

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAIL

<b>Name of Facility:</b>	Central Detention Facility		
<b>Physical Address:</b>	1901 D Street SE; Washington, DC 20003		
<b>Date Report Submitted:</b>	December 9, 2014		
<b>Auditor Information:</b>	<b>Melinda D. Allen</b>		
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<b>Email:</b>	preaaudit@gmail.com		
<b>Telephone Number:</b>	706-449-0003		
<b>Date of Facility Visit:</b>	July 13-15, 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	(202) 673-7316		
<b>The facility is:</b>	<input type="checkbox"/> <b>Military</b> <input type="checkbox"/> <b>Private for profit</b>	<input type="checkbox"/> <b>County</b> <input type="checkbox"/> <b>Municipal</b> <input type="checkbox"/> <b>Private not for profit</b>	<input type="checkbox"/> <b>Federal</b> <input checked="" type="checkbox"/> <b>State</b>
<b>Facility Type:</b>	<input checked="" type="checkbox"/> <b>Jail</b>	<input type="checkbox"/> <b>Prison</b>	
<b>Name of PREA Compliance Manager:</b>	Prechelle Shannon	<b>Title:</b> PREA Coordinator	
<b>Email Address:</b>	prechelle.shannon@dc.gov	<b>Telephone Number:</b> (202) 698-4878	
<b>Agency Information</b>			
<b>Name of Agency:</b>	District of Columbia Department of Corrections		
<b>Governing Authority or Parent Agency: (if applicable)</b>			
<b>Physical Address:</b>	2000 14th Street, NW, Seventh Floor Washington, DC 20009		
<b>Mailing Address: (if different from above)</b>			
<b>Telephone Number:</b>	(202) 673-7316		
<b>Chief Executive Officer</b>			
<b>Name:</b> Thomas N. Faust	<b>Title:</b> Director		
<b>Email Address:</b> thomas.faust@dc.gov	<b>Telephone Number:</b> (202) 673-7316		
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Prechelle Shannon	<b>Title:</b> PREA Coordinator		
<b>Email Address:</b> prechelle.shannon@dc.gov	<b>Telephone Number:</b> (202) 698-4878		

## **Audit Findings:**

### **Narrative:**

The PREA Audit of the Central Detention Facility was conducted from July 13-15, 2014. The auditor wishes to extend its appreciation to Warden William Smith and his staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor.

Following the Entrance Meeting, the auditor was given a very thorough tour of the facility. Following the tour, the auditor began the interviews and reviews of investigative files and other documents. At least one offender from each housing unit was interviewed. Those interviewed were selected, by the auditor, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed. A total of seventeen inmates were interviewed.

A total of thirty-three staff, randomly selected, correctional officers and other identified specialized staff were interviewed, including the Director, Warden, PREA Coordinator, Investigator, first responders, health care providers, and mental health professionals. The Designated Auditor also conducted a telephone interview with the head of the Special Investigation Unit.

The auditor was impressed by how knowledgeable the correctional officers and other staff were about PREA, first response, evidence collection, and data collection. When the on-site audit was completed, the auditor conducted an exit meeting to review some issues needing further documentation and clarification. The auditor did give an overview of the audit and thanked the Central Detention Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

### **Description of facility characteristics:**

The Central Detention Facility is located in Southeast DC at 1901 D Street, SE. The facility was opened in 1976. In October 2007, the Executive Administration established a population capacity at the jail of 2,164. The majority of male inmates housed in the Central Detention Facility are awaiting adjudication of cases or are sentenced for misdemeanor offenses. As a result of the National Capital Revitalization and Self-Government Improvement Act of 1997, sentenced felons are transferred to the Federal Bureau of Prisons.

At the time of the audit, the facility held approximately 1,455 offenders. The facility is comprised of fifteen housing units in addition to the intake and release areas. The facility is in the process of constructing a new modern Intake Processing Center with an anticipated September 2014 opening.

### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: \_\_\_\_\_ 02

Number of standards met: \_\_\_\_\_ 41

Number of standards not met: \_\_\_\_\_ 00

Number of standards not applicable: \_\_\_\_\_ 00

Standard	§115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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- 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)

**Auditor comments, including corrective actions needed if does not meet standard**

The DC Department of Corrections has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. PP3350.2G outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies such as the DC Personnel Regulations, supplement the main PREA policy. Ms. Prechelle Shannon is the PREA Coordinator. Ms. Shannon claims to have enough time to perform her PREA duties.

Standard	§115.12 Contracting with other entities for the confinement of inmates
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- 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)

The contract with CCA was amended in October 2014 to include language that addresses PREA compliance.

