Prison Rane Elimination Act (PREA) Audit Report

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	☐ Interim			
	Date of Report	May 22,201	18	
	Auditor In	formation		
Name: Robert Lanier		Email: rob@	diversifiedo	correctionalservices.com
Company Name: Diversifie	ed Correctional Services, L	LC		
Mailing Address: PO Box	452	City, State, Zip:	Blackshe	ar, GA 31516
Telephone: 912-281-152	5	Date of Facility	Visit: April	13-15, 2018
	Agency In	formation		
Name of Agency:		Governing Authority or Parent Agency (If Applicable):		
Georgia Department of C		N/A		
Physical Address: 300 Patrol Road City, State, Zip: Forsyth, Ga. 31029		Ga. 31029		
Mailing Address: P.O. Box 1529 City, State, Zip: Forsyth, Ga 31029				
Telephone : 404-656-466	Telephone: 404-656-4661 Is Agency accredited by any organization? ☐ Yes ☒ No			rganization? \square Yes \square No
The Agency Is:	☐ Military	☐ Private for	Profit	☐ Private not for Profit
☐ Municipal	☐ County	⊠ State		☐ Federal
Agency mission: The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.				
Agency Website with PREA Information: http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS				
Agency Chief Executive Officer				
Name: Gregory Dozier		Title: Com	missioner	
Email: Gregory.dozier@	gdc.ga.us	Telephone:	478-992-53	374
	Agency-Wide PF	REA Coordinat	or	
Name: Grace Atchison		Title: State	wide PREA	Coordinator

Email: grace.atchison@g	dc.ga.gov	Telephone	e: 678 322 60)66	
PREA Coordinator Reports to:			Number of Compliance Managers who report to the		
Office of Professional Standompliance	PREA Cod	ordinator 88			
	Facilit	ty Informatio	on		
Name of Facility: Appling	Integrated Treatm	ent Facility			
Physical Address: 252 West	t Park Drive Baxley, GA	31513			
Telephone Number 912-367-17	761				
The Facility Is:	☐ Military	☐ Private for p	profit	☐ Private r	not for profit
☐ Municipal	☐ County			☐ Federa	l
Facility Type:	☐ Ja	il	X	Prison	
Facility Mission: To protect recidivism through effective	t the public by ope	•		es while red	lucing
Facility Website with PREA Inf		a Department o			
	Wardei	n/Superintende	nt		
Name Jeffery Pearce Title Superintendent					
Email: Jeffrey.pearce@g	Email: Jeffrey.pearce@gdc.ga.gov				
Facility PREA Compliance Manager					
Name: Tracy Page As		Asst. Superinte	sst. Superintendent		
Email: tracy.page@gdc.ga.gov Te		Telephone: 912-	elephone: 912-367-1761		
Facility Health Service Administrator					
Name Stephanie Mercer Title		Title: RN, Le	e: RN, Lead Nurse		
Email: stephanie.mercer@gdc.ga.gov Tele		Telephone: 91	ephone: 912-367-1761		
	Facility	y Characteristic	:S		
Designated Facility Capacity:	200	Current Populat	tion of Facility: 1	194	
Number of inmates admitted to facility during the past 1					24
Number of inmates admitted to facility during the past 12 facility was for 30 days or more:		t 12 months whos	se length of stay	in the 39	91

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			419	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0	
Age Range of Population: Youthful Inmates Under 18: 0		Adults: 18	3 Up	
Are youthful inmates housed separately from the ac population?	lult	☐ Yes	☐ No	⊠ NA
Number of youthful inmates housed at this facility dur	ing the past 12 m	onths:		0
Average length of stay or time under supervision:				9 months
Facility security level/inmate custody levels:				I, II, III, IV
Number of staff currently employed by the facility who	may have contac	ct with inmate	s:	68
Number of staff hired by the facility during the past 12 inmates:		-		17
Number of contracts in the past 12 months for service inmates:	s with contractors	s who may hav	e with	0
Ph	ysical Plant			
Number of Buildings: 6	Number of Sing	le Cell Housin	g Units 0	
Number of Multiple Occupancy Cell Housing Units:		0		
Number of Open Bay/Dorm Housing Units:			4	
Number of Segregation Cells (Administrative and Disciplinary:		4 WITH 6 BEDS Total		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): SEE STAFFING PLAN IN ATTACHMENT				
Medical				
Type of Medical Facility: Contracted non-Critical thru Augusta University. 16 Hour				
Forensic sexual assault medical exams are conducted at:		SANE On-site or Appling Healthcare System		
Other				
Number of volunteers and individual contractors, who authorized to enter the facility:	may have contac	t with inmates	, currently	3
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		100 STATEWIDE		

Audit Findings

Audit Narrative

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

Pre-Audit Activities

Notice of PREA Audit: The Notice of PREA Audit for the Appling Intensive Treatment Facility (ITF) located in Baxley, Georgia, was forwarded to the Georgia Department of Corrections PREA Coordinator, February 23, 2018, six weeks prior to the on-site audit, for posting in the ITF. Documentation was provided confirming posting the notices in areas accessible to staff, residents, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting.

Pre-Audit Questionnaire/ Flash Drive Review: The Facility's PREA Compliance Manager was proactive and forwarded the flash drive eight (8) weeks prior to the on-site audit. The reviewed flash drive contained information specific to facility operations and PREA as implemented in that facility. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator, Assistant PREA Coordinator and the PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available. Communications with the PREA Compliance Manager were ongoing and the PREA Compliance Manager was one of the most communicative compliance managers this auditor has had the pleasure of working with. He continuously made contact with the auditor to provide information about the facility, explain the purpose of the ITF program and to respond to any request made and at times, just to see if the auditor needed additional information. Communications prior to the on-site continued and the logistics for the onsite discussed. Prior to the audit the compliance manager reached out again to request that the auditor go to Ware State Prison, host facility for the ITF, to review the personnel files inasmuch as the Ware State Prison Human Resource Officer would have the personnel files. The auditor agreed however prior to that date, the compliance manager requested the auditor come to the ITF prior to the beginning of the onsite to review the personnel files because the ITF human resources staff had gone to get her files rather than have the Ware staff try to show the auditor the information in the files. She was more familiar with her files.

The auditor arrived at the facility on Friday, April 13, 2018 to review the personnel files with the HR staff. Results of the review are included in this report in standard 115.17, Hiring Process.

This initial visit included meeting the Superintendent, PREA Compliance Manager, who serves as the Assistant Superintendent, Human Resources Staff, Counselor and others. The auditor explained the on-site audit process and was assured by the Superintendent and Assistant Superintendent that anything requested would be provided.

Selection of Staff and Inmates: This audit was conducted by one (1) Certified Auditor.

(13) Randomly Selected Staff:

The auditor requested and was provided lists of residents as well as targeted residents. Additionally, the PREA Compliance Manager provided the auditor a list of staff at the facility.

The auditor randomly selected thirteen (13) staff representing a cross section of the staff. The sample included the following:

- Seven (7) Correctional Staff
- One (1) Food Service Staff
- One (1) Counselor
- Two (2) Spectrum Counselors
- One (1) Secretary
- One (1) Maintenance Staff

(23) Specialized Staff included the following:

- Previous interview with Agency Head Designee
- Previous Interview with Agency Contract Manager Designee
- Previous Interview with the Agency PREA Coordinator
- Previous Interview with the Agency Assistant PREA Coordinator
- Superintendent
- PREA Compliance Manager/Assistant Superintendent
- (1) Human Resource Staff
- (2) Staff Conducting Unannounced Rounds
- (2) Contractors
- (1) Staff Conducting Intake
- (1) Staff Conducting Orientation
- (1) Staff Conducting Victim/Aggressor Assessments
- (1) Medical Staff
- (1) Mental Health Staff (Counselor)
- (1) Facility-Based Investigator
- (1) Staff supervising segregation
- (1) Retaliation Monitor
- (1) Staff representing the Incident Review Team
- (1) Retaliation Monitor
- (1) Volunteer Coordinator/Chaplain
- (1) Volunteer

(23) Randomly Selected Residents:

The auditor requested and was provided a list of residents at the facility. Selected residents represented all living units and a cross section of ethnicities.

(6) Targeted Residents:

The auditor requested and was provided lists of the targeted detainees currently in the facility. There were no inmates identified as:

- Youthful Offenders (The facility's criteria for admission precludes accepting youthful detainees)
- Detainees in segregated housing as a result of being victimized or for being a high risk for victimization
- Limited English Proficient detainees
- Disabled detainees (either hearing impaired or visually impaired)
- Cognitively impaired detainees

The following targeted categories were interviewed:

- (1) Reporting Sexual Abuse (at another facility)
- (1) Reporting Sexual Abuse at this facility (alleged groping during a search)
- (2) Reporting Prior Victimization
- (1) Identifying as being Gay
- (1) Reporting Sexual Harassment at this facility

Reviewed victim/aggressor assessments also supported the fact that the facility did not have any of the targeted inmates as identified in this section.

On-Site Audit Activities

The audit of the Appling Intensive Treatment Facility was conducted by one Certified Auditor. The auditor arrived at the facility, Friday, April 13, 2018 for the purpose of meeting staff, interviewing the human resource staff, and reviewing the personnel files. The auditor was met by the PREA Compliance Manager who is also the facility's Assistant Superintendent. Following meeting staff, interviewing the HR Staff, and reviewing personnel files, the auditor talked with the Superintendent, PREA Compliance Manager and other staff. The PREA Compliance Manager discussed the mission of the ITF and gave the auditor an overview of the program. The auditor and PCM discussed the on-site process and in preparation for that, the PCM, who again, is proactive, provided the auditor with two large binders, with tabbed, additional information, and documentation demonstrating some of the processes and practices of the program. Arrangements were made to begin the on-site audit on Monday, April 16, 2018.

The auditor arrived at the facility at 0800 on Monday, April 16, 2018 and was greeted by the PREA Compliance Manager. After brief introductions and a brief discussion of the audit process, the auditor began interviews with randomly selected staff interspersed with the specialized staff.

The auditor was escorted by the PREA Compliance Manager on a site review of the entire facility, including every living unit.

Site Review (Please refer for facility characteristics for a complete description of the facility)

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising inmates that male staff routinely work in the facility, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera

deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones, instructions for using the phones to report sexual abuse.

Testing of Processes: Several of the PREA Phones were tested. Communication from the PREA Unit Analyst confirmed the phones worked as required. The auditor also observed the intake process and the victim/aggressor assessment

Documents and Files Reviewed:

Background Checks/PREA Related Questions/Professional References: The auditor requested and received the personnel files for ten (10) newly hired employees (within the past twelve (12) months) to confirm the applicants had completed the Applicant Verification Form (asking the three PREA related questions); Background Checks (including fingerprint checks); Professional Reference Checks and PREA Acknowledgment Statements. Additionally, the auditor requested and received an additional thirteen (13) Background Checks for Regular Employees and two (2) Personnel Files for the only staff promoted during the past twelve (12) months and ten (10) files representing contracted employees; and three (3) files for Volunteers.

Facility Staffing Plan Annual Review: The auditor reviewed the staffing plan for the facility for the year 2017.

Facility Log Books and Duty Officer Log Books: (10 pages reflecting PREA rounds by upper level management serving as duty officers.

Certificates of Training/PREA Acknowledgment Statements Staff: Twenty (20) PREA Acknowledgment Statements also indicated indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.

Communicating Effectively with LGBTI Inmates: All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Sampled certificates were provided. Interviews with staff confirmed that staff have completed the NIC Online Training: Communicating Effectively and Professionally with LGBTI Inmates.

PREA Acknowledgment Statements Inmates: Twenty (20) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Twenty (20) Orientation Checklists were reveiwed as well to document the PREA Trianing during Orientation.

MOU with S.A.F.E, Sexual Assault Center: The facility has attempted to secure a MOU with a Rape Crisis Center and because of the location of this facilty, there are no local Rape Crisis Centers. They did provide documentation that they have a verbal agreement with Safe Harbour, a Rape Crisis Center in Brunswick, Georgia. The agency, according to the PREA Compliance Manager are ready to complete a MOU with the ITF however the Department of Corrections requires all MOUs to be reviewed and approved by the Department's Legal Unit.

Certificates of Specialized Training: National Institute of Corrections (NIC): Certificates documenting specialized training provided by the NIC for Investigating Sexual Abuse in Confinement

Settings; and Certificates documenting medical staff completing the NIC Specialized Training, for healthcare providers in response to sexual abuse in confinement settings.

Victimization/Aggressor Assessments: (30)

Victimization/Aggressor Reassessments: (30)

Incident Reports: The auditor sampled 10% of the incident reports for the past 12 months. The sampled reports did not reveal any incidents of sexual abuse or sexual harassment. The primary reason for incident reports was contraband; mostly tobacco, and injuries or illnesses.

Coordinated Response Plan: Reviewed plan.

Facility Diagram with Camera Locations

Post Audit Activities: The auditor communicated with the facility requesting additional information and clarifying issues. The need for Corrective Actions were requested. These are documented in the section below entitled: Follow-Up Required.

Follow-Up Required

1. **Issue # 1** Residents who were interviewed were not familiar with the outside victim advocacy organization or how to contact them.

Remediation: Ensure all residents are provided information enabling them to contact the local Rape Crisis Center/Victim Advocacy Organization. Include the phone number and mailing address.

Corrective Action: The facility provided documentation that their PREA brochures provided to residents on admission have been revised and include the information necessary to access the outside victim advocacy organization, if needed.

2. Issue # 2 Two of the reviewed investigation packages did not contain the notification to the resident of the outcome of the investigation.

Remediation: Provide documentation of notifications.

Corrective Action Completed; Documentation was provided, along with multiple examples of Notifications to residents that indicated residents have consistently and historically been provided the required notifications.

SITE REVIEW

The facility houses up to 200 male, dual diagnosed (Mental Health/Substance Abuse) offenders.

Administrative Area: The ITF consists of nine (9) buildings. A-B building is the main building inside the perimeter. There is a Front Control Room and Front Lobby. The control room is staffed by one

Correctional Officer 24/7, making this a priority one post. The area includes the administrative offices (7). The area has one camera and a ½ moon mirror to mitigate and monitor blind spots. Detainees perform janitorial duties in the area under constant supervision of staff.

Medical/Counselor Offices: There are four nurses Monday through Friday and at least one nurse on duty up until 2230 hours. There is at least one LPN on duty 6AM to 10PM Saturday and Sunday. There is no camera coverage in this area. There are no cameras in the Counselor/Case Manager Offices nor in the Chief of Security's Office.

Visitation/Program Area: Visitation is in operation Saturday, Sunday and all State Holidays. Visitation is from 9AM to 3PM. It is staffed by one correctional officer during the hours of operation. The area is also used for programming Monday through Friday, between the hours of 8AM and 4PM. It is staffed by two RSAT Counselors while detainees are present. Religious services are also provided in this area on Wednesday from 7PM to 8:30PM and on Sunday from 3PM to 4PM. One correctional officer supervises the area. There are two cameras monitoring the area. This area is also used as two huge classrooms and an office There is a restroom but it is reportedly always locked.

Rear Control: This post has one correctional officer assigned 24/7 making it a priority one post. The facility camera system is monitored here.

Isolation/Segregation: The auditor observed four cells in the area. There is a fabricated door on the shower enhancing privacy while showering. Commodes are in the cells. This is a gender specific post and is a priority one post. There is one camera covering the area hallway.

Housing unit A: This unit houses up to 50 detainees in a combination of double and triple bunks in an open bay dormitory style. The dorm has a day room as well. PREA Related information is posted and a PREA Phone is accessible to detainees. There is no camera coverage in the dorm but there is a half moon mirror in the rear of the dorm to monitor the blind spots. There are three toilets with stalls and separated by half walls and three single occupancy showers equipped with curtains on one side of the dorm and three toilets separated by half walls on the other side of the dorm.

Housing Unit B: This unit is the same design and configuration as "A". It houses up to 50 detainees, double and triple bunked in an open bay dormitory style. There are no cameras but a half moon mirror in the rear of the dorm aides in monitoring blind spots. Dorms have three toilets on one side, each separated by half walls, and three toilets, separated by half walls on the other side of the dorm.

