

Evidence Reviewed: Policy 208.06 mirrors this requirement. There were no sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policies available for review.

115.76 (d) Meets Standard

Findings: 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, would be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

Evidence Reviewed: Policy 208.06 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). There were no sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policies available for review.

115.77 Corrective action for contractors and volunteers

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

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

115.77 (a) Meets Standard

Findings: All contractors or volunteers who engages in sexual abuse prohibited from contact with inmates and reported to Law enforcement agencies and/or the relevant licensing bodies, unless the activity was clearly not criminal.

Evidence Reviewed: Policy 208.06 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.” There were no sample records of sanctions for violation against contractors and volunteers of sexual abuse or harassment policies available for review.

115.77 (b) Meets Standard

Findings: TCCI has a policy to take appropriate remedial measures, and consider whether to prohibit further contact with inmates for any cases sexual abuse or sexual harassment policies committed by a contractor or volunteer.

Evidence Reviewed: Policy 208.06 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.” There were no sample records of sanctions for violation against contractors and volunteers of sexual abuse or harassment policies available for review.

115.78 Disciplinary sanctions for inmates

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.78 (a) Meets Standard

Findings: All inmates are subjected to disciplinary sanctions pursuant to a formal disciplinary process 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.

Evidence Reviewed: Facility policy 208.06 states, "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." In the past year, there have not been any cases of offender on offender sexual abuse at the facility.

115.78 (b) Meets Standard

Findings: Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories

Evidence Reviewed: Facility policy 208.06 states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories." In the past year, there have not been any cases of offender on offender sexual abuse at the facility.

115.78 (c) Meets Standard

Findings: The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Evidence Reviewed: Policy 208.06 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, MHIMR Discipline Procedures." In the past year, there have not been any cases of offender on offender sexual abuse at the facility.

115.78 (d) Non-Applicable

TCCI does not provide counseling services to inmates.

115.78 (e) Meets Standard

Findings: Inmates are only disciplined for sexual contact with staff upon a finding that the staff member did not consent to the contact.

Evidence Reviewed: Policy 208.06 states, "An offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. There were no records of disciplinary actions against inmates for sexual conduct with staff to review.

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

Findings: Reports of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred do not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Evidence Reviewed: Policy 208.06 states, “For the purposes of a disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.” There were no records of disciplinary actions against inmates for sexual conduct with staff to review.

115.78 (g) Meets Standard

- Does the agency refrain from considering non-coercive sexual activity between inmates to be sexual abuse? Yes No

Findings: TCCI refrains from considering non-coercive sexual activity between inmates to be sexual abuse.

Evidence Reviewed: TCCI policy 208.06 defines sexual abuse as follows,” Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through -the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

There were no records of disciplinary actions against inmates for non-coerced sexual conduct to review that were considered sexual abuse. The facility does have a policy that any sexual activity is prohibited.

115.81 Medical and mental health screenings; history of sexual abuse

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.81 (a) Meets Standard

Findings: TCCI medical staff ensure that inmates that indicate they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Evidence Reviewed: Medical staff ensure that inmates that have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, is offered a follow-up meeting with a medical or

mental health practitioner within 14 days of the intake screening. Facility Directive 115.81 states, "Troup County Correctional Institution conforms to PREA standards concerning medical and mental health screenings for its population of both state and county inmates. State inmates are interviewed in accordance with GDC protocols during their induction at the Georgia Diagnostic and Classification Prison and those findings are documented and become a permanent part of the inmate's prison file. During reception at the Troup County Correctional Institution, that file is reviewed. Sentenced county inmates undergo a like screening by local Troup County Correctional Institution medical staff. In the event that there is a need for initial or ongoing treatment, the medical staff refers the inmate to the appropriate organization (local resource or state facility) for services. The auditor interviewed Medical staff that indicated inmates would be offered a follow-up meeting within 14 days of the intake screening.

115.81 (b) Meets Standard

Findings: TCCI medical staff ensure that inmates 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.