Standard	§115.13 Supervision and Monitoring
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- 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)

The DC Central Facility has developed a staffing plan and makes its best efforts to comply with the staffing plan. Cameras and mirrors supplement the security of staff members' posts. The staffing plan is reviewed annually by the facility command staff but should include the PREA Coordinator in the annual review. The facility documents all deviations to the plan. Unannounced rounds are documented in logs, and are done randomly by Sergeants and Lieutenants. The agency has a policy that prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

The staffing of the facility is reviewed annually. During the on site audit, it was determined that the PREA Coordinator was not consulted during the annual staffing reviews. This was modified during the CAP and the PREA Coordinator is now included in the process. The agency provided proof documentation of consultation within the PREA Coordinator regarding the opening of the new intake area.

Standard	§115.14 Youthful Inmates
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- 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

The facility intakes juvenile offenders, processes them into the system, then move them to another facility. The new Intake Processing Center (IPC) has sight and sound separation from the adult section of the facility.

Standard	§115.15	Limits to Cross-Gender Viewing and Searches
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- 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)

The Central Facility does not conduct cross gender strip searches. Body cavity searches are only done by medically trained professionals per program statement 5009.2D The auditor observed female staff announce their presence when they enter the housing unit. Staff and inmates interviewed confirmed female staff are announced.

Program statement 5009.2D states, a visual, x-ray, manual, or instrument inspection of a body orifice, including an anal, vaginal, or alimentary (digestive tract) cavity may be conducted only by a qualified health care personnel in private upon written approval of the Warden or higher authority and only when there is reasonable belief that an inmate is concealing contraband in one or more of these areas of his/her body and it is an immediate threat to the health and safety of the inmate as determined by a medical doctor. Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks.

~~The Central Facility does not conduct cross gender strip searches. Body cavity searches are only done~~

Standard	§115.16	Inmates with Disabilities and Inmates who are Limited English Proficient
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- 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)

The facility takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks in English and Spanish. The agency also has a contract for other language interpretations and utilizes the services as warranted. Contract with Language Access Program for phone interpreters. There are some staff who speak Spanish and both inmates and staff stated inmates are not used as interpreters for issues with sexual abuse and sexual harassment.

Standard	§115.17 Hiring and Promotion Decisions
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- 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)

The agency currently conducts the background checks on an annual basis based on the Lautenberg Amendment. This previously established practice exceeds the standard requirement. The facility conducts background checks on all contractors. Background checks are logged.

Applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. Washington DC DOC allows information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to be furnished to any institutional employer for whom which the employee has applied to work provided the requesting agency provides a waiver from the applicant. Five year background checks were completed on all staff during the corrective action period. Copies of the checks were provided for the auditor to review.

Standard	§115.118 Upgrades to Facilities and Technology
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- 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)

The only potential problem noted in the newly constructed Inmate Processing Center is that the cameras appear to be directly over the toilets in many of the holding cells. This could led itself to a right to privacy claim if the cameras are not blocked or obscured over the genitalia of the offender. I reached out to the PREA Coordinator for clarification. The IT Project Manager provided feedback in response to this item. Cameras are advanced and allow for blockage/screening of images.

Standard	§115.21	Evidence Protocol and Forensic Medical Examinations
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- 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)

Policy and procedures outline evidence protocols and requirements for forensic medical exams. The Metropolitan Police Department conduct investigations that are criminal in nature, while the Office of Investigative Services conducts all Administrative Investigation. Hospitals with SANE/SAFE are identified and are provided at no costs to the inmate when requested. Victim advocates are available through an agreement with NVRDC (Network for Victim Recovery of DC) for advocacy services and crisis intervention.

Standard	§115.22	Policies to Ensure Referrals of Allegations for Investigations
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- 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)

An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Facility investigators initiate all Administrative investigations. MPD conduct the criminal investigation cases and advise agency investigators of the progress of the investigations.

Standard	§115.31	Employee Training
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- 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)

DC DOC provides all employees training created by The Moss Group, which includes a video and the use of Turning Point Technology when available to enhance the learning and timely interaction with the students. Staff completed a pre-test and post test to evaluate their improvement. Staff also acknowledge in writing their understand PREA. The acknowledgment form lists all the required areas of the standard. Review of the lesson plan demonstrates all the required areas are covered. All staff have been trained. Interviews of staff demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting.

Standard	§115.32 Volunteer and Contractor Training
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- 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)

All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews of one contractor and two volunteer demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. Reviewed contractor and volunteer training records, each have to sign a PREA Training Acknowledgment form.