Housing Unit C: Is the same design and configuration as "A" and "B". It houses up to 50 detainees, double and triple bunked, in an open bay dormitory style. There are no cameras but there is a half moon mirror in the rear to aid in monitoring blind spots. Toilets and showers are the same as those in "A" and "B".

Housing Unit D: Has the same design, configuration and capacity as the other dorms. It houses up to 50 detainees, double and triple bunked.

Food Services: Supervision in the kitchen is provided by at least one Food Service Worker. The kitchen is operational Monday through Thursday, 3AM to 10PM, excluding holidays. Friday through Sunday and all state holidays the operation is split into two shifts. There are no more than 12 detainees working during the hours of operation. There are no cameras in the kitchen, but half-moon mirrors are used to mitigate blind spots. The area is open, and the food service office has windows facilitating viewing in the kitchen.

Inmate Store: This area is manned by one store clerk, Monday through Friday, 6AM to 2:30PM. Two detainees are normally assigned to the store. There are no cameras inside however there is one camera on the rear hallway.

Mail Room: One mail clerk is assigned Monday through Friday, 6AM to 2:30PM. This area is considered "highly restricted" and detainee presence is prohibited. The area is monitored by the Main Control Correctional Officer via mirror. There is no interior camera coverage.

ID/Laundry: One correctional officer is assigned to the laundry which is operational Monday through Friday, 645AM to 3PM. Three are no less than 3 detainees nor more than 8 detainees working in the laundry, reportedly under the constant supervision of an officer. There is one camera in the press room. There is a mirror in the ID office with covers the laundry room.

Barbershop/Intake: The barbershop is operated on Monday through Friday, 730AM to 1:30PM and on Saturdays, as needed. There is reportedly one officer, male or female, assigned to this detail of 2 to 4 detainees under constant supervision of staff. One camera covers this area.

Back Gate Building: This is inside the perimeter and is a gender specific post during intake. One CO is used as needed. There are no cameras, but the building has a half moon mirror to monitor the blind spots and two round mirrors above the vehicle sally port areas.

Reportedly under the constant supervision of the officer. There is no camera coverage in this area. Maintenance: This area was inside the perimeter. The area is staffed with a General Trades Craftsman, Monday through Thursday, 6AM to 4:30PM. There are no fewer than 3 inmates assigned and no more than 4. This detail works throughout the facility

Chemical Building: One officer supervises the building, Monday through Friday, 645AM to 3PM. Detainees assigned to this area are the laundry detail and consist of no fewer than 3 and no more than 6 working at any given time. There is no camera coverage however there is a half moon mirror used outside the building to monitor blind spots.

Building- Warehouse: This unit is outside the perimeter and one officer is assigned. Staff and detainees here work from 730AM to 4PM and consists of no fewer than 3 and no more than 5 detainees working at a given time. There is no camera coverage.

Education Building/Program Building: This unit is inside the perimeter. One officer is assigned working from 8AM to 11Am and 1PM to 430PM, Monday through Friday. There are two (2) RSAT counselors and one (1) teacher/instructor. Eleven substance abuse counselors are located in this unit. The assigned officer is required to make constant rounds between the classes and office. There is one camera that covers the exterior of both buildings. There is a half moon mirror to monitor blind spots.

Grounds Maintenance/ Recreational Yard: Grounds maintenance has one officer, Monday through Friday from 8AM to 430PM. The detainee detail consists of no less than 2 and no more than 5 detainees. There is no camera coverage in the area.

Recreational Yard: There is one officer assigned during times of operation. There is no camera coverage here

Facility Characteristics

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

The Appling Integrated Treatment Facility (ITF) is a Georgia Department of Corrections program located in Baxley, Georgia. The unit comes under the umbrella and supervision of the "host" facility, identified as Ware State Prison.

The mission of the Appling Integrated Treatment houses up to 200 male dual-diagnosed Mental Health/Substance Abuse offenders.

The mission is to reduce chronic recidivism of substance abuse and crime by meeting the dual diagnosis needs of probationers.

The goal of the Appling Integrated Treatment Facility is to reduce chronic recidivism of substance abuse and crime by meeting the dual diagnosis needs of probationers. The program elements consist of advanced cognitive-behavioral substance abuse treatment and mental health services administered through a nine-month residential program which targets high risk, high needs offenders with a history of substance abuse. The Residential Substance Abuse Treatment Program is designed to correct the attitude and motivation of offenders through work and a structured living environment while targeting the re-entry needs of probationers, and reducing the risk to re-offend. Ware State Prison is the host facility.

Housing Consists of four dormitories with 57 beds each. Four single cells are used for isolation or segregation. Dormitories are open-bay style with double and triple bunk beds. There are four cells for isolation/segregation. The facility is designated as a medium security facility.

PROGRAMS:

The program elements consist of advanced cognitive-behavioral substance abuse treatment and mental health services administered through a nine-month residential program which targets high risk, high needs offenders with a history of substance abuse.

Programs include:

- Academic: Adult Basic Education, Literacy Remedial Reading, and General Education Diploma Preparation
- Counseling: Motivation For Change, Family Violence, Moral Recognition Therapy, Re-Entry/TOPPSTEPP, Career Center, Residential Substance Abuse Treatment Program, Sex Offender Psycho-Educational Program, and Alcoholics Anonymous/Narcotics Anonymous
- Recreation: General Recreation
- Religious Activities: Various Worship Services

 Vocational/OJT: Barbering, Custodial Maintenance, Food Preparation, Kitchen Helper, Baker, Cook, Groundskeeper, Laundry, Maintenance Repair, Building, Career Guidance Technician, Career Guidance Aide, General Office Clerk (Education), and General Office Clerk (Library)

There is a total of 49 staff employed at the facility and these include:

- Security Staff (37)
- Administrative Staff (3)
- Food Service (4)
- Counselors/Case Managers and Mental Health (3)
- Store/Mailroom (1)
- Maintenance (1)
- Contract Employees (20)

Contracted Staff include:

- MHM Services (one psychiatrist)
- Augusta University (5); one (1) RN, one (1) Clinical Supervisor, One Mental Health RN, and two
 (2) Licensed Practical Nurses
- Spectrum (14) including; one (1) Director, (1) Clinical Supervisor, (1) Admin Assistant, (11)
 Substance Abuse Counselors

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 6

115.11; 115.33; 115.51;115.71; 115.81; 115.87

Number of Standards Met: 39

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115.12; 115.13; 115.14; 115.15; 115.16; 115.17 115.18; 115.21; 115.22; 115.31; 115.32; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.72; 115.73; 115.76; 115.77; 115.78; 115.82; 115.83; 115.86; 115.89; 115.401; 115.403
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Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The facility did not have documentation to confirm contractors had answered the PREA prohibition questions asked of all applicants. Within a week after the on-site audit the facility scanned and sent the auditor all of the contractor employment verification forms. Additionally, they provided employment verification forms for all staff.

PREVENTION PLANNING

PREA coordinator
All Yes/No Questions Must Be Answered by The Auditor to Complete the Report
115.11 (a)
■ Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ⊠ Yes □ No
■ Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? \boxtimes Yes \square No
115.11 (b)
■ Has the agency employed or designated an agency-wide PREA Coordinator? ⊠ Yes □ No
• Is the PREA Coordinator position in the upper-level of the agency hierarchy? $\ oxtimes$ Yes $\ oxtimes$ No
 ■ Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☑ Yes □ No
115.11 (c)
If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☑ Yes □ No □ NA
■ Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) □ Yes □ No □ NA

Auditor Overall Compliance Determination

	Does Not Meet Standard (Requires Corrective Action)
	Meets Standard (Substantial compliance; complies in all material ways with the +6standard for the relevant review period)
\boxtimes	Exceeds Standard (Substantially exceeds requirement of standards)

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; The Resident Handbook (PREA); PREA Pamphlets; PREA Acknowledgment Statements; Pre-Audit Questionnaire.

Interviews: Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, Superintendent, Assistant Superintendent/PREA Compliance Manager; Interviews with 19 Randomly selected staff; (19) specialized staff; and twenty-eight (28) randomly selected and special category inmates

Observations: Zero Tolerance Posters located throughout the facility; PREA Pamphlets posted throughout the facility. "See Something Say Something" Posters are also posted throughout the facility.

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities.

It appears evident that the Georgia Department of Corrections takes sexual safety seriously. This is based on a number of factors. The GDC appointed a Director of Compliance who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency PREA Coordinator with sufficient time and

authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the GDC facilities. The Statewide PREA Coordinator has responsibility for the entire state. An interview with the PREA Coordinator confirmed an Assistant PREA Coordinator has been hired.

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often. Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. An interview with the PREA Coordinator confirmed that she has sufficient time with the assistance of her assistant PREA Coordinator, to perform her PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. An interview with the Assistant PREA Coordinator also indicated that he too is knowledgeable of PREA and having worked in a secure facility has a unique perspective of how to implement PREA in that setting.

In addition to the Agency Compliance Director, Statewide PREA Coordinator and Assistant PREA Coordinator, the agency also has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates on the Department of Corrections PREA Hotline. He keeps excellent statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA. The auditor relies on the PREA Analyst to provide reports on inmate/detainee calls to the PREA Hotline as well as reports on disabled inmates in facilities.

Another indication of the Department's commitment to PREA was indicated in an interview with the Agency's Americans with Disabilities Act Coordinator. In an interview, she related the Department's efforts to provide inmates who are hearing impaired or limited English proficient with the tools they need to understand PREA. The Agency ADA Coordinator has had each facility identify a staff to be designated as the ADA Coordinator for their facility.

Additionally, the Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. To this end, they are required to develop a Local Procedure Directive for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. (Local Procedure Directive discussed in a later standard).

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards.

The PREA Compliance Manager at the Appling Integrated Treatment Facility is the Assistant Superintendent who reports directly to the Superintendent. The PREA Compliance Manager is an experienced staff with multiple years with the Department. He was the PREA Compliance Manager for the facility's first PREA Audit in 2015 and was instrumental in implementing PREA in the facility then. The Superintendent is an experienced corrections administrator who supports the compliance manager in implementing and maintaining the PREA standards and Georgia Department of Corrections PREA Standard Operating Procedures.

All the prisons and community based correctional facilities have PREA Compliance Managers who relate to the PREA Coordinator. This is confirmed by interviews with the PREA Coordinator and the PREA Compliance Manager as well as reviewed Annual Reports and the Pre-Audit Questionnaire.

This agency appears to be committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included the fact that they have been working with Just Detention International on a variety of initiatives and projects. The agency provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report dated March 2, 2018. The grant included nine (9) GDC project pilot facilities. The initiatives included: 1) Promote broad-based culture shift within GDC through new staff training programs that comply with the PREA Standards and address each employee's role in preventing and responding to sexual abuse. This included assessing the cultures in the pilot facilities and then developing and providing training. 2) Develop a traumainformed response to sexual assault, ensuring incarcerated survivors have access to the same quality of care that is available in the community. During this part of the project the JDI worked with the Georgia Network to End Sexual Assault (GNESA in providing training to staff in providing traumainformed response to inmates reporting sexual abuse, in building partnerships with community-based rape crisis centers and to provide training to the facility-based sexual assault response team members, ensuring a coordinated response to inmates reporting sexual abuse. This goal included objectives related to more training for staff and SARTs as well as securing written MOUs with rape crisis centers. 3) Develop PREA inmate education programs that address the needs of detainees with GDC's facilities. This included an assessment of existing inmate education curricula and materials, identifying inmate education delivery methods best suited for each of GDC's facility types and revising or developing new inmate education curricula and materials tailored to the needs of each facility type, and stabling a plan for delivering that education to new inmates and on an ongoing basis. 4) Enhance GDC's procedures regarding PREA standards and audit compliance.

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters were observed in every area of the building, and in every living unit.

The Resident Handbook (PREA) asserts that the GDC fully supports the Prison Rape Elimination Act and is committed to a zero-tolerance policy against sexual violence.

Detainees, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided 50 PREA Acknowledgment Statements confirming staff have been trained in PREA. The PREA Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

Discussion of Interviews: The PREA Compliance Manager is a veteran Georgia Department of Corrections Employee. He is familiar with PREA and the PREA Standards. He easily described how he and the staff implement PREA and what actions they take to address any PREA related issues. He related he serves as Assistant Superintendent for the facility and he had the time to perform his PREA related responsibilities. It is noteworthy that in the position of Assistant Superintendent, he is in a position to implement, with authority and backed up by the authority of the Superintendent to do

whatever is needed to implement PREA. The PREA Compliance Manager articulates an excellent understanding or PREA but more than that, has implemented it in this facility in a manner that has become institutionalized. The practices and processes in place in this center reflect very favorably on the facility and Department.

The interviewed Statewide PREA Coordinator and Assistant Statewide PREA Coordinator confirmed the Department's commitment to implementing PREA and improving the program on a continuous basis. Training for PREA compliance managers and Sexual Assault Response Teams were discussed as well. This training is provided and required several times a year or more.

The interviewed Agency ADA Coordinator related the Department's efforts to ensure detainees and inmates are provided PREA related information in a format they can understand and to enable disabled and limited English proficient detainees to report allegations of sexual abuse or sexual harassment.

Interviewed staff were aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment suspicions. According to the interviewed staff, allegations and reports, regardless of the source, are required to be documented and investigated. They indicated they would have to document a verbal or anonymous report or a suspicion prior to the end of their shift and following a verbal report to their immediate supervisor.

All twenty-nine (29) of the interviewed detainees indicated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity. They indicated that information is provided on intake and during orientation and is located on posters throughout the facility. They also indicated they have been provided that information in every facility they have been in.

This standard is rated "exceeds" because of the agency and this facility's commitment to zero tolerance and to PREA. The facility has had no allegations of either sexual abuse or sexual harassment during the past twelve months and this was confirmed by reviewing the monthly PREA Report sent to the Agency's PREA Unit, interviews with specialized and randomly selected staff, a "hotline" report documenting there were no calls from this facility during the past 12 months, review of all the grievances filed during the past 12 months and all of the incident reports for the past 12 months. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. Observations of the work the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, either the PREA Coordinator or Assistant Statewide PREA Coordinator makes herself/himself available throughout the on-site audits to provide additional information and/or clarification when needed. GDC has also provided the PREA Unit the position of "analyst" who collects data from monthly reports sent to the PREA Unit. Additionally, he provides the auditor a report of every call to the hotline in the past 12 months as well as reports of inmates who are disabled and a report of how inmates identify and whether they report or disclosed prior victimization. The American with Disabilities Coordinator indicated the agency is committed to providing translation services for disabled and limited English proficient detainees. The Superintendent demonstrated a commitment to PREA by designating her Assistant Superintendent as PREA Compliance Manager. This staff has a position within the facility's management structure to ensure that PREA is implemented. He has the complete

support of the Superintendent and the support of the PREA Coordinator and Assistant PREA Coordinator. Zero Tolerance PREA Related posters are posted throughout the facility. PREA Acknowledgement Forms reiterate zero tolerance. Detainees are informed of the Zero Tolerance policy during orientation and are provided a brochure re-emphasizing that.

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

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

11	5.	.12	(a)

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

115.12 (b)

•	Does any new contract or contract renewal signed on or after August 20, 2012 provide for
	agency contract monitoring to ensure that the contractor is complying with the PREA standards?
	(N/A if the agency does not contract with private agencies or other entities for the confinement
	of inmates OR the response to 115.12(a)-1 is "NO".) ⊠ Yes □ No □ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts; Pre-Audi Questionnaire.

Interviews: PREA Coordinator (Agency Director Designee); Assistant PREA Coordinator, PREA Compliance Manager; Superintendent.

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, requires the Department to ensure that contracts for the confinement of its inmates with private agencies or other entities, including governmental agencies, includes in any new contract or contract renewal the entity's obligation to adopt and comply with the Any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

The Appling Integrated Treatment Facility does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator, Superintendent, PREA Compliance Manager, the reviewed Pre-Audit Questionnaire and a memo from the Superintendent.