Evidence Reviewed: Medical staff ensure that inmates that 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. GDC and TCSO inmates are screened and would not be housed at this facility if they had a history of having previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. The auditor interviewed Medical staff; the Warden and PREA Coordinator to determine that inmate with previous perpetration of sexual abuse would not be housed at this facility.

115.81 (c) Non-Applicable

This is a prison.

115.81 (d) Meets Standard

Findings: TCCI ensure that all 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.

Evidence Reviewed: Facility policy 208.06 states, "Any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments." Much of the information is stored in SCRIBE, which only a limited number of staff have access to. The Warden and PREA Coordinator stated that this information is only available on a need to know basis.

115.81 (e) Meets Standard

Findings: Medical staff obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This facility does not house anyone under the age of 18.

Evidence Reviewed: Medical staff interviewed stated that they obtain informed consent from inmates before

reporting information about prior sexual victimization that did not occur in an institutional setting. The facility h does not house inmates under the age of 18.

115.82 Access to emergency medical and mental health services

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

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

115.82 (a) Meets Standard

Findings: Inmate victims 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.

Evidence Reviewed: The auditor interviewed Medical staff to confirm that inmates 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. Inmates who disclose prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days. There were no reports of an inmate disclosing prior sexual victimization at TCCI in the past year. The auditor interviewed staff responsible for risk screening to determine that inmate victims 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. The auditor was unable to locate any inmates that had disclosed prior victimization during the risk screening at TCCI.

115.82 (b) Meets Standard

Findings: If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to § 115.62.

Evidence Reviewed: The auditor interviewed Medical staff and a random selection of first responders to determine that staff first responders immediately notify medical practitioners when they have an allegation of sexual abuse. The facility does not employ or contract with Mental Health practitioners. Inmates requiring mental health would be transferred to a catchment facility. Facility policy states, “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.”

115.82 (c) Meets Standard

Findings: Inmate victims of sexual abuse are transferred to a catchment facility where they would be 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.

Evidence Reviewed: Facility Directive 115.82 states, “Troup County Correctional Institution medical staff refer inmates of sexual abuse in an emergency situation to the West Georgia Regional Medical Center in Lagrange

Georgia for initial treatment and, if appropriate, follow up or additional treatment at Rutledge State Prison in Columbus Georgia. Inmates requiring emergency mental health services are evaluated and treated at Rutledge State Prison.” However, medical staff interviewed also indicated, “that would be in the realm- especially STD’s - this would be done at the ER; she sends everyone out. She handles cuts, bruises, chronic medical problems; all others are sent out.”

115.82 (d) Meets Standard

Findings: All treatment services are 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.

Evidence Reviewed: The auditor interviewed medical staff and the PREA Coordinator to determine that services would be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no cases to review for compliance with this provision.

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

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

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

115.83 (a) Meets Standard

Findings: The facility offers 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. All Mental Health treatment would take place at the catchment facility, Rutledge State Prison.

Evidence Reviewed: The auditor interviewed medical staff. Medical staff appeared very compassionate and professional. They stated evaluation and necessary treatment services are available to inmates who have been victimized by sexual abuse in a confinement setting. Inmates requiring mental health services would be transferred to the catchment facility for follow up and service.

115.83 (b) Meets Standard

Findings: TCCI would offer evaluation and treatment of victims to 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 if they were released directly from TCCI.

Evidence Reviewed: The auditor interviewed medical staff. Medical staff appeared very compassionate and professional. They stated evaluation and necessary treatment services are available to inmates who have been victimized by sexual abuse in a confinement setting. Inmates requiring mental health services would be

transferred to the catchment facility for follow up and service.

115.83 (c) Meets Standard

Findings: TCCI provide victims with medical and mental health services consistent with community level of care.

Evidence Reviewed: Medical staff interviewed stated that they offer victims medical care consistent with the community level of care. Inmates requiring mental health services would be transferred to the catchment facility for follow up and service. There were not records to review where inmates had received medical or mental health services after reporting a sexual abuse incident at TCCI.

115.83 (d) Non-Applicable

TCCI is a male only facility.