Standard	§115.33 Inmate Education
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- 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)

Randomly selected inmate files were reviewed for compliance. Handbook was recently updated with a section on PREA. Inmates interviewed acknowledged having received the information regarding PREA at intake. It should also be noted that CDF actually receive the inmates AFTER they have been processed into the Central Cell Booking (CCB). The inmates receive the basic PREA notification and awareness of Zero-Tolerance while at the CCB. Once the inmates are committed to the CDF, they receive a more in-depth education on PREA. CCB's policies and electronic proof of notification to CDF regarding risk victimization were provided as verification of this practice. The electronic notification is embedded in the classifications window of the JACCS system. During intake at CDF, inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents.



During facility orientation, inmates receive additional training which consists of a video and additional information which expands on the previous information provided in the pamphlet and handbook. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. During the tour and interviews a majority of the inmates acknowledged the information being provided upon arrival and orientation. The inmates are familiar with the agency zero tolerance policy.

Standard	§115.34	Specialized Training: Investigations
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- 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)

Investigative staff received three days of training that included trauma victim response, reviewed policy, evidence collection, prosecutorial collaboration, evidence collection, forensic medical exams, victim advocates, Miranda and Garrity requirements. The Investigative Session training was presented May 19-21, 2014.

Standard	§115.35	Specialized training: Medical and mental health care
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- 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)

Medical staff do not conduct forensic medical examinations. Training records demonstrated four modules of training was conducted. The auditors checked/verified random training records for compliance.

Standard	§115.41 Screening for Risk of Victimization and Abusiveness
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- 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)

The agency implemented the new DC DOC PREA Intake Questionnaire (July 2014) and the 30-day reassessment (July 2014) of all inmates in order to come into compliance with this standard. The facility must show continued use of the new document and completion of the reassessments of all inmates moving forward. The agency also realized in August 2014 they were not conducting the 30-day reassessments and have since initiated the process. The auditor continued to review this process during the corrective action period and found the agency to be in compliance as the standard has become embedded in the practice at the facility.

Standard	§115.42 Use of Screening Information
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- 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)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. To date only one has been screened for being high risk to be sexually victimized and several have been identified for being high risk of being sexually abusive. The inmates are housed in different housing units. Housing and program assignments are done on a case by case basis. The agency has a Trans-gender Committee as well as an Administrative Housing Review that meets as needed and via email to discuss cases prior to housing assignment. Inmates are consulted to determine where they should be housed to include consideration of the inmates gender expression. Once the inmate has requested consideration for their gender expression, they are granted a hearing with the Trans-gender Housing Committee.

Standard	§115.43 Protective Custody
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- 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)

Agency policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed after seven days and every 30-days after the initial seven day period.

Standard	§115.51	Inmate Reporting
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- 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)

The DOC provides multiple mechanisms for reporting to include access to a hot line to the Office of the Inspector General.

Standard	§115.52	Exhaustion of Administrative Remedies
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- 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)

The DC DOC Inmate Grievance policy was recently updated to comply with this standard. Inmates were familiar with the grievance policy and how to file an emergency grievance if necessary to report a PREA incident.

Standard	§115.53	Inmate Access to Outside Confidential Support Services
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- 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)

Inmates are able to use the hot line to call the Office of the Inspector General to report any PREA cases. The Medical and Mental Health providers offer additional resources to inmates that have reported incidents of sexual abuse or harassment.

Standard	§115.54 Third-Party Reporting
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- 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)

There is a link to the "PREA Enforcement at the DC DOC" on the front page of the DC DOC website. The statistical data, Annual Safety Report, is posted at the link provided. The report is detailed and includes statistical information and contract information should a third party desire to report and incident of PREA. The report reads as follows:

Third parties may use the following reporting methods:

- Calling the Office of the Inspector General's confidential hot line at 202-724-8477 or 800-521-1639
- Sending a letter to the OIG at 717 14th Street, NW, 5th Floor, Washington, DC 20005
- Sending a letter to the DCDOC PREA Coordinator, 1901 D. Street, SE, Washington DC 20003

The auditor would recommend placing this information directly on the web page rather than within in the safety Report.

Standard	§115.61 Staff and Agency Reporting Duties
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- 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)

Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Staff and inmate interviews supported reporting and not discussing sexual abuse and harassment cases.

Standard	§115.62 Agency Protection Duties
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- 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)

Policy requires staff to take immediate action to protect inmates they learn is subject to substantial risks. There have been several inmates identified as at substantial risks in the Central Detention Facility. The staff have implemented protective measures to prevent the abuse of inmates in their care and custody.

Standard	§115.63 Reporting to Other Confinement Facilities
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- 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)

The IPC Manual, page 22, meets the requirements of the standard. In a recent case, the Warden was notified and he personally made notification to the other correctional facility head.

