

<b>GEORGIA DEPARTMENT OF CORRECTIONS</b> <b>Standard Operating Procedures</b>		
<b>Policy Name:</b> Audits of Operations and Programs		
<b>Policy Number:</b> 103.62	<b>Effective Date:</b> 10/24/2017	<b>Page Number:</b> 1 of 4
<b>Authority:</b> Commissioner	<b>Originating Division:</b> Executive Division (Office of Professional Standards-Compliance)	<b>Access Listing:</b> Level I: All Access

- I. Introduction and Summary:** The Georgia Department Corrections (GDC) shall conduct internal annual audits of operations and programs for GDC facilities and offices. Announced and unannounced audits may be conducted more frequently to ensure compliance with policies and procedures. External audits will be conducted by qualified professionals not affiliated with the agency. The monitoring body for the audits is the Compliance Unit.
- II. Authority:**
- A. Board Rule 125-1-2-.10;
  - B. GDC Standard Operating Procedures (SOPs): 208.06 PREA-Sexually Abusive Behavior Prevention and Intervention Program, 507.01.13 Audits & Evaluations, 508.12 Audits and Evaluations, and 404.02 Comprehensive Loss Control;
  - C. Prison Rape Elimination Act (PREA) National Standards: 28 CFR Part 115; and
  - D. American Correctional Association (ACA) Standards: 2-CO-1A-22 and 4-4017.
- III. Definitions:**
- A. **Administrator** - The Official responsible for managing and operating the facility or office.
  - B. **Audit** - Comprehensive regularly scheduled and unannounced inspection and review of compliance with policies and procedures for operations, programs, and processes.
  - C. **Corrective Action Plan (CAP)** - A detailed written statement of corrective actions which a Facility/Office Administrator implements to address facility/office non-compliance. The plan shall include designation of staff responsibilities and time tables for completing each task.
  - D. **Compliance Unit** - Designated inspection and auditing unit of the Georgia Department of Corrections.

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- E. **Division Manager** - The person responsible for overseeing a section, unit, region or division.
- F. **External Audit** - A comprehensive regularly scheduled and unannounced inspection and review of compliance with policies and procedures for operations, programs, and processes conducted by any person or entity not affiliated with GDC.

**IV. Statement of Policy and Applicable Procedures:**

- A. GDC will monitor operations and programs of state facilities by conducting audits in facilities and offices under the jurisdiction of the Board of Corrections, at least annually. GDC may conduct audits of contract (County and Private) facilities to ensure compliance with GDC policies, procedures and contractual agreements.
- B. Audits will be scheduled by the Compliance Director or Designee. A schedule of audits will be published on an annual basis.
  - 1. Each division will provide a qualified subject matter expert to assist the Compliance Unit with the scheduled audits.
  - 2. The team will conduct on-site audits during the week indicated on the official schedule. Unscheduled and unannounced audits may also be conducted for any facility, office, or functional area to ensure on-going compliance with agency requirements.
  - 3. Audits will evaluate compliance with:
    - a. GDC Standard Operating Procedures;
    - b. Accreditation requirements;
    - c. Contractual agreements; and
    - d. Comprehensive Loss Control Program.

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4. Any exceptions to the schedule will be coordinated with the Director of Compliance or designee.
- C. Audit instruments for all areas will be developed using a standardized format.
1. Each Division will be responsible for developing, coordinating and maintaining their audit instruments. All Divisions will provide revisions and ongoing maintenance to their respective audit instruments.
  2. Findings from the inspection will be documented on the audit instrument;
  3. Copies of the completed audit instruments will be submitted to the Compliance Director or designee.
  4. A copy of the completed audit instrument will be provided to the Facility/Office Administrator, at the conclusion of the audit.
  5. Entrance and exit briefings will be conducted with the Facility/Office Administrator and other staff designated by the Facility/Office Administrator.
- D. Audit results will be reported on an interim report and provided to the Division Manager and Administrator no later than ten (10) business days from the conclusion of the audit.
1. The affected Division Manager and Administrator will be responsible for resolving non-compliance noted on the interim report. The Administrator shall provide a CAP to the Director of Compliance or designee within thirty (30) days from receipt of the interim report.
  2. Appropriate staff will be made available to provide assistance, expertise, and support to the affected division manager and Facility/Office Administrator to aid in correcting deficiencies.
  3. The Compliance Director or designee will create a written final report of the audit within thirty (30) days after receiving the CAP from the Facility/Office Administrator. The final report will include each deficiency and action taken

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or the planned course of action to remedy the deficiency. A copy of the final report will be forwarded to the Commissioner and designated personnel.

4. An Executive Report will be produced annually. The Executive Report shall include audit results for all facilities inspected during the reporting period. A copy of the final report will be forwarded to the Commissioner and designated personnel.
  5. All records and reports resulting from the audit shall be maintained for a period of five (5) years at the facility or office and in Central Office at the Compliance Unit.
- E. External audits will be scheduled at least every three (3) years by the Compliance Director and published annually.
1. The GDC will seek accreditation through ACA as determined by the Commissioner. After initial accreditation is awarded for a facility or office, audits will be conducted every three (3) years.
  2. The GDC will use certified PREA auditors to conduct audits every three (3) years, in accordance with PREA standards.
- V. **Attachments:**  
None
- VI. **Record Retention of Forms Relevant to this Policy:**  
None