The Agency PREA Coordinator provided the auditor two contracts the agency promulgated for the confinement of inmates by a county prison and a private vendor. Both contracts contained requirements for the contactor to comply with PREA and to acknowledge that the Georgia GDC has the right to monitor for compliance.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

adequate sexual Does to adequate sexual Does to accept	the agency ensure that each facility has developed a staffing plan that provides for ate levels of staffing and, where applicable, video monitoring, to protect inmates against labuse? Yes No The agency ensure that each facility has documented a staffing plan that provides for ate levels of staffing and, where applicable, video monitoring, to protect inmates against
adequa sexual Does t accept	
accept	l abuse? ⊠ Yes □ No
	the agency ensure that each facility's staffing plan takes into consideration the generally ted detention and correctional practices in calculating adequate staffing levels and nining the need for video monitoring? \boxtimes Yes \square No
finding	the agency ensure that each facility's staffing plan takes into consideration any judicial gs of inadequacy in calculating adequate staffing levels and determining the need for videoring? \boxtimes Yes \square No

Does the agency ensure that each facility's staffing plan takes into consideration any findings of

	inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No \square NA
•	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
•	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? \boxtimes Yes \square No
115.13	3 (b)
•	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) \boxtimes Yes \square No \square NA
115.13	3 (c)
•	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ⊠ Yes □ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ⋈ Yes □ No
■ In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ✓ Yes ✓ No
115.13 (d)
■ Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes □ No
• Is this policy and practice implemented for night shifts as well as day shifts? \square Yes \square No
■ Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No
Auditor Overall Compliance Determination
☐ Exceeds Standard (Substantially exceeds requirement of standards)
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (Requires Corrective Action)
Instructions for Ocean II Ocean Bores Between the Normalist

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Appling Integrated Treatment Facility Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Memo Documenting Staffing Plan to PREA Coordinator; Reviewed Staffing Plan for 2017; Diagrams of the entire facility; Log Book pages documenting unannounced rounds (10 log book pages); Shift Rosters; Shift Reports.

Interviews: Superintendent, PREA Coordinator, Assistant PREA Coordinator; PREA Compliance Manager, Leader of Sexual Assault Response Team,18 Randomly selected staff; 28 Randomly selected inmates.

Other: Observations made during the on-site audit of Appling Integrated Treatment Facility.

Policy and Document Review: The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems. Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks and staff are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book. Shift rosters confirmed the minimum staffing required. All priority one posts were staffed as required without deviations. The priority one posts include Control Room #1; Control Room #2, Dorms 1,2 and Segregation (when needed); Dorms 2 and 3; and Dorms 3 and 4. The maximum rations are one correctional officer to 96 detainees. Supervision of detainees in the dorms is facilitated by the staff member in Control Room #2 and the Shift Supervisor.

Staffing Plan Review: The staffing plan for the Appling Integrated Treatment Facility is addressed in their local operating procedure. PREA Standard 115.13, Staffing Plan. The Facility Staffing plan was provided and documented for 2017. The staffing plan is predicated upon a maximum population of up to 200, with a maximum of 50 detainees assigned to each of the four (4) open bay dorms. The plan provides for a total of 37 Security Staff including the following:

- One (1) Superintendent
- One (1) Assistant Superintendent
- One (1) Chief of Security
- Four (4) Sergeants
- Thirty (30) Correctional Officers

Administrative Staff include:

- One (1) Secretary
- One (1) HR Tech
- One (1) Clerk

Food Services Staff consists of:

- One (1) Food Service Manager
- Three (3) Food Service Operations Workers

Counselors, Case Managers and Mental Health

- Two (2) Behavior Health Counselors
- One (1) Mental Health Counselor

Store/Mailroom Clerk

One (1) Supply/Inventory/Warehouse Worker/Mail

Maintenance

One (1) General Trades

Contract Employees (20)

MHM (Mental Health)

One (1) Psychiatrist

Augusta University

- One (1) RN-Lead Nurse
- One (1) LPN Infection Control
- One (1) RN Mental Health
- Two (2) LPNs -Pill Nurses

Spectrum Residential Substance Abuse Treatment

- One (1) Director
- One (1) Clinical Supervisor
- One (1) Administrative Assistant
- Eleven (11) Substance Abuse Counselors

Education Staff

One (1) Teaching and Instructional Specialist (Ware State Prison)

The staffing plan documented consideration of the inmate population and programs that are going on different shifts, the presence of video monitoring, and priority one (24/7) posts.

This plan is a 19- page document that, in great detail discusses each building and area of the facility (layout of the facility); staffing required in each area, consideration of posts that require 24/7coverage and those that can be closed after certain hours, whether or not a post needs to be gender specific, control of keys limiting access where indicated and a host of other facility specific factors.

Deviations are discussed. If the facility was short of staff on a particular shift, short at the beginning or at the start of a shift or during the shift, for covering a priority one gender specific post, the on-duty staff will be required to stay to cover the post until the Chief of Security is notified. The Chief will then grant permission to contact off-duty staff and give additional instructions as the situation dictates. A current listing of staff is maintained in the front control with current contact call information. Once the shift OIC has approval, the call-in procedure is initiated, beginning with those staff that live closest to the facility. The post will always remain manned by staff of the previous shift until relief has arrived.

The Appling ITF Staffing Plan affirms they have not had a situation that required a priority one, gender specific post not being filled. All priority two and three posts would be pulled to fill the priority one post. The plan affirms the facility has had very few issues related to covering posts.

The facility was designed with the rear control room positioned where the control room staff can also see what is going on in all of the living units, thus enhancing supervision.

The plan requires unannounced rounds to be conducted by all supervisory staff, including sergeants, Chief of Security, Assistant Superintendent, and Superintendent. Sergeants are required to conduct them during each shift and document the rounds in the area logbook. Other unannounced PREA rounds are to be conducted weekly by the Superintendent, Assistant Superintendent, Duty Officers and Chief of Security and to be documented in the area logbooks.

This plan identifies vulnerable areas that the facility has identified, and a statement is included that indicates these areas are to be checked by frequent rounds.

Discussion of Interviews: An interview with the Superintendent indicated he has about 47 full time employees and no vacancies, which enables him to meet the minimum staffing levels and man all the priority one posts without a lot of difficulty. The Superintendent indicated the minimum staffing for each shift is one Sergeant and five (5) correctional officers however the facility tries to ensure at least 6 correctional officers. The minimum of five staff would allow two staff in the control room and two staff assigned to the "floor" making periodic required rounds of the living units.

The Assistant Superintendent is an experienced corrections person who has a good knowledge of facility operations and as the PREA Compliance Manager he has the experience and expertise to implement and maintain the facility's efforts to prevent, detect, respond and report to allegations of sexual abuse and sexual harassment. The indicated the facility tries to keep detainees and staff safe through making sure staffing is adequate, through monitoring video cameras in real time, having staff make at least 30 minutes checks in each living unit, through identifying and knowing the blind spots and increasing supervision in those areas, and by conducting unannounced PREA rounds to deter sexual activity.

Interviews with staff indicated the minimum staffing is always maintained and there are always enough staff to supervise the detainees.

Interviews with detainees also indicated the staffing they described was consistent with the minimum staffing levels and above.

Interviewed staff conducting unannounced rounds stated there are no specific times and it could be early in the mornings or late at night. He indicated he is looking for obstructions to viewing detainees, going to the kitchen, maintenance and other areas where clandestine sexual activity might occur. A shift supervisor stated he is required to do daily unannounced rounds and on weekends he indicated the duty officers do them.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

netru	ctions	for Overall Compliance Determination Narrative	
		Does Not Meet Standard (Requires Corrective Action)	
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Exceeds Standard (Substantially exceeds requirement of standards)	
Auditor Overall Compliance Determination			
•	possib	uthful inmates have access to other programs and work opportunities to the extent sle? (N/A if facility does not have youthful inmates [inmates <18 years old].) So \square NO \square NA	
•	exercis	the agency, while complying with this provision, allow youthful inmates daily large-muscle se and legally required special education services, except in exigent circumstances? (N/A ty does not have youthful inmates [inmates <18 years old].) \square Yes \square No \boxtimes NA	
•	with th	the agency make its best efforts to avoid placing youthful inmates in isolation to comply is provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) So \square No \square NA	
15.14	4 (c)		
•	inmate	as outside of housing units does the agency provide direct staff supervision when youthfules and adult inmates have sight, sound, or physical contact? (N/A if facility does not have ul inmates [inmates <18 years old].) \square Yes \square No \boxtimes NA	
•	youthf	as outside of housing units does the agency maintain sight and sound separation betweer ul inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 old].) \square Yes \square No \square NA	

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

Policy and Documents Reviewed: Georgia Department of Corrections PREA Policy, Appling Integrated Treatment Facility; Pre-Audit Questionnaire, Reviewed Description of Al Burus State Prison; GDC Website;

Interviews: Superintendent, Assistant Superintendent, 13 randomly selected staff; 29 detainee interviews, previous interviews with the Agency PREA Coordinator and Assistant Statewide PREA Coordinator.

Policy Review: The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults.

Document Reviews: The Pre-Audit Questionnaire documented that youthful offenders are not housed at the Appling ITF. Information provided related to the Mission of Al Burrus Prison is included on their website.

Discussion of Interviews: The Superintendent and Assistant Superintendent/PREA Compliance Manager affirmed that the Appling Integrated Treatment Facility does not house youthful inmates. Youthful offenders are housed at Al Burrous. In the event the facility did inadvertently receive a youthful detainee, the detainee would have to be kept sight and sound separated from the adult detainees. None of the 29 interviewed detainees were youthful offenders.

Observations: Youthful offenders were not observed during a tour of the entire facility. Nor were youthful offenders among the randomly selected inmates who were interviewed.

Standard 115.15: Limits to cross-gender viewing and searches

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

1	15	.1	5	(a)

•	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? \boxtimes Yes \square No
115.15	5 (b)
•	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ⊠ Yes □ No □ NA
•	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) \boxtimes Yes \square No \square NA
115.15	5 (c)
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity

115.15 (d)

searches? ⊠ Yes □ No

⊠ Yes □ No

Does the facility document all cross-gender pat-down searches of female inmates?

•	functio breasts	he facility implement a policy and practice that enables inmates to shower, perform bodilyns, and change clothing without nonmedical staff of the opposite gender viewing theirs, buttocks, or genitalia, except in exigent circumstances or when such viewing is at all to routine cell checks? \boxtimes Yes \square No	
•		he facility require staff of the opposite gender to announce their presence when entering rate housing unit? \boxtimes Yes $\ \square$ No	
115.15	i (e)		
•		he facility always refrain from searching or physically examining transgender or intersex so for the sole purpose of determining the inmate's genital status? \boxtimes Yes \square No	
•	conver informa	mate's genital status is unknown, does the facility determine genital status during sations with the inmate, by reviewing medical records, or, if necessary, by learning that ation as part of a broader medical examination conducted in private by a medical oner? \boxtimes Yes \square No	
115.15	(f)		
•	in a pro	he facility/agency train security staff in how to conduct cross-gender pat down searches ofessional and respectful manner, and in the least intrusive manner possible, consistent ecurity needs? \boxtimes Yes \square No	
•	interse	he facility/agency train security staff in how to conduct searches of transgender and ex inmates in a professional and respectful manner, and in the least intrusive manner le, consistent with security needs? \boxtimes Yes \square No	
Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)	
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	
nstru	nstructions for Overall Compliance Determination Narrative		

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

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire; Reports from the PREA Analyst; SOP 11B-01-0013, Searches; LOP, Appling Integrated Treatment Facility,208-06-AITF, Training Rosters Documenting Day 1 Annual In-Service (Day 1-PREA one hour); Superintendent Memo Dated 1/23/18, Opposite Gender Announce; Superintendent Memo Dated 1/2/17- Cross Gender Strip Searches; Superintendent Memo Dated 1/2/17, Limits to Cross-Gender Viewing and Searches; Documentation of Search Training; Documentation Acknowledging Memo on Sexual Abusive Behavior and Intervention dated 1/30/17 and having been trained to conduct a proper pat search of all residents, including transgender and intersex detainees: Signs Documenting that Female Staff Routinely Work in the Dorms.

Interviews: 13 Randomly selected staff, 19 Specialized Staff; 23 Randomly selected inmates, 6 Special Category Inmates; 17 Informally interviewed detainees during the site review.

Observations: See below; observations made during the site visit and throughout the on-site audit period; Privacy was observed in all dorms while detainees are showering and using the restroom. Observed signs posted warning detainees that female staff routinely work in the dorms.

Policy and Documents Review: Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits crossgender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

GDC Policy 226.01, Searches, 1.d., requires that strip search of females will be conducted by female correctional officers and that males will be strip searched by male correctional officers absent exigent circumstances (escapes, riot, etc.) and only if a same gender officer is not available. Cross gender searches in exigent circumstances are required to be conducted with dignity and professionalism. Search policy requires in the event of exigent circumstances searches of the opposite gender conducted under exigent circumstances must be documented on an incident report.

Paragraph 2. Frisk or Pat Search, requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisk or pat searched by both male and female security staff. Instructions for conducting pat searches, including using the back of the hand and edge of the hand. Although there are no females at this facility, policy prohibits male staff from conducting pat searches of female inmates absent exigent circumstances that are documented.

The auditor reviewed training rosters documenting twenty-six staff acknowledging the Memo on Sexually Abusive Behavior Prevention and Intervention dated 1/30/17 and having been trained to on how to conduct a proper pat search of detainees, to include transgender and intersex offenders. Training was documented on 1/30/18; 1/31/18; and 2/3/18.

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

The auditor reviewed the Lesson Plan, revised 2017, SOSTC In-Service, PREA, Sexual Assault/Sexual Misconduct. The lesson plan teaches staff that they must conduct searches in a

professional and respectful manner, in the least intrusive manner possible, consistent with security needs. It also affirms that male officers will strip search male offenders unless there are exigent circumstances, such as riot or escape. Female officers will search females and may pat search male offenders. Staff are taught to use the back of their hands.

Training rosters documented Day 1 Annual In-Service Training in 2018. PREA is taught as a part of the Day 1 curriculum. Rosters documented that 59 staff have already completed their 2018 annual inservice and PREA Training.

SOP, 11B01-0013, Searches, again reiterates that males strip search males except in exigent circumstances and even then only if same sex officers aren't available. It also affirms the expectation that pat searches, when possible, are conducted by same sex staff.

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner.

LOP Appling Integrated Treatment Facility, 208.06-AITFA, affirms Appling ITF will not search or physically examine a transgender or intersex detainee soley to determine their genital status.

Appling Staff are to allow offenders to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks.

DOC requires facilities to implement procedures enabling inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy requires that inmates should shower, perform bodily functions and change clothing in designated areas. Interviews with staff confirmed residents can shower, perform bodily functions and change clothing without being viewed by staff.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. Signs are also located in each dorm and in other areas stating the male staff routinely work these areas and that video surveillance is occurring in each dorm. During the tour the auditor did not observe cameras in any restroom area or in any cell.

Several reviewed memos from the Superintendent documented reinforcing the requirements of the standards and policies regarding Cross Gender Strip Searches and Cross Gender Viewing and Searches.

Discussion of Interviews: The Appling Integrated Treatment Facility houses only male detainees. All the thirteen (13) interviewed random staff confirmed that female staff are not permitted to conduct a strip search of a male detainee. All the staff indicated they have been trained to conduct cross-gender pat searches and that this training is conducted in a variety of venues including Field Training at the facility, at Basic Correctional Officer Training (new employees), in annual in-service and through reviewing GDC Policy and in-house training, including during shift briefing. Staff affirmed that female staff may not conduct a strip search of a male absent an emergency but that they may conduct pat

searches and have been trained to do so. The auditor asked most of interviewed staff to demonstrate the technique they have been trained in. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner. There are no transgender inmates in the ITF.

Staff are trained to conduct those searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. Interviewed staff reported they have been trained to conduct cross-gender pat searches. The reviewed training module (2017) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report.

Interviews with 29 detainees confirmed that female staff do not conduct strip searches and and while female staff, who have been trained, can conduct pat or frisk searches, female staff rarely put their hands on them while searching.

