

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Office of Reentry Services Audit Process

Policy Number: 107.14

Effective Date: 03/02/22

Page Number: 1 of 4

Authority:
Commissioner

Originating Division:
Inmate Services Division
(Office of Reentry Services)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Inmate Services Division is responsible for conducting Audits, Quality Assurance Evaluations, fidelity checks, Georgia Program Assessment Inventories (GPAI), and site visits for the operation of academic, vocational (Career, Technical, and Higher Education), cognitive behavioral, and reentry programs at Georgia Department of Corrections (GDC) facilities. Institutional programs are analyzed and evaluated at least every two (2) years to determine their contribution to the institution's mission. GDC contractors for programs and services also meet with the designated administrator at least annually to review the programs. This procedure is applicable to all State, Private, and County Prisons, Probation Detention Centers, and Transitional Centers.

II. Authority:

- A. O.C.G.A. §§42-1-1, 42-2-11, and 42-3-2; and
- B. ACA Standards: 2-CO-1A-20, 2-CO-1A-21, 2-CO-1A-22, 2-CO-1A-23, 2CO-1B-10, and 5-ACI-1F-12.

III. Definitions:

- A. **Audit** - Comprehensive regularly scheduled and unannounced inspection and review of compliance with policies and procedures for operations, programs, and processes.
- B. **Corrective Action Plan (CAP)** - A process implemented to correct areas of non-compliance. It is designed to ensure accountability for implementation of an approved process and/or change.
- C. **Georgia Program Assessment Inventory (GPAI)** - An evaluation of sites within the GDC, measuring their compliance to evidence-based principles that are proven at reducing recidivism.

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D. **Inmate Services Division** - A Division within GDC mandated to reduce recidivism by providing evidence-based cognitive behavioral programs, reentry programs, and rehabilitative programs, as well as educational and Career, Technical, and Higher Education (CTHE) services.

E. **Quality Assurance Evaluations (QA)** - Concentration on program integrity to ensure the program is delivered in the manner in which it was designed. Quality Assurance Evaluations also address classroom control, organization, and sensitivity to group dynamics, completeness of documentation, group participation, and response to participants' use of the skills.

IV. Statement of Policy and Applicable Procedures:

A. Inmate Services Division will review Cognitive Behavioral, Reentry, Academic Education, and CTHE program services at all applicable facilities.

B. Commendations, findings, and recommendations will be furnished in writing to the facility Warden/Superintendent, Deputy Warden of Care and Treatment, Chief Counselor, and other Divisional Managers as appropriate, and to Inmate Services Management.

C. Audits, Quality Assurance Evaluations, and/or site visits of Counseling Services, Vocational Services, Educational Services, Library Services, and Recreation Services will encompass:

1. Compliance with GDC Inmate Services Division SOPs related to the Office of Reentry Services, Academic Education, CTHE, and Library;
2. Audit tools which are developed by Inmate Services Division to be used to document findings from the Audits; and

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3. A written Audit report (strengths and recommendations) that will be provided at the on-site out brief and then sent to the Warden/Superintendent and the Director of the Office of Professional Standards;

D. Corrective Action Plans (CAPs):

1. The Deputy Warden of Care and Treatment at the facility will be responsible for writing a detailed CAP that addresses all findings in the report that are listed as CRITICAL items on the Audit guide.
2. The CAP will be submitted using the format recommended by the Office of Professional Standards and Inmate Services Division. The format and updates can be obtained from Inmate Services Division directors/managers.
3. All corrective actions requiring training will have this documentation listed as "Training Section" which details the date, participants, and topic of training.
4. All Corrective Action Plans will be placed in the facilities' Care and Treatment Operational Manual as a guide to ensure that all staff are aware of the procedure for compliance with the SOPs.
5. The CAP is an evolving working document for improvement of counseling, educational, and vocational services. Corrective Action Plans must have dates of completion at the time the plan is submitted to the Director of the Office of Professional Standards and Inmate Services Unit Manager.
6. The CAP will be submitted electronically to the Office of Professional Standards Director and Inmate Services section director/manager thirty (30) calendar days after receipt of the Audit report. If there are extenuating circumstances and a time extension is needed by the Deputy Warden of Care and Treatment to complete the CAP, contact the Inmate Services

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manager/director of the section in question and Office of Professional Standards Director.

7. The CAP will be reviewed by the Inmate Services Audit Team and, if needed, they will contact the facility for more information.

Note: Forms associated with this Audit process may be found on the GDC Intranet at Captiva/Executive Operations/Professional Standards/Audit Guides at <http://captiva.dcor.state.ga.us/PS.html>. All documentation from Audits of correctional facilities shall be retained for five (5) years.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.