115.83 (e) Non-Applicable

TCCI is a male only facility.

115.83 (f) Meets Standard

Findings: Inmate victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate.

Evidence Reviewed: Medical staff interviewed stated that Inmate victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate while at the emergency room. Medical staff interviewed indicated that she would not provide this type of care at TCCI, "that would be in the realm- especially STD's - this would be done at the ER; she sends everyone out. She handles cuts, bruises, chronic medical problems; all others are sent out."

115.83 (g) Meets Standard

Findings: All treatment services are 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.

Evidence Reviewed: The auditor interviewed medical staff and the PREA Coordinator to determine that services would be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no cases to review for compliance with this provision.

115.83 (h) Non-Applicable

TCCI is a county prison. They do not provide any mental health services on site. Inmates requiring mental health services transferred to a catchment facility, Rutledge State Prison or if a county inmate, they are returned to the Troup County Sheriff's Office for treatment.

115.86 Sexual abuse incident reviews

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

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

115.86 (a) Meets Standard

Findings: TCCI has a policy to 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.

Evidence Reviewed: Policy 208.06 states, “Each facility shall meet once per month to review and assess the facility 's PREA prevention, detection, and response efforts. During this meeting an incident review shall be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review shall be conducted on all abuse allegations deemed substantiated and unsubstantiated. Reviews are not necessary for unfounded allegations.” The auditor interviewed the Warden, the PREA Coordinator to confirm that an incident review would be completed 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.

115.86 (b) Meets Standard

Findings: TCCI has a policy to 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.

Evidence Reviewed: Policy 208.06 states, “Each facility shall meet once per month to review and assess the facility 's PREA prevention, detection, and response efforts. During this meeting an incident review shall be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review shall be conducted on all abuse allegations deemed substantiated and unsubstantiated. Reviews are not necessary for unfounded allegations.” The auditor interviewed the Warden, the PREA Coordinator to confirm that an incident review would be completed 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.

115.86 (c) Meets Standard

Findings: TCCI Incident review team is comprised of the PREA Coordinator, Warden, Investigator(s), Medical staff and SART Team members.

Evidence Reviewed: Policy 208.06 states, “The review team shall include the PREA Coordinator, SART and representatives from upper management, line supervisors and other staff members, as designated by the Warden/Superintendent of the facility.” The auditor interviewed several members of the Incident Review Team to confirm that the team is comprised of a selection of staff that includes PREA Coordinator, SART and representatives from upper management, line supervisors and other staff members, as designated by the Warden/Superintendent of the facility.

115.86 (d) Meets Standard

Findings: The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the allegation or incident was motivated or otherwise caused by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or was motivated by other group dynamics at the facility. The team examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse. Assesses the adequacy of staffing levels in the area during different shifts. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff members and prepares a report of its findings including, but not limited to, determinations regarding all of the above, and any recommendations for improvement, and submits the report to the Warden/Superintendent and PREA Coordinator.

Evidence Reviewed: Policy 208.06 details how the Incident Review Team will approach the review of a sexual abuse incident. Each of the required criteria covered in the policy. The PREA Coordinator, interviewed by the auditor, confirmed that each of these elements would be considered and reviewed. There have not been any cases to review in the past three years.

Recommendation: It is recommended that the facility develop an Incident Review Team checklist or form that will provide a guideline to use, should the facility have an incident to review in the future to ensure that all elements are reviewed and documented.

115.86 (e) Meets Standard

Findings: The facility implements recommendations for improvement or documents its reasons for not doing so.

Evidence Reviewed: Facility directive 115.86 states, "The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager." There were not cases to review to confirm compliance beyond the policy.

Recommendation: While not required in policy, the auditor would recommend that the agency amend Facility Directive 115.86 to state that the facility shall implement the recommendations for improvement, or shall **document** its reasons for not doing so.

115.87 Data collection

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

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

115.87 (a) Meets Standard

Findings: This standard requires that the facility collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. While the facility has not had any incidents, it should still be producing a report that indicates there were no cases.