Staff indicated, in their interviews, that staff of the opposite gender consistently announce their presence saying things like "female on the floor". The interviewed detainees stated that female staff announce their presence consistently.

Interviews with 29 detainees representing every housing unit confirmed that detainees have privacy while showering. Almost 100% of the detainees reported they are never naked in full view of staff while changing clothes, showering or using the restroom.

Observations: The auditor did not see any female staff conducting any form of search.

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

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

115.16 (a)

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

 Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

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

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of firstresponse duties under §115.64, or the investigation of the inmate's allegations? \boxtimes Yes \square No **Auditor Overall Compliance Determination**

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

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed:

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Memos from the Superintendent re: Language Line and Limited English Proficient Detainees.

Interviews: Georgia Department of Corrections ADA Coordinator; Randomly selected staff (18); Specialized Staff (19); Randomly Selected Inmates (23); Special Category Inmates (6).

Observations: Posting of PREA Brochures in English and Spanish; Dialing instructions for Reporting to the PREA Unit:

Policy and Document Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager to ensure that appropriate resources are made available to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. It also prohibits the facility from relying on inmate interpreters, readers or other types of inmate assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegation.

The facility has access to Language Line Solutions via a contract through Georgia's Department of Administrative Services to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. The Agency provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish.

The Assistant Superintendent/PREA Compliance Manager issued a memo to staff dated 2/22/17 Re: Language Line Solutions; informing staff the AITF has a contact with Language Line Solutions to assist inmates who are Limited English Proficient during a PREA Incident. Duty Officers were to be trained in the process to access an interpreter using Language Line.

Another Memo addressed LEP inmates access to services. Dated 2/22/17 it said: Inmates who are limited English proficient (LEP) will have access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse, including steps to provide interpreters without relying on inmate interpreters, except in limited circumstances.

A specified Nurse (name redacted) has been designated as the interpreter for inmate limited English proficient, when available. Also, Language Line Services are available to ensure communication for inmates with limited English proficient.

During orientation process the nurse is the interpreter for the Hispanic offenders who needs assistance. Once this process has been completed all offenders will sign a form acknowledging that they saw and understand the Prison Rape Elimination Act Spanish Video. A Sexual Assault/Sexual Harassment Prison Rape Elimination Act pamphlet will be provided to the offender in Spanish.

Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient detainee needing translation services the facility has access to Language Line and if on-site interpreters were needed she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed. When asked about the PREA Video being available in Spanish and with either closed caption or with a "signer" in the lower portion of the video, she indicated the agency has a contract for that video to be "redone' to provide the translations.

Interviews with eighteen (13) random staff, indicated that 11 of those interviewed would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent and emergency or exigent circumstance. Eleven of the 10 interviewed staff stated they would use Language Line/telephone interpretive system.

Observations: None; there were no limited English proficient detainees at the facility. This was confirmed through interviews with staff and detainees and informal interviews with detainees during the site review and through the reviewed disability report from the PREA Analyst.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)
■ Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☑ Yes ☐ No
■ Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? □ No
■ Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ⊠ Yes □ No
■ Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes □ No
■ Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
■ Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ⊠ Yes □ No
115.17 (b)
■ Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? □ Yes □ No
115.17 (c)
■ Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ⊠ Yes □ No
■ Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ⊠ Yes □ No
115.17 (d)

Instru	ctions f	or Overall Compliance Determination Narrative	
		Does Not Meet Standard (Requires Corrective Action)	
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Exceeds Standard (Substantially exceeds requirement of standards)	
Auditor Overall Compliance Determination			
•			
115.17	(h)		
•		he agency consider material omissions regarding such misconduct, or the provision of ally false information, grounds for termination? \boxtimes Yes \square No	
115.17	(g)		
•		he agency impose upon employees a continuing affirmative duty to disclose any such aduct? $oxed{\boxtimes}$ Yes $\oxed{\square}$ No	
•	about	he agency ask all applicants and employees who may have contact with inmates directly previous misconduct described in paragraph (a) of this section in any interviews or written aluations conducted as part of reviews of current employees? \boxtimes Yes \square No	
•	about	he agency ask all applicants and employees who may have contact with inmates directly previous misconduct described in paragraph (a) of this section in written applications or ews for hiring or promotions? \boxtimes Yes \square No	
115.17	(f)		
•	Does t	he agency either conduct criminal background records checks at least every five years of the employees and contractors who may have contact with inmates or have in place a for otherwise capturing such information for current employees? Yes No	
115.17	' (e)		
•		he agency perform a criminal background records check before enlisting the services of ntractor who may have contact with inmates? \boxtimes Yes \square No	

PREA Audit Report

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

Policy and Documents Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for twelve (10) newly hired employees; two (2) promoted staff; thirteen (13) Regular Employees Five Year Background Checks; ten (10) Contractor personnel records; Integrity Test Results.

Interviews: Human Resources/Personnel Manager; PREA Compliance Manager, Superintendent.

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too, policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contactor who may have contact with inmates. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. GDC Policy 104.09, Filling a Vacancy, Paragraph I. Hiring and Promotion, 3. Requires that before hiring anyone who may have contact with offenders, GDC will perform a criminal background check and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of any allegation of sexual abuse. Verification of that check must be documented on the GDC Professional Reference Check.

Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Custody staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination. The agency's PREA Coordinator requested, as a best practice, that the facilities conduct annual background checks of all employees to ensure that a five-year check did not fall through the cracks.

As part of the interview process potential employees and employees being promoted. Are asked about any prior histories that may have involved PREA related issues prior to hire and approval to provide services. Human Resources staff related that the PREA Questions are given to applicants and required to be completed.

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired. Applicants are told to inform the committee at this time if they "have anything against them." The Clerk II questions asks, "What is PREA?" and asks if the applicant has ever had a substantiated claim of sexual misconduct and asks if the applicant is aware they must disclose any substantiated claims about sexual misconduct.

GDC policy requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse

Document Review: The auditor reviewed documentation to indicate that background checks were completed for ten (10) newly hired staff (in the last 12 months). Additionally, the auditor reviewed the files of two (2) staff promoted during the past twelve months. The auditor also reviewed documentation in personnel files for thirteen (13) regular employees and ten (10) contractors. Reviewed an additional61 Background Checks of Current Employees and Contractors;

In examining the personnel files for the newly hired staff, the auditor confirmed each file contained the PREA Questions asked of applicants, Professional References, when applicable, PREA Acknowledgment Statements, and background checks, including fingerprint checks and driver's history. The PREA Questions are documented on the GDC Form, Applicant Verification. The form affirms that the GDC must adhere to the United States Department of Justice Final Rule on the "National Standards to Prevent. Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act Standards. It then asserts that GDC may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answer 'yes" to any of the PREA related questions. These questions were: 1) have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you ever been civilly or adjudicated to have engaged in the activities described?

The GDC Applicant Verification form contains an acknowledgement that the applicant understands that if they do become subject to those prohibitions in their current or subsequent positions involving contact with persons in confinement or under supervision, they have an affirmative duty to report that within 24 hours. They also are acknowledging that if they become involved in such activity, they are subject to termination and if they falsely certify their eligibility for employment they are subject to termination or disqualification for employment for this falsification.

In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Human Resource Staff attempt to secure information from former employees related to the applicant. The form entitled, "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5. After advising the former employer about the requirements to conduct background checks, the employer is asked to answer the following: 1) Are you aware of your employee of being involved in any allegation of sexual abuse that was found to be true or resigning during a

pending investigation of any allegation of sexual abuse of sexual abuse before the investigation was finished?

The agency now requires prospective employees to take an on-line "Integrity Test" designed to determine a potential employee's responses to ethical and moral questions based on presented situations presented to the applicant.

Additionally, a part of the hiring process includes "social media" checks as well.

The auditor reviewed the files of ten (10) contractors who provide services inside the facility. Every file had documentation of background check, PREA Acknowledgment Statement, and Code of Ethics affirmations. However, contractors did not have documentation of applicant verification listing and requiring a response to the PREA related prohibitions. The facility did not consider that the contractor's company may not have asked those questions. The PREA Compliance Manager corrected the deficiency by having the contractors go back and sign the applicant verification forms.

GDC Policy 208.06, Paragraph d, requires that unless prohibited by law, the Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution. The GDC maintains, in all its facilities, a bulletin board called the "Wall of Shame" and photos of former employees who were arrested and/or terminated for violating their oath of office, brought in contraband or who engaged in sexual misconduct with an inmate.

Discussion of Interviews: Interviews with the Human Resource Staff indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone. The manager also stated that all newly hired staff have background checks that include Fingerprints. She also indicated these checks are conducted annually on all staff whether they are security officers or not. The integrity test, she related has recently been implemented and only one staff hired since its implementation. Background checks can be conducted at the facility because the facility has a terminal enabling them to do so.

Observations: Not applicable

Corrective Action: The facility did not have applicant verification forms for all contractors. The agency did not hire the contracted staff, including medical, mental health and the Spectrum Staff, who provide substance abuse programming. Within a week the auditor received Applicant Verification Forms for all staff, including contractors.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

•	modific expans if agen facilitie	agency designed or acquired any new facility or planned any substantial expansion or cation of existing facilities, did the agency consider the effect of the design, acquisition, sion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A acy/facility has not acquired a new facility or made a substantial expansion to existing as since August 20, 2012, or since the last PREA audit, whichever is later.) Solution \square NA
115.18	3 (b)	
•	other ragency update technology	agency installed or updated a video monitoring system, electronic surveillance system, or monitoring technology, did the agency consider how such technology may enhance the y's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or ed a video monitoring system, electronic surveillance system, or other monitoring blogy since August 20, 2012, or since the last PREA audit, whichever is later.) \square No \square NA
Audito	or Over	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8; Memo from the Superintendent.

Interviews: Superintendent, PREA Compliance Manager

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process. The Pre-Audit Questionnaire indicated there were no modifications to the existing facility.

Document Review: The Pre-Audit Questionnaire documented that there have been no modifications to the facility in the past twelve months or since the last PREA Audit nor has there been any upgrades to the existing video monitoring system or additional cameras installed. The facility did provide an invoice for body cameras for staff.

Discussion of Interviews: An interview with the Superintendent and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA Audit nor have there been any upgrades to monitoring technology or additions to the video camera system. Each was aware of where they would recommend placing cameras. These staff were aware of their blind spots and indicated they would be involved in additional camera placements or additions or modifications to the facility with the safety of staff and detainees given the highest priority.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

11	5.21	(a)
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All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.21 (a)
If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
115.21 (b)
Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☑ Yes □ No □ NA
■ Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes □ No □ NA
115.21 (c)

Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ⊠ Yes □ No

•	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? \boxtimes Yes \square No
•	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? \boxtimes Yes \square No
•	Has the agency documented its efforts to provide SAFEs or SANEs? $oximes$ Yes \odots No
115.21	(d)
•	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? \boxtimes Yes \square No
•	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? \boxtimes Yes \square No
•	Has the agency documented its efforts to secure services from rape crisis centers? \boxtimes Yes $\ \square$ No
115.21	(e)
•	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? \boxtimes Yes \square No
•	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? \boxtimes Yes $\ \square$ No
115.21	(f)
•	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) \square Yes \square No \boxtimes NA
115.21	(g)
•	Auditor is not required to audit this provision.
115.21	(h)
•	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] \boxtimes Yes \square No \square NA

Auditor Overall Compliance Determination Exceeds Standard (Substantially exceeds requirement of standards) Meets Standard (Substantial compliance; complies in all material ways with the

□ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

standard for the relevant review period)

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

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Sexual Assault Nurse Examiner's; SANE Call Roster/List;.IK01-0005, Crime Scene Preservation; Sexual Assault Response Plan for Appling Integrated Treatment Facility;

Interviews: Superintendent; PREA Compliance Manager; Sexual Assault Response Team Members; One Registered Nurse; PREA Compliance Manager; Staff Advocate; Thirteen (13) Randomly selected staff; Nineteen (19) Specialized Staff; Interviews with Twenty-three (23) Randomly Selected Detainees Six (6) Special Category Detainees; One (1) Office of Professional Standards Special Agent.(previous interview); Facility-Based Investigator

Observations: None applicable to this standard.

Discussion of Policy and Document Review: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDCs response to sexual assault follows the US 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. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

The GDC Policy, IK-005, Crime Scene Preservation, establishes the agency's policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime

scene is to prevent the destruction or contamination of evidence. Staff are required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed

GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee, requires that medical care initiated by the facility is exempt from health care fees.

The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim. The facility has also issued a local operating procedure essentially documenting the facility's coordinated response to an allegation of sexual abuse.

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the Superintendent who (or her designee) contacts the Office of Professional Standards (OPS) Investigator who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived. The OPS investigator may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Health Services Administrator/designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam. The list, entitled, "SANE Nurse Call Roster" with contact information for Satilla SANE Nurse Group was posted, provided to the auditor and reviewed. The Satilla SANE Nurses consists of four (4) registered nurses and an advocate. Upon completion of the exam the "rape kit" would be turned over to the OPS investigator. If the OPS investigator has not arrived, the SART leader secures the rape kit and initiates the chain of custody following a forensic exam.

The auditor reviewed the Medical PREA Log documenting actions taken when inmates alleged sexual abuse. The PREA Log documented, and the Health Services Administrator acknowledged there have been no cases involving the services of a sexual assault nurse examiner during the past twelve months.

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. There were no local Rape Crisis Centers and in Georgia, because of the lack of resources (Rape Crisis Centers) in rural areas, Just Detention convened a meeting to assist Georgia prisons in securing the services of local rape crisis centers. Unfortunately, there were none in the Baxley, Georgia area. However, the PREA Compliance Manager who is proactive, reached out to a Rape Crisis Center in Brunswick, Georgia. The organization is "Sade Harbor: and the organization has agreed to provide advocacy services for detainees at the center.

GDC Policy requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS).

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. This team consists of an investigator, medical and the PREA Compliance Manager.

Reviewed documentation and interviews with the Superintendent, Assistant Superintendent, random and specialized staff as well as with detainees, confirmed the facility has not had any allegations of either sexual abuse in the past 12 months involving penetration or sexual assault requiring a forensic exam.

Discussion of Interviews: Interviewed members of the Sexual Assault Response Team indicated that these staff are familiar with the investigative process. They indicated that the SART facility-based investigator would initiate an investigation as soon as she received notification of an allegation of sexual abuse and within 24 hours if the allegation was sexual harassment. A previous interview with a SANE who is contracted to perform Sexual Assault Forensic Exams for the Georgia Department of Corrections, confirmed the process for conducting a forensic exam. She indicated she often brings a male nurse with her who also serves as an advocate for the inmate undergoing the exam. She follows a uniform protocol for conducting those exams. An interview with a Special Agent confirmed the investigative process when an incident at the facility appears to be criminal. Special Agents, he indicated, complete 600 hours of training by the Georgia Bureau of Investigation.

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Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22	(a)
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- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? \boxtimes Yes \square No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?

 Yes

 No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?

 Yes
 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?

 ✓ Yes

 No
- Does the agency document all such referrals?

 Yes □ No

115.22 (c)

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

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Review: GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; IK01-005, Crime Scene Preservation

Document Review: Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; Notes Confirming Retaliation Monitoring; GDC Incident Report; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings.

Interviews: 13 Randomly selected and 19 special category staff; informally interviewed staff during the audit; 23 randomly selected inmates and 6 special category inmates.

Discussion of Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement

or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. This policy asserts that allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contactors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff are required to cooperate with the investigation and GDC policy is to ensure that investigations are conducted in such a manner as to avoid threats, intimidation or future misconduct. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report. Failure to report allegations of sexual contact, sexual abuse or sexual harassment may result in disciplinary action, up to and including dismissal.

This policy also affirms the "Internal Investigations Unit" (now Office of Professional Standards) will investigate allegations of sexual contact, sexual abuse, sexual harassment by employees, contractors, volunteers, or vendors. The investigations may include video or audio recorded interviews and written statements from victims, alleged perpetrator and any witnesses as well as all other parties with knowledge of any alleged incident; as well as known documents, photos or physical evidence.

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns during an investigation. The time limit for completing investigations is 45 days from the assignment of the case.