Standard	§115.64 Staff First Responder Duties
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- 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)

The agency's operating procedures and policy meet the standard, 3350.2G. Interviews with staff confirm that the staff know what to do upon learning that an offender was sexually abused. It was also discovered that the agency has provided staff with a handy card that details the process and policy involved in the preservation of evidence in the event of an incidence. Several staff members showed the auditor the laminated cards and stated that they carry them daily as reference material.

Standard	§115.65 Coordinated Response
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- 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)

Operating procedures and the DC DOC PREA Plan meet the requirements of the standard. Interviews with staff confirmed they were familiar and knowledgeable about the plan and the coordinated duties and responsibilities.

Standard	§115.66 Preservation of ability to protect inmates from contact with abusers
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- 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)

While there is a Collective Bargaining Agreement signed in 2005, management retains exclusive rights regarding discipline for cause provided policy and procedures are followed appropriately.

Standard	§115.67 Agency protection against retaliation
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- 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)

Policy 3350.2G was revised during the CAP to designate the PREA Coordinator as the individual responsible for monitoring retaliation. All other components of this standard were covered by Policy 3350.2G. The policy indicates that for at least ninety (90) days, DOC staff shall monitor the conduct and treatment of any staff, inmates, arrestees, or residents who reported sexual abuse, sexual assault, or sexual harassment to see if there are any changes that may suggest possible retaliation by other staff, inmates, arrestees, or residents. DOC shall continue to monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

Standard	§115.68 Post-Allegation Protective Custody
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- 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)

PP 3350.2G meets the requirements of the standard. A review of the records indicates that no inmates were segregated for more than 30 days.

Standard	§115.71 Criminal and Administrative Agency Investigations
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- 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)

The OIS Investigator conducts investigations within the facility. If an allegation appears to be criminal in nature, the Investigator will call upon the MPD to conduct the investigation. The OIS will provide technical assistance and support to the MPD investigator for criminal investigations. All OIS Investigators have received special investigation training.

One substantiated case was reviewed. The investigation was reviewed promptly, thoroughly, and objectively, including third-party and anonymous reports.

Standard	§115.72 Evidentiary Standard for Administrative Investigations
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- 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)

The agency imposes the standard of preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. This is reinforced in the PREA Training for Investigators, Module 1, page 18, of the training curriculum.

Standard	§115.73 Reporting to Inmate
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- 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)

A review of PP 3350.2G. and review of the investigation completed indicated that offenders were informed of the outcome of the investigations.



Standard	§115.76 Disciplinary sanctions for staff
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- 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)

The DOC's Operating Procedures meet the standard. A review of one investigation showed the employee was disciplined for sexual harassment. The matter was not referred for prosecution as it did not rise to the level of a criminal act.

Standard	§115.77 Corrective action for contractors and volunteers
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- 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)

PP 3350.2G page 38 states, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, arrestees, and residents and shall be reported to law enforcement agencies and their respective licensing bodies unless the activity was clearly not criminal and within the scope of their duties.

Standard	§115.78 Disciplinary sanctions for inmates
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- 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)

DOC procedures confirm compliance and review of investigations showed there were no documented inmate-on-inmate sexual abuse during the period reviewed.

Standard	§115.81 Medical and mental health screenings; history of sexual abuse
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- 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)

Policy and interviews of staff indicate the screening process is utilized to determine if inmates have previously been victimized and to offer follow-up meetings with medical or mental health practitioners within 14-days in order to help the inmate.

Standard	§115.82 Access to emergency medical and mental health services
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- 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)

Review of operating procedures and interviews with staff and offenders confirm compliance. The medical and mental health staff play an active role in the day-to-day operations of the facility.

Standard	§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
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- 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)

Review of operating procedures and interviews with staff and inmates confirm compliance. All treatment is provided without expense to the inmate victim. This was confirmed by staff and inmates during interviews held on site.

Standard	§115.86 Sexual abuse incident reviews
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- 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)

Incident reviews are conducted but this auditor questions the timeliness of the review. It appears as though the investigation was completed in December of 2013 and the review was not conducted until May or June of 2014. There is documentation present that appears to suggest there was an appeal or additional review of the facts prior to passing final judgment in the incident. The review of specific incidents meets the requirements of the standard. However, the form does not indicate the date on which the investigation was concluded making it difficult to determine if the review occurred "within 30 days of the conclusion of the investigation." It is recommended that this information be added to the Incident Review Team form.

Standard	§115.87 Data Collection
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- 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)

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument.

Standard	§115.88 Data Review for Corrective Action
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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)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the DC DOC website.

Standard	§115.89 Data Storage, Publication and Destruction
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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)

Data is properly stored, maintained and secured. Access to data is tightly controlled.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Melinda D. Allen* Date: 12/09/2014  
Auditor Signature

Melinda D. Allen,  
Certified PREA Auditor  
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Braselton, GA 30517