Evidence Reviewed: The facility has a policy to collect the data required but has not published an annual report to date.

Corrective Action: Generate a standardized annual report, even for years that no incidents were reported. The annual reports should be posted on the facility website. The agency should generate and post these reports no later than August 10, 2016.

Update: The facility has generated an annual report and posted the same on their website at http://www.troupcountyga.org/correctional_institute.html.

115.87 (b) Meets Standard

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

Findings: The agency has not presented any annual reports that aggregate the incident-based sexual abuse annually.

Evidence Reviewed: The auditor requested copies of annual reports reviewed the agency's website for annual reports and was unable to locate any reports.

Corrective Action: Aggregate annual reports annually. Each year, the agency should create an annual report and aggregate the reports by combining the elements for a comparison and analysis of areas that may need improvement or may need to be addressed to further enhance their efforts to prevent sexual abuse and sexual harassment. These reports should be generated and posted to the website no later than September 10, 2016.

Update: The facility has created an aggregated annual report and combined the elements for comparison and analysis of areas that may need improvement or may need to be further enhanced. The reports were posted on the website located at http://www.troupcountyga.org/correctional_institute.html.

115.87 (c) Meets Standard

Findings: The agency has not presented any annual reports that aggregate the incident-based sexual abuse annually.

Evidence Reviewed: The auditor requested copies of annual reports reviewed the agency's website for annual reports and was unable to locate any reports.

Corrective Action: Aggregate annual reports annually. Each year, the agency should create an annual report and aggregate the reports by combining the elements for a comparison and analysis of areas that may need improvement or may need to be addressed to further enhance their efforts to prevent sexual abuse and sexual harassment. These reports should include 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 posted to the website no later than September 10, 2016.

Update: The facility has created an aggregated annual report and combined the elements for comparison and analysis of areas that may need improvement or may need to be further enhanced. The reports were posted on the website located at http://www.troupcountyga.org/correctional_institute.html.

115.87 (d) Meets Standard

Findings: The agency has not presented any annual reports that aggregate the incident-based sexual abuse annually.

Evidence Reviewed: The auditor requested copies of annual reports reviewed the agency's website for annual reports and was unable to locate any reports.

Corrective Action: Aggregate annual reports annually. Each year, the agency should create an annual report and aggregate the reports by combining the elements for a comparison and analysis of areas that may need improvement or may need to be addressed to further enhance their efforts to prevent sexual abuse and sexual harassment. The agency should maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. These reports should include 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 posted to the website no later than September 10, 2016. The agency should maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Update: The facility has created an aggregated annual report and combined the elements for comparison and analysis of areas that may need improvement or may need to be further enhanced. The reports were posted on the website located at http://www.trouppcountyga.org/correctional_institute.html.

115.87 (e) Non-Applicable

The agency does not contract with any other facilities to house its inmates.

115.87 (f) Non-Applicable

Findings: The Department of justice has not asked the agency to complete a Survey of Sexual Victimization.

Evidence Reviewed: None.

115.88 Data review for corrective action

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

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

115.88 (a) Meets Standard

Findings: The agency has not drawn any annual reports nor aggregated the data 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, taking corrective action on an ongoing basis or preparing an

annual report of its findings and corrective actions for the facility.

Evidence Reviewed: No reports were provided for review.

Corrective Action: Complete annual reports and aggregated the data 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, taking corrective action on an ongoing basis or preparing an annual report of its findings and corrective actions for the facility. These reports should be completed by August 10, 2016.

Update: The facility has completed annual reports for 2012-2015. The reports aggregate the data 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, taking corrective action on an ongoing basis or preparing an annual report of its findings and corrective actions for the facility.

115.88 (b) Meets Standard

Findings: The agency has not completed any annual reports nor aggregated the data 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, taking corrective action on an ongoing basis or preparing an annual report of its findings and corrective actions for the facility.

Evidence Reviewed: No reports were provided for review.

Corrective Action: Complete annual reports and aggregated the data 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, taking corrective action on an ongoing basis or preparing an annual report of its findings and corrective actions for the facility. The reports should 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. These reports should be completed by August 10, 2016.