The auditor conducted previous interviews with one Office of Professional Standards (OPS) investigator as well as an interview with an OPS Special Agent on site and a previous on-site interview with a facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete 600 hours of training provided by the Georgia Bureau of Investigations. The Office of

Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. The agent related that once an allegation is made, the Regional Office Staff is notified, after which it goes to the Special Agent in Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

Facility-based investigations are conducted by a team of staff including a staff whose primary responsibility is to investigate, a staff whose primary role is mental health/staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process. An interview with the facility-based investigator confirmed she has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. She described virtually every facet of the investigative process and indicated evidence she would review and collect may include and consider interviews with the alleged victim and alleged aggressor, witnesses, reviewed video, if any, shift and staff rosters, and any other evidence that might be relevant to the investigation. She indicated that she is going to believe the victim unless the evidence leads elsewhere, and that the credibility of the witness would be based on the evidence only and without any bias.

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates, or it is obvious that a criminal act is likely to have occurred, the investigator contacts the Office of Professional Standards who will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

There have been no allegations of sexual abuse in the past 12 months in which a detainee had to have a forensic exam. There were 16 allegations of sexual abuse or sexual harassment during the past 12 months.

Interviews with SART Members indicated they would tell the detainee the results of the investigation but do not use the Georgia Department of Corrections Notification Form and are familiar with the requirements of policy related to notification to the detainee.

The agency's investigation policy is provided via the agency website and are provided information on how to report any PREA related allegation or complaint on line. Third parties may also report via the Fraud and Abuse Hotline, with contact information provided on the website as well.

Discussion of Interviews: Interviews with thirteen (13) Randomly selected staff, staff informally interviewed during the site review and 19 specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statemen or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. Most of them could name the members. A few staff stated they thought the PREA Compliance Manager would be the one to investigate. An interview

with the SART Leader confirmed she is very knowledgeable of the investigation process and reviewed investigation packages indicated a thorough process.

Twenty-nine (29) Interviewed detainees, including those randomly selected, specialized as well as inmates informally interviewed during the site review and during the on-site audit period knew ways to report sexual abuse and sexual harassment. None of the interviewed detainees had reported sexual abuse while at this facility.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 ((a)	١
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.31	(a)
•	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? \boxtimes Yes \square No
•	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? \boxtimes Yes \square No

Instru	ctions f	or Overall Compliance Determination Narrative
		Does Not Meet Standard (Requires Corrective Action)
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Exceeds Standard (Substantially exceeds requirement of standards)
Auditor Overall Compliance Determination		
•		he agency document, through employee signature or electronic verification, that vees understand the training they have received? $oximes$ Yes \oximes No
115.31	(d)	
•	•	s in which an employee does not receive refresher training, does the agency provide er information on current sexual abuse and sexual harassment policies? \boxtimes Yes \square No
•	all emp	he agency provide each employee with refresher training every two years to ensure that bloyees know the agency's current sexual abuse and sexual harassment policies and ures? \boxtimes Yes \square No
•		Ill current employees who may have contact with inmates received such training? ☐ No
115.31	(c)	
•		employees received additional training if reassigned from a facility that houses only male is to a facility that houses only female inmates, or vice versa? \boxtimes Yes \square No
•		training tailored to the gender of the inmates at the employee's facility? $oxtimes$ Yes \odots No
115.31	(b)	
•	relevar	he agency train all employees who may have contact with inmates on how to comply with it laws related to mandatory reporting of sexual abuse to outside authorities? \Box No

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

Policy and Document Review: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2017 Lesson Plan for PREA; Reviewed Training Rosters documenting Day 1 of Annual In-Service Training (6)

Pages of Rosters); 25 PREA Acknowledgment Statements; Reviewed personnel files containing PREA Acknowledgment Statements; 47 NIC Certificates documenting completing "Communicating Effectively and Professionally with LGBTI Residents"

Interviews: Superintendent; PREA Compliance Manager; 13 Randomly selected staff, 19 Special Category Staff, Staff informally interviewed during the site review process.

Observations: None applicable for this audit.

Discussion of Policies and Documents: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's 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 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 non-conforming inmates; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

The facility provided the training curriculum covering the topics required by the PREA Standards and more.

The auditor reviewed six (6) training rosters documenting 2018 Annual In-Service, Day 1, PREA training. These rosters documented Staff having received their 2018 PREA Training. Reviewed personnel files representing Newly Hired Staff all contained PREA Acknowledgment Statements indicating staff are PREA Trained. An additional 25 PREA Acknowledgment Statements were reviewed, documenting PREA training indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

All staff are required to have taken the National Institute of Corrections on-line course, "Communicating Effectively and Professionally with LGBTI Inmates". Forty-seven (47) NIC certificates documenting completing that training were provided on the flash drive. Interviews indicated they had received that training.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least semi-annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by SART members and medical staff.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are placed neatly and conspicuously in frames and on neatly maintained bulletin boards.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

Discussion of Interviews: Interviews with thirteen (13) random staff and nineteen (19) specialized staff, confirmed they receive PREA Training annually during annual in-service training on Day 1. They also indicated they receive additional PREA information during shift briefings.

Staff, indicated, in their interviews, that they receive PREA training as newly hired employees both at the facility and at the academy (BCOT). They stated they then receive PREA Training during annual inservice and that sometimes that training is in a class and sometimes on-line.

Interviewed staff were knowledgeable of the agency's zero tolerance for sexual abuse, sexual harassment and retaliation for reporting or cooperating with an investigation. They indicated they are trained to take everything seriously and report even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before they left the shift. They understood and could easily articulate their roles as first responders. This included both uniform and non-uniform staff. If an inmate reported being at risk of imminent sexual abuse staff consistently stated they would remove the detainee from the threat immediately and report it to their immediate supervisor.

Staff were specifically asked if they had received training on each one of the required topics. Every interviewed staff responded in the affirmative and said the information was included in the power point presentation.

Standard 115.32: Volunteer and contractor training

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

115.32 (a`	١
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■ Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?

Yes □ No

115.32 (b)

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

115.32	(c)
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■ Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?

☑ Yes □ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; twenty-five (25) PREA Acknowledgement Statements; Twelve (12) Community Resources for Corrections Orientation Checklists; Eighteen (18) NIC Certificates documenting completing the on-line course, "Communicating Effectively and Professionally with LGBTI Inmates"; 2017 PREA Lesson Plan.

Interviews: Volunteer Coordinator; Contracted Employees, Superintendent, PREA Compliance Manager

Observations: There were no volunteer activities during the on-site audit period.

Discussion of Policies and Documents that were reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements, the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the regional training. Too it provides consistency in the training provided. Once the regional office issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training previously was submitted to the facility. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; 4) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims;7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; and 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The trainer indicated they use the Power Point presentation provided by the agency PREA Coordinator. Regional Training is now being provided

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and contractors who have contact with offenders are notified of the Department's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Documentation of that training is on the Contractor/Volunteer Acknowledgment Statement.

The auditor reviewed twenty-five PREA Acknowledgement Statements. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and it they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

- NCIC Consent Form (for conducting the required background checks)
- Sexual Assault/Sexual Misconduct Acknowledgment Statement for Supervised
 Visitors/Contractors/Volunteers acknowledging zero tolerance, duty to report, and an
 acknowledgment that entry into the facility is based on the volunteer's agreement not to engage
 in any sexual conduct of any nature with any offender and to report such conduct when learned.
 The Volunteer acknowledges that the consequences for failing to report or violating the
 agreement will result in being permanently banned for entering all GDC facilities and that GDC
 may pursue criminal prosecution.
- Code of Ethics

Contractors complete the same training that staff are required to complete.

Eighteen (18) Certificates, documenting contractors completing the required NIC online training, "Communicating Effectively and Professionally with LGBTI Inmates" were reviewed.

Interviewed contractors confirmed they attend the same annual in-service training as Georgia Department of Corrections Employees. They also confirmed receiving the NIC, LGBTI training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Repor
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All Yes	s/No Questions Must Be Answered by the Auditor to Complete the Report
115.33	(a)
•	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? \boxtimes Yes \square No
•	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? \boxtimes Yes \square No
115.33	(b)
•	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? \boxtimes Yes \square No
•	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? \boxtimes Yes \square No
•	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? \boxtimes Yes \square No
115.33	(c)
	Have all inmates received such education? ⊠ Yes □ No
•	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? \boxtimes Yes \square No
115.33	(d)
•	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? \boxtimes Yes \square No
•	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? \boxtimes Yes \square No

•		he agency provide inmate education in formats accessible to all inmates including those re visually impaired? \boxtimes Yes \square No
•		he agency provide inmate education in formats accessible to all inmates including those re otherwise disabled? \boxtimes Yes $\ \square$ No
•		he agency provide inmate education in formats accessible to all inmates including those ave limited reading skills? \boxtimes Yes \square No
115.33	(e)	
•		he agency maintain documentation of inmate participation in these education sessions? $\ \Box$ No
115.33 (f)		
•	continu	ition to providing such education, does the agency ensure that key information is uously and readily available or visible to inmates through posters, inmate handbooks, or written formats? \boxtimes Yes \square No
Auditor Overall Compliance Determination		
	\boxtimes	Exceeds Standard (Substantially exceeds requirement of standards)
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the multiple ways the facility provides PREA information to detainees, through intake, orientation and ongoing. Documentation was provided confirming the information has been given to detainees as stated and the manner in which it was given. This documentation included acknowledgments sheets and acknowledgment forms for 2015, 2016, 2917 and 2018. PREA Posters are located virtually everywhere in the facility. Interviewed detainees were very knowledgeable of PREA and how to report. Their interviews confirmed they received PREA Training as described in policy, local procedures and in practice.

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDC PREA pamphlet; (15) Pages of signatures 2015-2017 and (93) Signatures in 2018 of

PREA Acknowledgment of Zero Tolerance Policy and How to Report; 40 PREA Acknowledgments Statements documenting Viewing the PREA Video, Understanding the information, Opportunity to Ask Questions and Given PREA Pamphlet; (41) Orientation Checklists

Interviews: Staff conducting intake; Staff conducting orientation (inmate education); PREA Compliance Manager; Twenty-Six (26) randomly selected detainees from every housing unit; and Six (6) special category detainees.

Discussion of Policy and Documents: Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every resident upon arrival at the facility. It also requires that in addition to verbal notification, offenders are required to be provided a GDC PREA pamphlet.

Within 15 days of arrival, the policy, requires inmates receive PREA education. The education must be conducted by assigned staff members to all inmates and includes the gender appropriate "Speaking Up" video on sexual abuse.

The initial notification and the education are documented in writing by signature of the inmate.

In the case of exigent circumstances, the training may be delayed, but no more than 30 days, until such time is appropriate for delivery (i.e. Tier Program, medical issues etc.). This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators: 7) and Notice that male and female routinely work and visit housing area.

PREA Education is required to be provided in formats, accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

Education, according to GDC policy requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Residents confirm their orientation on several documents

- 1) Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment.
- 2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If a detainee

requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator.

At intake, detainees are reportedly given two (2) PREA Sheets, Copies of the Rules and Regulations and the PREA information from the handbook.

In this facility orientation/PREA education is consistently conducted either the same or next day. Upon entry into the center, staff provide PREA information and either the same of next day, a full explanation of PREA occurs during orientation. Residents sign two PREA related forms: 1) Certificate of Service-PREA Acknowledgment and 2) Colwell Detention Center-Intake PREA Education Training Roster.

Certificate of Service Acknowledgment acknowledges that GDC has a zero- tolerance policy and acknowledges that the resident has been briefed on this policy by the identified staff member. It also acknowledges he has viewed the PREA Video and has been instructed on how to avoid being a target for unwanted sexual advances. It goes on to instruct the resident what to do if he should become a victim. He acknowledges his right to report violations of the policy immediately to a staff member or call the PREA hotline. He also acknowledges he has the right to be free from Sexual Abuse/Harassment and that he has a right to be free from retaliation for reporting.

The second form, Colwell Detention Center-Intake PREA Education Training Roster acknowledges that the resident understands that the GDC has a policy regarding the Prison Rape Elimination Act and that they have been briefed on the policy by the identified staff member, who also signs the form. The resident acknowledges he has:

- Watched the PREA video
- Been instructed on how to avoid being a target for unwanted sexual advance
- Acknowledges if he becomes the target he has the right to report to a staff member or call on the PREA Hotline (acknowledging that the contact information is posted in the dorms and throughout the facility.
- Acknowledges he has the right to receive counseling

Testing of Processes: The auditor observed the orientation process at the Appling ITF. The auditor observed the intake process. The Officer conducting the intake asked the incoming inmate if he had any problems reading and he indicated he did. The officer then read the PREA information to him and explained to the inmate what to do is sexually assaulted. He told him the facility has a zero tolerance for sexual abuse. He showed him the PREA poster at intake and read to him the information on it and pointed out to him the PREA Hotline number and explained that this was one way he could report. He told him if he was sexually assaulted to get to a safe place, save the evidence, report it immediately, tell a staff, write a note, but tell someone. He again reminded him of what the PREA Hotline Number is. He showed him how to go up to the phone, dial the number and do what the operator told him. He explained there is no retaliation for reporting. He also showed the inmate the mailing addresses for the outside reporting entities.

Orientation is conducted then every Wednesday. In addition to showing the PREA Video, the counselor providing orientation indicated they go over the PREA Brochure, how to use the hotline, and then show them the PREA Video, after which they explain how to report and if they cannot read, that the counselor reads the information to them.

Lastly, posters containing PREA related information, including Zero Tolerance, See Something Say Something, and how to report, with contact information provided.

The auditor reviewed 15 pages of signatures of detainees acknowledging they were advised at intake on the Zero Tolerance Policy, how to report sexual abuse and sexual harassment, and receipt of the brochure. The auditor reviewed 15 pages of signatures sampled from 2015, 2016, 2017 and an additional 93 signatures from 2018.

The auditor also reviewed 40 additional acknowledgments of understanding the PREA Video and 40 orientation checklists, once again affirming the detainee saw the PREA Video.

Discussion of Interviews: The staff responsible for providing the initial PREA information to inmates upon arrival at the facility and upon transfer from another facility or program is a security staff person. The observed process was detailed and informative and the officer asked the detainee immediately if he could read. When the inmate said he could not, the officer read and explained the information to the inmate and asked him if he understood. He also showed him the PREA Sign and the hotline number and then told him the PREA Hotline number, showed it to him on the phone and told him when he dials the number just to follow the instructions of the operator.

Interviewed detainees confirmed receiving PREA Information on admission and during orientation by watching the video. They indicated they received the PREA video within a week. Detainees could name multiple ways to report.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)	
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•	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) \boxtimes Yes \square No \square NA
115.34	ł (b)
•	Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] \boxtimes Yes \square No \square NA
•	Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ⊠ Yes □ No □ NA

•	[N/A if	his specialized training include sexual abuse evidence collection in confinement settings? the agency does not conduct any form of administrative or criminal sexual abuse gations. See 115.21(a).] \boxtimes Yes \square No \square NA
•	for adn	his specialized training include the criteria and evidence required to substantiate a case ninistrative action or prosecution referral? [N/A if the agency does not conduct any form of strative or criminal sexual abuse investigations. See 115.21(a).] \boxtimes Yes \square No \square NA
115.34	(c)	
•	require not cor	he agency maintain documentation that agency investigators have completed the d specialized training in conducting sexual abuse investigations? [N/A if the agency does nduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] \square No \square NA
115.34	(d)	
•	Audito	is not required to audit this provision.
Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; Three (3) Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Training Rosters for SART Training.

Interviews: Superintendent; Previous interview with Agency PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator, Special Agent; Facility-Based Investigator; SART Members.

Discussion of Policies and Documents: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

In GDC Facilities, the Sexual Assault Response Team is charged with conducting the initial investigation into issues related to PREA. Their role is to determine if the allegation is indeed PREA related. If the allegation appears to be criminal in nature, the Office of Professional Standards investigators will conduct the investigation with support from the SART.

Three staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificates documenting the specialized training and through interviews with the investigators.

Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were provided documenting the SART attendance at the training.

Discussion of interviews: The auditor interviewed an Office of Professional Standards, Special Agent, from the Regional Office. The agent articulated the investigative process and the role of the Special Agent in investigating PREA related allegations. He indicated he or other agents would be dispatched by the Regional Office in the event of a sexual assault. He also related that in addition to the NIC Specialized Training taken on-line, (PREA: Investigating Sexual Abuse in Confinement Settings) he attended 600 hours of training provided by the Georgia Bureau of Investigation to become a Special Agent with arrest powers.

The facility-based investigator confirmed receiving the NIC training and SART Training. Certificates were provided documenting other SART members completing the NIC specialized training. Additionally, he related Sexual Assault Response Team training is held a couple of times a year.

The investigator was knowledgeable of the investigation process and described it in detail. He confirmed the time frames for initiating an investigation, the process, evidence he would consider, that he would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or a detainee would not stop the investigation and that he would judge the credibility of a witness based soley on the evidence. He would not be biased but would consider previous allegations made by the victim.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

•	who w	the agency ensure that all full- and part-time medical and mental health care practitioners ork regularly in its facilities have been trained in how to detect and assess signs of sexual and sexual harassment? \boxtimes Yes \square No
•	who w	the agency ensure that all full- and part-time medical and mental health care practitioners ork regularly in its facilities have been trained in how to preserve physical evidence of abuse? \boxtimes Yes \square No
•	who w	the agency ensure that all full- and part-time medical and mental health care practitioners ork regularly in its facilities have been trained in how to respond effectively and sionally to victims of sexual abuse and sexual harassment? \boxtimes Yes \square No
•	who w	the agency ensure that all full- and part-time medical and mental health care practitioners ork regularly in its facilities have been trained in how and to whom to report allegations or ions of sexual abuse and sexual harassment? \boxtimes Yes \square No
115.35	(b)	
•	receive	ical staff employed by the agency conduct forensic examinations, do such medical staff e appropriate training to conduct such examinations? (N/A if agency medical staff at the do not conduct forensic exams.) \boxtimes Yes \square No \square NA
115.35 (c)		
•	receive	the agency maintain documentation that medical and mental health practitioners have ed the training referenced in this standard either from the agency or elsewhere? $\hfill\Box$ No
115.35	(d)	
•		edical and mental health care practitioners employed by the agency also receive training ated for employees by §115.31? \boxtimes Yes \square No
•		edical and mental health care practitioners contracted by and volunteering for the agency eceive training mandated for contractors and volunteers by §115.32? Yes No
Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

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Policy and Documents Reviewed: Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (2); Behavioral Health Care for Sexual Assault Victims in Confinement Settings.

Interviews: Previous interview with the Agency PREA Coordinator; PREA Compliance Manager; Lead Nurse at Appling ITF.

Observations: None applicable at this time to this standard.

Discussions of Policy and Documents: The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHG staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA inservice training.

The facility does not conduct forensic examinations.

Staff are trained in PREA as newly hired contracted employees and through annual in-service, just as any other employee of the facility. That training is in-depth and includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.

Discussion of Interviews: An interview with the lead nurse at the facility indicated that all health care staff and mental health staff are required to and have completed the NIC Specialized Training provided online by the NIC. She was articulate in describing her role in responding to sexual abuse victims and in protecting the evidence. The lead nurse is a member of the Sexual Assault Response Team and has received SART training as well.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

15.41	(a)
•	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? \boxtimes Yes \square No
•	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? \boxtimes Yes \square No
15.41	(b)
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ⊠ Yes □ No
15.41	(c)
-	Are all PREA screening assessments conducted using an objective screening instrument? ☑ Yes □ No
15.41	(d)
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? \boxtimes Yes \square No

•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? \boxtimes Yes \square No
•	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? \boxtimes Yes \square No
115.41	(e)
•	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? \boxtimes Yes \square No
•	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? \boxtimes Yes \square No
•	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? \boxtimes Yes \square No
115.41	(f)
•	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? \boxtimes Yes \square No
115.41	(g)
•	Does the facility reassess an inmate's risk level when warranted due to a: Referral? \boxtimes Yes \square No
•	Does the facility reassess an inmate's risk level when warranted due to a: Request? $\hfill \boxtimes$ Yes $\hfill \square$ No
•	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? \boxtimes Yes \square No

-		ition that bears on the inmate's risk of sexual victimization or abusiveness?	
115.41	(h)		
•	comple	case that inmates are not ever disciplined for refusing to answer, or for not disclosing te information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), or (d)(9) of this section? \boxtimes Yes \square No	
115.41	(i)		
•	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? \square Yes \square No		
Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)	
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	

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Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments- PREA Sexual Victim/Sexual Aggressor Classification Screening (40); Victim/Aggressor Reassessments (40).

Interviews: PREA Compliance Manager; Superintendent; Counselor who conduct victim/aggressor assessments; Interviews with twenty-nine (29) inmates.

Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness,

Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.

The Offender PREA Classification Details considers all the following sexual victim factors:

- Offender is a former victim of institutional rape or sexual assault
- Offender is 25 years old or younger or 60 years or older
- Offender is small in physical stature
- Offender has a developmental disability/mental illness/physical disability
- Offender's first incarceration
- Offender is perceived to be gay/lesbian/bisexual transgender/intersex or gender non-conforming
- Offender has a history of prior sexual victimization
- Offender's own perception is that of being vulnerable
- Offender has a criminal history that is exclusively non-violent
- Offender has a conviction(s) for sex offense against adult and/or child?

If question #1 is answered yes, the offender will be classified as a Victim regardless of the other questions. This generates the PREA Victim icon on the SCRIBE Offender Page. If three (3) or more of questions (2-10) are checked, the offender will be classified as a Potential Victim. This will generate the PREA Potential Victim icon on the SCRIBE offender page.

The Offender PREA Classification Detail considers the following Sexual Aggressor Factors:

- Offender has a past history of institutional (prison or jail) sexually aggressive behavior
- Offender has a history of sexual abuse or sexual assault toward others (adult or child)
- Offender's current offense is sexual abuse/sexual assault toward others (adult or child)
- Offender has a prior conviction(s) for violent offenses

If questions #1 is answered yes, the inmate will be classified as a Sexual Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Offender page. If two (2) or more of questions (2-4) are checked, the offender will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Offender page.

GDC Policy 208.06, Attachment 4 also states in situations where the instrument classifies the offender as both Victim and Aggressor counselors are instructed to thoroughly review the offender's history to determine which rating will drive the offender's housing, programming, etc. This also is required to be documented in the offender SCRIBE case notes, with an alert note indicating which the controlling rating is.

Staff are required to encourage residents to respond to the questions to better protect them, but staff are prohibited from disciplining them for not answering any of the questions. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: 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 been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction 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; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained soley for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

Policy requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted and within 30 days of arrival at the facility based up on any additional information and when warranted due to a referral, report or incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Policy requires that 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 information from the risk screening is required to be used to determine housing, bed, 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.

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility has designated a dorm to serve as a safe dorm, housing potential or actual victim of sexual assault. The

Appling Integrated Treatment Facility will make individualized determinations about how to ensure the safety of each offender.

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by -case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

Policy also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. The 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. Inmates would receive services in accordance with SOP 209-06, Administrative Segregation. The facility will assign residents to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The assignment will not ordinarily exceed thirty days.

In this facility the Assistant Superintendent/PREA Compliance Manager conducts the victim/aggressor assessments. He indicated that the assessments are typically done on the day the inmate arrives at the facility but all within 72 hours. The instrument used to assess the detainees is the GDC Assessment Form.

During the on-site audit, the auditor observed the PREA Compliance Manager conducting the assessment. The detainee was taken into a private office where the PCM explained the purpose of the assessment in terms the inmate could understand. Then he asked each question off the instrument that is in SCRIBE. Also while asking questions, he opened and looked at the offender's history in SCRIBE to verify that what the detainee told him was accurate. Following this, the PCM talked to the detainee about PREA and how to report allegations of sexual abuse and sexual harassment. He also explained about the orientation process that would be coming up and informed him that in 30 days he would call the detainee back in and conduct the assessment once again.

The auditor reviewed 40 Victim/Aggressor Assessments and 40 Reassessments conducted by the PREA Compliance Manager. All were completed in a timely fashion and exceeded the time frames required by GDC Policy.

Discussion of Interviews:

Staff use the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. The staff stated they cannot require an inmate to answer any of the questions on the assessment nor can residents be disciplined for not doing so. The screening form considers things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. Staff also related that instead of stature the department instruments populate information in the system to assign a score for body mass index.

If an inmate endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale he is designated as at Risk for Abusiveness. She also informed the auditor the scores that would result in a designation of being a potential victim or abuser.

Reassessments, according to staff, are completed, within 30 days after the initial assessment; when a significant incident occurs; or when a detainee leaves the facility and returns. The reassessment consists of the counselors asking the resident if anything has changed since the first assessment after which a note is placed in SCRIBE documenting the reassessment.

Most of the inmates who were interviewed, stated they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment. For those who did not recall being asked those questions, the auditor requested and received their victim/aggressor assessments. All of them had been asked the assessment questions.

Standard 115.42: Use of screening information

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

445 40	
115.42	a (a)
•	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? \boxtimes Yes \square No
•	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? \boxtimes Yes \square No
•	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? \boxtimes Yes \square No
•	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? \boxtimes Yes \square No
•	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? \boxtimes Yes \square No
115.42	? (b)
•	Does the agency make individualized determinations about how to ensure the safety of each inmate? \boxtimes Yes $\ \square$ No
115.42	2 (c)
•	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? \boxtimes Yes \square No
•	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? \boxtimes Yes \square No

re	re placement and programming assignments for each transgender or intersex inmate eassessed at least twice each year to review any threats to safety experienced by the inmate? Yes $\ \square$ No
115.42 (6	
S	re each transgender or intersex inmate's own views with respect to his or her own safety given erious consideration when making facility and housing placement decisions and programming ssignments? \boxtimes Yes \square No
115.42 (f	
	re transgender and intersex inmates given the opportunity to shower separately from other mates? \boxtimes Yes $\ \square$ No
115.42 (g)
co bi le	Inless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, isexual, transgender, or intersex inmates, does the agency always refrain from placing: esbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of uch identification or status? Yes No
co bi tr	Inless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, isexual, transgender, or intersex inmates, does the agency always refrain from placing: ansgender inmates in dedicated facilities, units, or wings solely on the basis of such lentification or status? Yes No
co bi in	Inless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, is is is is in tersex inmates, does the agency always refrain from placing: it is intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? \boxtimes Yes \square No
Auditor	Overall Compliance Determination
	Exceeds Standard (Substantially exceeds requirement of standards)
Σ	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; memo from the Superintendent; (40) Reviewed Assessments; (40) Reviewed Re-Assessments.\; Memo from the Superintendent Designating SAFE Dorms; Intake Procedures for High-Risk Sexual Assault Victims or Aggressors.

Interviews: Superintendent; PREA Compliance Manager; GDC Counselor

Discussion of Policies and Documents: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens and Superintendents are required to designate a safe dorm (s) for those inmates (residents) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the Department requires the facility to consider on a case by case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate is to be reassessed at least twice a year.

Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in GDC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the offender will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.

The facility's living units are all open bay style. Residents are assigned to the dorms based on their security levels and the details they are assigned to. Potential victims however are assigned to beds "upfront" where they can be viewed more easily by the control room and closer to the cameras.

The Superintendent issued a memo in 2015, entitled "Intake Procedure for High-Risk Sexual Assault Victims or Aggressors. The memo requires that during admission, the detainee's file will be reviewed to identify High-Risk Sexual Assault Victims/Aggressors.

The Classification Committee consists of the Superintendent, Assistant Superintendent, Lieutenant and two GDC Counselors.

Chairman will review offender referrals prior to their arrival at the AITF and review PREA profiles. Residents will be screened for risk of victimization and abusiveness within 72 hours and the Classification Chairman will assign them to beds, work, education and program assignments based on the risk screening. The Intake Officer and Classification Chairman will coordinate all housing assignments based on risk screening. Dorm B has been designated the safe dorm and detainees who

are assessed to be vulnerable to sexual assault are to be housed in B Dorm with A Dorm serving as an overflow if ever needed. Inmate aggressors are to be placed in Dorm C or D.

Dorms A and B are designated as the SAFE DORMS for detainees who have been identified as potential sexual victims and C and D are designated as housing units for detainees who have been identified as potential aggressors. This is documented in a memo from the Superintendent.

Discussion of Interviews: Interviews indicated that all incoming residents are initially placed in Dorm 1. In about a week, classification meets and after reviewing the resident's history, assigns the resident to a detail after which the resident is assigned to a housing unit based on his work detail and his security level. If there are alerts in SCRIBE or if the Victim/Aggressor Assessment identifies or classifies the resident as a potential victim, he will be placed in a "safe bed: near the front of the dorm where he can be more easily observed. Classification reviews the detainee's record in detail after which they assign the inmate to housing; programs and work details. Decisions are made based on the totality of information but based on results of the victim/aggressor instrument, detainees are not placed on details with potential abusers.

Standard 115.43: Protective Custody

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

115	.43	(a)
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	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? \boxtimes Yes \square No If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? \boxtimes Yes \square No
115.43	3 (b)
•	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? \boxtimes Yes \square No
•	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? \boxtimes Yes \square No
	Do inmates who are placed in segregated housing because they are at high risk of sexual

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? \boxtimes Yes \square No

victimization have access to: Education to the extent possible? \boxtimes Yes \square No

		acility restricts access to programs, privileges, education, or work opportunities, does the document: The opportunities that have been limited? \boxtimes Yes \square No			
•		acility restricts access to programs, privileges, education, or work opportunities, does the document: The duration of the limitation? \boxtimes Yes \square No			
•		acility restricts access to programs, privileges, education, or work opportunities, does the document: The reasons for such limitations? \boxtimes Yes \square No			
115.43	(c)				
•	housin	he facility assign inmates at high risk of sexual victimization to involuntary segregated g only until an alternative means of separation from likely abusers can be arranged?			
•	Does s	such an assignment not ordinarily exceed a period of 30 days? ⊠ Yes □ No			
115.43	(d)				
•	section	voluntary segregated housing assignment is made pursuant to paragraph (a) of this n, does the facility clearly document: The basis for the facility's concern for the inmate's \boxtimes Yes \square No			
•	section	voluntary segregated housing assignment is made pursuant to paragraph (a) of this n, does the facility clearly document: The reason why no alternative means of separation arranged? \boxtimes Yes \square No			
115.43	(e)				
•	risk of	case of each inmate who is placed in involuntary segregation because he/she is at high sexual victimization, does the facility afford a review to determine whether there is a uing need for separation from the general population EVERY 30 DAYS? Yes No			
Auditor Overall Compliance Determination					
		Exceeds Standard (Substantially exceeds requirement of standards)			
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)			
		Does Not Meet Standard (Requires Corrective Action)			
Instruc	ctions f	for Overall Compliance Determination Narrative			

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

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

Policy and Document Review: Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Coordinated Response Plan.

Interviews: Superintendent, PREA Compliance Manager/Assistant Superintendent; Staff supervising segregation; Randomly selected staff;; Randomly selected and special category detainees.

Discussion of Policy and Documents: The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff were aware however of the requirements of GDC policy which is consistent with the PREA Standards. The

Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 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 inmate's safety is 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 inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.

When possible, the detainee would be placed in a safe bed in a different dorm and placed in segregation as a last resort. Safe beds have been identified in the facility's stratification plan. These are the safe beds in each dorm.:

These are the beds in plain view of the control room in each dorm are held for detainees who profile as possible PREA Victims. Each bed is plainly marked on the ID board outlined in black to identify the safe beds for the ID staff making the bed assignments.

If detainees are assigned to involuntary segregated housing it is only until an alternative means of separation from likely abusers can be arranged and such an assignment does not ordinarily exceed a period of 30 days. If the facility uses involuntary segregation to keep an inmate safe, the facility documents the basis for their concerns for the inmate's safety and the reason why no alternative means of separation can be arranged. Reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population.

Discussion of Interviews: Interviews indicated there have been no cases in which a detainee was
involuntarily placed in segregation or protective custody during the past 12 months.