Update: The facility has completed annual reports for 2012-2015. The reports aggregate the data 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, taking corrective action on an ongoing basis or preparing an annual report of its findings and corrective actions for the facility. The reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

115.88 (c) Meets Standard

Findings: The agency has not generated an annual report to be signed by the agency head and made available to the public through its website.

Evidence Reviewed: The auditor reviewed the agency's website and interviewed the PREA Coordinator to determine that these reports have not been created.

Corrective Action: Generate an annual report approved by the agency head and make it readily available to the public through the agency website.

Update: The facility has posted the approved reports to the website at

http://www.troupcountyga.org/correctional_institute.html.

115.88 (d) Meets Standard

Findings: The agency has not yet generated any annual reports.

Evidence Reviewed: The agency has not yet generated any annual reports.

Corrective Action: The annual reports should include 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 in the reports. This should be completed no later than August 10, 2016.

Update: The facility has posted the approved reports to the website at http://www.troupcountyga.org/correctional_institute.html. The facility has not had any cases reported, therefore, it has not been necessary to redact any information.

115.89 Data storage, publication, and destruction

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

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

115.89 (a) Meets Standard

Findings: All agency data collected pursuant to § 115.87 is securely retained.

Evidence Reviewed: The auditor interviewed the PREA Coordinator to determine that all agency data collected pursuant to § 115.87 is securely retained. The agency has not had any cases to report since prior to 2012. Should the agency receive a report, the information would be securely retained. No records currently exist that pertain to this standard.

115.89 (b) Meets Standard

Findings: The agency does not currently make all aggregated sexual abuse data readily available to the public at least annually through its website.

Evidence Reviewed: No reports to review.

Corrective Action: Create an annual aggregated report and make it available on the website. This should be completed no later than August 10, 2016.

Update: The facility has posted aggregated reports to the website at http://www.troupcountyga.org/correctional_institute.html.

115.89 (c) Meets Standard

Findings: The agency does not currently make all aggregated sexual abuse data readily available to the public at least annually through its website. All personal identifiers should be removed before making aggregated sexual abuse data publicly available.

Evidence Reviewed: No reports to review.

Corrective Action: Create an annual aggregated report and make it available on the website. All personal identifiers should be removed before making aggregated sexual abuse data publicly available. This should be completed no later than August 10, 2016.

Update: The facility has posted aggregated reports to the website at http://www.trouppcountyga.org/correctional_institute.html. No personal identifiers were included in the report.

115.89 (d) Meets Standard

Findings: The agency has a policy to collect sexual abuse data pursuant to 115.87 (Data Collection) is maintained for a minimum of 10 years after the date of original collection. However, no reports have been made to date.

Evidence Reviewed: The agency has not yet generated any reports.

Corrective Action: Create an annual aggregated report and make it available on the website. All personal identifiers should be removed before making aggregated sexual abuse data publicly available. All reports should be maintained for a minimum of 10 years after the date of original collection. Reports should be generated for 2013, 2014, and 2015. This should be completed no later than August 10, 2016.

Update: The facility has posted aggregated reports for 2012-2015 to the website at http://www.trouppcountyga.org/correctional_institute.html.

115.401 Frequency and scope of audits

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

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

115.401 (h) Meets Standard

Findings: The auditor had access to and the ability to observe, all areas of the audited facility.

Evidence Reviewed: The agency made all areas of the facility available to the auditor.

115.401 (i) Meets Standard

Findings: The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information)

Evidence Reviewed: The agency provided the auditor with all available information that was requested.

115.401 (m) Meets Standard

Findings: The auditor was able to conduct private interviews with inmates, residents, and detainees

Evidence Reviewed: The auditor was provided a private office to interview inmates, residents, and detainees.

115.401 (n) Meets Standard

Findings: The facility inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Evidence Reviewed: Inmates were provided a Notice of Audit (NoA) that contained the contact information of the auditor. The NoA was posted March 2, 2016.

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.



September 12, 2016

Auditor Signature

Date