Interviews with the Superintendent and PREA Compliance Staff indicated that detainees at risk or potential or actual victims would be considered first for placement in another dorm; a SAFE DORM. If

that were not feasible to keep the detainee safe, he could be transferred or placed in Protective Custody until an alternative housing arrangement could be considered.

REPORTING				
Standard 115.51: Inmate reporting				
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report				
115.51 (a)				
■ Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes □ No				
■ Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ⊠ Yes □ No				
■ Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ⊠ Yes □ No				
115.51 (b)				
■ Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ✓ Yes ✓ No				
Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ⊠ Yes □ No				
 Does that private entity or office allow the inmate to remain anonymous upon request? ☑ Yes □ No 				
 Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ⋈ Yes □ No 				
115.51 (c)				
\bullet Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? \boxtimes Yes $\ \square$ No				
 ■ Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☑ Yes □ No 				
115.51 (d)				

	■ Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes □ No					
Auditor Overall Compliance Determination						
\boxtimes	Exceeds Standard (Substantially exceeds requirement of standards)					
	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)					
	Does Not Meet Standard (Requires Corrective Action)					

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the multiple ways the Georgia Department of Corrections has provided for detainees to report. For example, to report outside the facility detainees can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator or SAFE HARBOR. Within the facility they can report to a staff member, write a note, send a request, tell medical, file a grievance, tell a family member by phone, letter or during visitation or report while on detail.

Policy and Documents Reviewed: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification:.

Interviews: Twenty-Nine (29) detainees, both randomly selected and special category; Thirteen (13) randomly selected staff representing a cross section of positions; and Nineteen (19) specialized staff.

Observations: Observed PREA Information being given during intake; Observed PREA information being given during the victim/aggressor assessment; Phones in each dorm with dialing instructions; Testing a PREA Phone; Observations of PREA Posters all over the facility and accessible to staff, detainees, volunteers and visitors.

Discussion of Policy and Documents: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report

allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity. This information is posted next the phones providing dialing instructions. The auditor observed the dialing instructions next to the phone for reporting sexual abuse.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases, and an investigation begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

The GDC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial redress after exhausting administrative remedies. The procedures governing grievances are addressed in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

Inmates also have access to outside confidential support services including those identified in the PREA Brochure given to inmates during the admission process and posted throughout the prison. The following ways to report are provided: Call PREA, 7732; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman (phone number provided), to the Director of Victim Services (mailing address provided).

GDC Policy IIA23-0001, Consular Notification affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's cusdoty status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Counsular Offices in the United States. This information is available for download at http://www.state.gov/s/cpr/ris/fco This policy prescribes the GDC's responsibility for notification and that the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Warden approves a shorter time period.

The auditor reviewed all of the 16 investigations conducted during the past 12 months. These documented reports being received in the following ways"

- Ten (10) allegations were made to staff
- Four (4) allegations were via written statements
- Two (2) allegations were received through grievances

These were all taken seriously, inmates were separated, and all were fully and thoroughly investigated.

Detainees may call anyone on their approved list. They may also call their attorney's if they have one. Inmates have the opportunity to report through visits with family, calling family, or writing families.

The reviewed Resident Handbook informs detainees if they are a victim of sexual assault or any kind of sexual coercion, their best defense if to report the incident to any staff member as quickly as possible. They are advised if they are unwilling to report to institution staff, they may pick up the telephone and select their language, press (8) when prompted, dial the PREA Hotline Number (number provided but not included in this report). They are asked to leave a message and the messages are checked every business day. They are advised that reports are confidential.

Inmates have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, write the Ombudsman, write the State Board of Pardons and Parole, Victim Services, report to the Agency's PREA Coordinator, to staff, friends, family and inmates, report via the grievance process, the GDC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff.

Discussion of Observation: Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. The auditor also viewed and reviewed the agency's website providing information on how to report allegations of sexual abuse.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explain that residents have the right to report, stressing the facility wants to keep the resident safe and that an investigation will be conducted for reported incidents and the perpetrator will be held accountable. Multiple ways to report are listed on the poster. These include:

- Call the PREA Hotline (Number Provided)
- Report to any staff, volunteer, contractor or medical staff
- Submit a grievance or sick call slip
- Report to the PREA Coordinator or PREA Compliance Manager
- Tell a family member, friend, legal counsel or anyone else outside the facility
- Submit a report on someone else's behalf or someone at the facility can report for you (the resident)
- Victim Support Services for emotional support and to report (contact information provided)

Detainees are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided).

One sign says to report sexual assaults to a staff member as soon as possible It then lists the ways detainees may report. These include the PREA Hotline; in writing anonymously to the State Board of Pardons and Parole, Office of Victim Services; Emotional Support Services and Victim Advocacy through SAFE HARBOR (phone and address provided); and through Third Party Reports by calling the Ombudsman's Office (number provided).

Reviewed investigations seemed to indicate that staff do take allegations seriously and that they accept reports regardless of the source. Discussion of Interviews: Interviews with 29 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. 90% of those interviewed stated they would either report via the PREA Hotline or through a staff member. Staff related multiple ways detainees could report and stated they would take every allegation seriously regardless of the source of the allegation. Standard 115.52: Exhaustion of administrative remedies All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.52 (a) Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. □ Yes ⊠ No □ NA 115.52 (b) Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)

 ☑ Yes □ No □ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)

 ☑ Yes □ No □ NA

115.52	2 (d)
•	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA
•	If the agency claims the maximum allowable extension of time to respond of up to 70 days per $115.52(d)(3)$ when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA
•	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA
115.52	2 (e)
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No □ NA Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party
-	files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA
•	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA
115.52	2 (f)
•	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA
•	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). \boxtimes Yes \square No \square NA

•		eceiving an emergency grievance described above, does the agency provide an initial ase within 48 hours? (N/A if agency is exempt from this standard.) \Box Yes \Box No \Box NA					
•	 After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☑ Yes □ No □ NA 						
•	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA						
•	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA						
•	■ Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA						
115.52	(g)						
•	do so	igency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? agency is exempt from this standard.) \boxtimes Yes \square No \square NA					
Auditor Overall Compliance Determination							
		Exceeds Standard (Substantially exceeds requirement of standards)					
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)					
		Does Not Meet Standard (Requires Corrective Action)					
Inetru	nstructions for Overall Compliance Determination Narrative						

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

Policy and Documents Reviewed: The Appling Integrated Treatment Facility Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Ten (10) reviewed grievances filed during the past twelve months.

Interviews: Grievance Officer; Thirteen (13) Randomly selected staff; Twenty-nine (29) inmates; PREA Compliance Manager.

Observations: Not applicable for this standard.

Discussion of Policies and Documents:

There were two (2) grievances alleging sexual harassment during the past twelve months. These grievances were received by the counselor and reported immediately to the Sexual Assault Response Team to investigate. Once a grievance is filed in Georgia alleging sexual abuse or sexual harassment it ceases to go through the normal grievance process but is dealt with as any other PREA allegation and is turned over to the SART and is investigated.

GDC Policy explains the agency and facility grievance process. Upon entering the GDC, each offender is required to receive an oral explanation of the grievance procedure and receive a copy of the Resident Handbook, which includes instructions about the procedure.

GDC Policy, 227.02, Statewide Grievance Process, specifies the areas where grievance forms may be accessed. It also affirms that offenders are not prohibited form assisting other offenders from filling out any forms related to the process. Policy provides that an offender may file a grievance on behalf of another inmate if the allegation involves sexual abuse. The Policy and local operating procedures allow another inmate to file a grievance on behalf of another inmate.

Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Page 5 of the Statewide Grievance Policy, Paragraph 4., Asserts that the offender is not required to attempt an informal resolution before filing a grievance; 2) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 3) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 4) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 5) If the inmate declines to have the request processed on his behalf, GDC will document the inmate's decision as part of the SART or Internal Investigation report. Staff will also assist offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

Emergency Grievance procedures, as discussed in, requires that emergency grievances must be immediately referred to the Grievance Coordinator (or Duty Officer if after hours), such as allegations of sexual abuse and other PREA Concerns. The Grievance Officer/Duty Officer must determine if the Grievance fits the definition of an emergency grievance. If it does, the Grievance Officer/Duty Officer must immediately take whatever action necessary to protect the health, safety or welfare of the offender, and provide an initial response within 48 hours. This information is required to be documented and DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, requires the facility to allow inmates a full and fair opportunity to file grievances regarding sexual abuse to preserve their ability to seek judicial redress after exhausting administrative remedies.

In situations where an inmate uses the grievance process to report an allegation of sexual abuse, the Department does not require the inmate to attempt to resolve the incident informally before filing a grievance the offender must be given a written response to his Emergency Grievance within 5 calendar days.

The auditor sampled ten (10) grievances to review. None of them alleged anything related to sexual assault, abuse, misconduct or sexual harassment. The following were the issues identified in the grievances:

- *(3) Sentence
- *(3) Write-ups/Awareness
- * (2) Extensions
- * (1) Store Restriction

Discussion of Interviews: An interview with the grievance officer confirmed that an inmate may file a grievance alleging sexual abuse and that upon receipt of such a grievance, the staff is required to immediately refer the grievance to the Sexual Assault Response Team (SART) for investigation. Staff were aware that inmates could report sexual abuse or sexual harassment through the grievance process. They indicated that if they received a grievance they would turn it over to the grievance officer. Interviewed detainees did not name the grievance process as a way they would report an allegation however, when asked, they said they could file a grievance to report sexual abuse or sexual harassment however most preferred the option of telling a staff or calling the PREA Hotline.

Standard 115.53: Inmate access to outside confidential support services

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

115.5	53 (a)
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•	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? \boxtimes Yes \square No
•	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? \boxtimes Yes \square No
•	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? \boxtimes Yes \square No
115.53	S (b)
•	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? \boxtimes Yes \square No

115.53 (c)

•	agreer	he agency maintain or attempt to enter into memoranda of understanding or other ments with community service providers that are able to provide inmates with confidential anal support services related to sexual abuse? \boxtimes Yes \square No			
■ Does the agency maintain copies of agreements or documentation showing attempts to e into such agreements? ✓ Yes ✓ No					
Audito	or Over	all Compliance Determination			
☐ Exceeds Standard (Substantially exceeds requirement of standards)					
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)			
		Does Not Meet Standard (Requires Corrective Action)			

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy 208.6, PREA, MOU between the Appling Integrated Treatment Facility and the SAFE Harbor Rape Crisis Center; Appling Integrated Treatment Facility Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification; PREA Related Posters; Training Certificate: Georgia Network to End Sexual Violence;

Interviews: PREA Compliance Manager, PREA Coordinator, Superintendent, twenty-eight (28) detainees; A staff advocate at the SAFE, Blairsville, Georgia.

Discussion of Policies and Documents Review: GDC Procedures require the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with inmates. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.

The agency provided a Memorandum of Understanding between the Appling Integrated Treatment Facility and the Safe Harbor Children's Advocacy Center that serves Appling County with the main office in Brunswick, Georgia. There is a satellite office in Hazlehurst, Georgia, which is close to Appling County.

The Appling ITF and SAFE Harbor have an unsigned at this time, MOU. The GDC requires MOUs are reviewed and approved by the department's legal office and the MOU has not been legally approved or

signed however SAFE Harbor indicated they are going to provide those services, even without a MOU. Services they will provide the following:

- 1. Work with the Appling ITF to ensure that incarcerated victims have access to emotional support services related to sexual abuse and sexual harassment.
- 2. Work with AITF to obtain necessary security clearances for designated Safe Harbor advocates and follow all AITF facility guidelines for safety and security.
- 3. Ensure rape crisis center personnel attend the required AITF volunteer training.
- 4. Respond to requests from AITF to provide forensic examination accompaniment for incarcerated victims during the forensic medical examination process. Maintain confidentiality as required by state and federal laws for rape crisis center personnel pursuant to Georgia Code Title 24. Evidence § 24-5-509 and the requirements of Safe Harbor funders.
- 5. Provide emotional support services in response to AITF staff referrals and requests from incarcerated victims, including one or more of the following:
 - a. confidential mail correspondence;
 - b. in-person crisis counseling sessions between incarcerated victims and Safe Harbor personnel through the forensic evidence collection process
- 6. Inform AITF's PREA Compliance Manager or his or her designee of any emergency mental health needs of the inmate-victim, with proper consent, and without disclosing anything beyond immediate concern.
- 7. Provide training on trauma-informed responses to sexual abuse and sexual harassment for AITF staff, as requested and as capacity allows.
- 8. Communicate any questions or concerns to the PREA Compliance Manager or his or her designee at regular meetings, or by telephone or email between meetings as needed.

SAFE Harbor, has a 24-hour Crisis Line and this information has been made available to the detainees of the facility. They also indicated that victims advocacy includes making referrals for services, medical accompaniment, coordinating follow-up medical services, working with the judicial system, helping the victim stay abreast of victim rights, legal proceedings, court accompaniment, and other issues as a result of the alleged crime.

(Also see interview with the staff from SAFE Harbor)

Inmates also have access to the GDC Ombudsman and GDC Tip Line. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to inmates.

GDC Policy IIA23-0001, Consular Notification; affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's cusdoty status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Counsular Offices in the United States. This information is available for download at http://www.state.gov/s/cpr/ris/fco This policy prescribes the GDC's responsibility for notification and that the inmate be informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country.

Discussion of Interviews: The PREA Compliance Manager confirmed the facility has worked with SAFE Harbor to enter into a MOU with the local rape crisis center, SAFE Harbor, in Brunswick, Georgia with a satellite office in Hazlehurst, GA, which is close to the Appling ITF. The interviewed staff indicated the agency has 6 full time advocates and 3 volunteer advocates. There is one SANE Coordinator and one SANE. She indicated, as well, that the agency has received a grant to train more advocates and their goal is to train more advocates and SANEs. She affirmed the advocacy services, including accompaniment.

Corrective Action Required: Detainees were not aware of an outside advocacy group they could write or call. The facility agreed to post the required information, which they did. They documented with photos, the posting of that information in the facility. The facility confirmed the posting through photos sent to the auditor.

Standard 115.54: Third-party reporting

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

1	1	5	.54	(a)
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•		be agency established a method to receive third-party reports of sexual abuse and sexual sment? $oxed{\boxtimes}$ Yes $\oxed{\square}$ No				
•	■ Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ✓ Yes ✓ No					
Audite	Auditor Overall Compliance Determination					
	☐ Exceeds Standard (Substantially exceeds requirement of standards)					
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)				
		Does Not Meet Standard (Requires Corrective Action)				

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Appling Integrated Treatment Facility Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Ten (10) Reviewed Investigation Packages; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to

Report It"; Reviewed PREA Related Brochures (An Overview for Offenders – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Memo from the Superintendent Re: Third Party Reports

Interviews: Twenty-nine (29) detainees, randomly selected and special category; Thirteen (13) Randomly Selected Staff; Nineteen (19) Special Category Staff, PREA Compliance Manager; Superintendent

Observations: Review of the Agency's Website

Discussion of Policy and Documents: The Georgia Department of Corrections and the Appling Integrated Treatment Facility provides multiple way for inmates to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling Third Party reports may be made to the GDC Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to inmates that allows them to call or write the Ombudsman's Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act — How to Prevent It and How to Report It" provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate's pin is not required to place a call using the "hotline". The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?". These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-7849); email PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided. The agency also has a TIP Line accessible to third parties.

The PREA brochure, An Overview for Offenders, Do You Know Your Rights and Responsibilities? Provides contact information for the GDC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman's Office.

Another poster provides the following information regarding reporting to outside entities: Detainee Hotline; State Board of Pardons and Parole, Office of Victim Services, SAFE Rape Crisis Center (for emotional support services and victim advocacy) and the Ombudsman's Office. Contact information is provided for each of those entities.

A memo from the Superintendent to staff, dated January 2, 2017, to be read at shift briefings for six (6) consecutive shift briefings, requires and reminds all staff to accept reports made verbally, in writing anonymously from third parties and shall promptly document any verbal reports. The Superintendent reminds staff he has an open-door policy to all staff for staff members to privately report sexual abuse and sexual harassment of inmates. All staff can also address third party reporting to a member of the SART. He reminded staff to reassure all inmates as well as staff members that it is acceptable to report third party sexual assault/misconduct in a secret manner. Information will be kept confidential.

Others, including family members, friends and other residents, may make a report for a resident. They may also assist a resident in filing a grievance or file one for her.

The auditor reviewed all 16 investigations conducted in the 12 months prior to the audit. Two of those allegations were reported by other inmates (third parties). Staff receiving those reports treated them with the same importance as any other report and they reported them immediately to their supervisors and/or to the SART.

Discussion of Interviews: Staff, when asked were asked to name the ways inmates could report allegations of sexual abuse, named multiple ways and when asked if an inmate could report anonymously and through a third party, 100% of the staff said detainees could get a third party to report for them and that they would take that report seriously and act immediately. They also affirmed they would document the allegation in writing.

When detainees were asked to name multiple ways to could report internally and externally, one of the ways they mentioned was through third parties. They did not all refer to them as third parties but most mentioned that family members or relatives could report for them. Too, they acknowledged that other inmates could report for them as well.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

	11	5	.61	(a)
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Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☑ Yes ☐ No
 Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☑ Yes ☐ No
 Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☑ Yes ☐ No

115.61 (b)

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

115.61 (c)

 Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☑ Yes ☐ No 115.61 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☑ Yes ☐ No 115.61 (e) Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☑ Yes ☐ No Auditor Overall Compliance Determination ☐ Exceeds Standard (Substantially exceeds requirement of standards) ☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (Requires Corrective Action) 	•	practiti	sotherwise precluded by Federal, State, or local law, are medical and mental health oners required to report sexual abuse pursuant to paragraph (a) of this section? □ No	
 If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ⋈ Yes ⋈ No 115.61 (e) Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ⋈ Yes ⋈ No Auditor Overall Compliance Determination ☑ Exceeds Standard (Substantially exceeds requirement of standards) ☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period) 	•		· · · · · · · · · · · · · · · · · · ·	
local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☑ Yes ☐ No 115.61 (e) Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☑ Yes ☐ No Auditor Overall Compliance Determination ☐ Exceeds Standard (Substantially exceeds requirement of standards) ☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	115.61	(d)		
local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☑ Yes ☐ No 115.61 (e) Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☑ Yes ☐ No Auditor Overall Compliance Determination ☐ Exceeds Standard (Substantially exceeds requirement of standards) ☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)				
 ■ Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	•	local v	ulnerable persons statute, does the agency report the allegation to the designated State	
party and anonymous reports, to the facility's designated investigators? ☑ Yes ☐ No Auditor Overall Compliance Determination ☐ Exceeds Standard (Substantially exceeds requirement of standards) ☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	115.61	(e)		
 Exceeds Standard (Substantially exceeds requirement of standards) Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period) 	•			
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	Audito	Auditor Overall Compliance Determination		
standard for the relevant review period)			Exceeds Standard (Substantially exceeds requirement of standards)	
☐ Does Not Meet Standard (Requires Corrective Action)		\boxtimes	·	
			Does Not Meet Standard (Requires Corrective Action)	

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Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; and investigation reports for 2017; Memo from the Superintendent Re: Reporting/Third Party Reporting

Interviews: Superintendent, PREA Coordinator; PREA Compliance Manager; SART Leader; Thirteen (13) randomly selected staff; Nineteen (19) special category staff; Facility Based Investigator

Discussion of Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the

supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

This facility does not house youthful offenders; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

Policy requires that staff be aware of and attempt to detect to attempt to prevent sexual abuse, sexual harassment or sexual misconduct, through offender communications, comments to staff members, offender interactions, changes in offender behavior, and isolated or vulnerable areas of the institution.

A memo from the Superintendent in 2017 instructed staff to read the memo six consecutive times in shift briefings. The memo instructed staff in ways to report and for them to accept reports from essentially all sources.

The auditor reviewed sixteen (16) investigations, representing all of the allegations made in that time frame, revealed the following ways detainees chose for reporting:

- Tell Staff
- Grievances
- Third Party
- Statement

Discussion of Interviews: All the interviewed staff, both those randomly selected and special category staff stated they are expected to report virtually everything, including anonymous reports and reports received from third parties. The auditor asked staff if they would be expected to report something they suspected. 100% of them said they would report that, as well, to their immediate supervisor. The auditor asked if a staff received a third-party report or an anonymous report, as well as reports made verbally and in writing, would they report those and the all said yes. When asked about whether a

written statement or report would be required, they said they would have to put all verbal reports in a written statement that would have to be completed before they left their shift.

Standard 115.62: Agency protection duties

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Sixteen Reviewed Investigation Packages.

Interviews: Superintendent; Grievance Officer; PREA Compliance Manager; Thirteen (13) randomly selected staff; Nineteen (19) Special Category Staff; Twenty-nine (29) Inmates, random and special category.

Discussion of Policy and Documents: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is paced in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating

the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

The Superintendent has identified safe the following safe housing for detainees at the Appling Integrated Treatment Facility has designated Dorm A as safe housing and Dorm B if there is the need for more space for potential or actual victims.

The auditor reviewed all 16 investigations representing all of the allegations during the past 12 months. Staff consistently immediately separated the alleged victims from alleged aggressors. Too, often, the alleged aggressor was the one housed in segregated housing. Detainees reporting sexual abuse were usually placed in another dorm and there were no cases in which the potential victim was placed in segregated housing in lieu of other alternatives to keeping the detainee safe.

The Pre-Audit Questionnaire documented there have been no incidents in which an inmate was at substantial risk of imminent sexual abuse during the past twelve months.

Discussion of Interviews: Interviews with the Superintendent, PREA Compliance Manager, random and special category staff, inmates, and reviewed incident reports for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months.

Upon learning that a detainee is at risk of imminent sexual abuse, the interviewed staff reported they would take the report seriously, notify their immediate supervisor, and remove the detainee from the potential threat and keep him with them or in view out of the threat area until a decision is made about where best to safely house the detainee. Staff stated the detainee could be placed in one of the other dorms in a safe bed or he could be placed transferred to another probation detention center.

Interviewed staff, including the Superintendent and the Assistant Superintendent stated they have not received any reports or grievances alleging a detainee was at risk of imminent sexual abuse.

The auditor reviewed ten (1) grievances filed during the past 12 months and none of them alleged any PREA related issue, including reporting being at risk of imminent sexual abuse.

None of the interviewed detainees alleged any form of sexual abuse at the facility. They also stated they had ever been at risk of imminent sexual abuse and that they felt safe at this facility.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report				
115.63	(a)			
•	facility,	eceiving an allegation that an inmate was sexually abused while confined at another does the head of the facility that received the allegation notify the head of the facility or briate office of the agency where the alleged abuse occurred? \boxtimes Yes \square No		
115.63	(b)			
•		n notification provided as soon as possible, but no later than 72 hours after receiving the ion? \boxtimes Yes \square No		
115.63	(c)			
•	Does t	he agency document that it has provided such notification? $oxtimes$ Yes \oxtimes No		
115.63	115.63 (d)			
•		he facility head or agency office that receives such notification ensure that the allegation stigated in accordance with these standards? \boxtimes Yes \square No		
Audito	Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)		
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)		

Instructions for Overall Compliance Determination Narrative

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

Does Not Meet Standard (Requires Corrective Action)

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire; Reviewed Incident Reports filed during the past 12 months.; Sampled Minutes of PREA Incident Review Team Meetings.

Interviews: Superintendent; PREA Compliance Manager, SART Members

Discussion of Policy and Reviewed Documents: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The Pre-Audit Questionnaire documented that there have been no allegations received from another facility reporting that a detainee reported to another facility that he was sexual abused while at Appling ITF and 7 reports of a detainee at Appling ITF reporting having been abused at another facility.

Reviewed Incident Review Team minutes documented thoroughly each time a detainee reported sexual abuse while at another facility and the actions taken to report the allegations and follow-up. The PREA Compliance Manager even contacted a facility in which a detainee reported he was sexually assaulted in 1983 and another reporting being sexually assaulted in a facility years ago while the facility was being operated by another vendor. The PREA Compliance Manager did due diligence to report these and contacted the Agency's PREA Coordinator to advise her of his actions and to see if additional steps should be taken. The inmates were offered mental health follow-up once the disclosure was made.

Discussion of Interviews: Interviews with the PREA Compliance Manager and Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to this facility, was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation and treat it as any other investigation.

Standard 115.64: Staff first responder duties

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

115.64 (а)
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•	Upon learning of an allegation that an inmate was sexually abused, is the first security staff
	member to respond to the report required to: Separate the alleged victim and abuser?
	✓ Ves □ No

n of ree		for Overall Compliance Determination Narrative
		Does Not Meet Standard (Requires Corrective Action)
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Exceeds Standard (Substantially exceeds requirement of standards)
Auditor Overall Compliance Determination		
•	that the	rst staff responder is not a security staff member, is the responder required to request e alleged victim not take any actions that could destroy physical evidence, and then notify y staff? \boxtimes Yes \square No
115.64	(b)	
•	member actions changi	earning of an allegation that an inmate was sexually abused, is the first security staff er to respond to the report required to: Ensure that the alleged abuser does not take any a that could destroy physical evidence, including, as appropriate, washing, brushing teeth, ng clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred a time period that still allows for the collection of physical evidence? \boxtimes Yes \square No
•	member actions changi	earning of an allegation that an inmate was sexually abused, is the first security staff er to respond to the report required to: Request that the alleged victim not take any is that could destroy physical evidence, including, as appropriate, washing, brushing teeth, ng clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred a time period that still allows for the collection of physical evidence? Yes No
•	membe	earning of an allegation that an inmate was sexually abused, is the first security staff er to respond to the report required to: Preserve and protect any crime scene until oriate steps can be taken to collect any evidence? \boxtimes Yes \square No

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

Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Appling ITF PREA Local Procedure Directive.

Interviews: Two (2) SART Members; Thirteen (13) randomly selected staff; Nineteen (19) specialized staff; Facility-Based Investigator; Special Agent and PREA Compliance Manager. Informal Interviews with staff randomly selected during the site review.; 16 Reviewed Investigation Packages

Discussion of Policy and Documents: Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that a resident has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately.

The Sexual Assault Response Team will be notified and will implement the local protocol. The Superintendent issued an Memorandum to all staff designating the members of SART. They included a General Population Counselor (lead SART member); Sergeant (Investigator/Training Officer); and a Nurse.

The local protocol, Appling ITF PREA Local Procedure Directive, provides contact information for the Superintendent, Regional Director, PREA Compliance Manager, SART Leader, SART Members, Retaliation Monitor, and the North Regional Chief Investigator. First Steps in responding are identified to are the actions to be taken in the order stated on the Local Procedure Directive. The first steps are identified for the first responders and additional steps are then identified for Sexual Assault Response (by the highest-ranking staff on duty at the institution to receive a report of sexual contact with an offender. Responsibilities of the Superintendent are then delineated. Response steps related to sexual misconduct are identified for the highest-ranking staff on duty receiving the report. Actions for the Superintendent in response to sexual misconduct reports is outlined step by step. Responsibilities for investigations and medical are stated.

Staff are trained in first responding during annual in-service training.

Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

There was only one allegation resulting an inmate being examined by medical but not taken for a forensic exam following the assessment by medical. Sixteen investigations were reviewed. Most of these alleged sexual harassment and others alleged some form of touching. Staff first responders, upon learning of an allegation, removed and separated the alleged abuser from the alleged aggressor. Detainee victims (based on their allegation) were taken out of the dorm, escorted to a private location where they could talk privately with staff. None of the allegations required a forensic exam or protection of evidence. The one case alleging being penetrated by an object was immediately separated from alleged aggressors and taken to medical for assessment. The assessment did not reveal any injury and the detainee changed his story to say he was actually not penetrated but was held down an object put in the cheeks of his buttocks. Reading the staff responses in each allegation demonstrated staff commitment to following the local directive with regard to responding.

Discussion of Interviews: Interviews with 13randomly selected staff confirmed they are knowledgeable of their roles as first responders and detailed the steps they would take upon first becoming aware that a sexual assault had allegedly taken place. Non-security staff, including medical, food services, and administrative staff, who were interviewed, were equally knowledgeable of the actions of a first responder, to ensure the alleged victim and alleged abuser are separated; that the potential crime scene is secured; that they would ask the victim not to shower, eat, drink, brush their teeth, or change clothing; and that they would tell the alleged abuser not to do those things as well. All of them stated they would get the alleged victim to medical as well and medical would preserve the evidence as well.

Standard 115.65: Coordinated response

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

115.65 (a

■ Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?

Yes
No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive (Appling ITF PREA Local Procedure Directive); PREA Medical Log; Institutional Response Plane, January 2, 2017.

Interviews: Thirteen (13) randomly selected from a staff roster and representing a cross section of employees, both security and non-security including the Superintendent, PREA Compliance Manager, SART Leader, Member of the SART.

Discussion of Policies and Documents: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Macon State Prison's Coordinated Response Plan in a document entitled: PREA Reporting Process.

The local protocol, Appling ITF PREA Local Procedure Directive and the Institutional PREA Response Plan describe the actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment. In addition to the detailed steps to be taken, notification information is provided. These include the Superintendent, Regional Director, PREA Compliance Manager, SART members and retaliation monitor.

The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders. This document becomes a part of the investigation package.

There was one allegation in which first responders had to take a detainee to medical. All of the reviewed (16) investigations documented the staff separating the alleged victim from the alleged abuser and putting the alleged victim in a safe place and, at times, putting the alleged aggressor in administrative segregation.

None of the interviewed detainees reported sexual abuse or sexual harassment while at this facility.

Discussion of Interviews: The auditor interviewed a total of thirty-two (32) staff, randomly selected from a staff roster and representing a cross section of employees, both security and non-security and specialized staff; two (2) members of the SART. All the interviewed staff articulated their roles in responding to an allegation of sexual assault.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

 Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

	from contact with any inmates pending the outcome of an investigation or of a nation of whether and to what extent discipline is warranted? $oxtimes$ Yes $oxtimes$ No	
115.66 (b)		
Auditor	is not required to audit this provision.	
Auditor Overa	II Compliance Determination	
	Exceeds Standard (Substantially exceeds requirement of standards)	
	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
	Does Not Meet Standard (Requires Corrective Action)	
Instructions fo	or Overall Compliance Determination Narrative	
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.		
The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining.		
Interviews: Superintendent; Statewide PREA Coordinator; Statewide Assistant PREA Coordinator; PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).		
PREA Coordina PREA Coordina State and empl Superintendent	interviews: Interviews with the Statewide PREA Coordinator, Assistant Statewide ator, Superintendent; PREA Compliance Manager and previous interviews with the ator serving as the Agency Head's Designee confirmed that Georgia is a Right to Work oyees are all non-union and none involved in any form of collective bargaining. The can remove any staff member from contact with inmates following an allegation of r sexual harassment.	
Standard 1	15.67: Agency protection against retaliation	
All Yes/No Qu	estions Must Be Answered by the Auditor to Complete the Report	
115.67 (a)		
sexual h	agency established a policy to protect all inmates and staff who report sexual abuse or narassment or cooperate with sexual abuse or sexual harassment investigations from on by other inmates or staff? \boxtimes Yes \square No	

•	Has the agency designated which staff members or departments are charged with monitoring retaliation? \boxtimes Yes $\ \square$ No
115.67	' (b)
•	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? \boxtimes Yes \square No
115.67	' (c)
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? \boxtimes Yes \square No
•	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? \boxtimes Yes \square No

■ Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? No		
115.67 (d)		
 In the case of inmates, does such monitoring also include periodic status checks? ☑ Yes □ No 		
115.67 (e)		
■ If any other individual who cooperates with an investigation expresses a fear of retaliation, doe the agency take appropriate measures to protect that individual against retaliation? ☑ Yes □ No		
115.67 (f)		
 Auditor is not required to audit this provision. 		
Auditor Overall Compliance Determination		
☐ Exceeds Standard (Substantially exceeds requirement of standards)		
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)		
□ Does Not Meet Standard (Requires Corrective Action)		
Instructions for Overall Compliance Determination Narrative		

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

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; 90 Day Offender Sexual Abuse Review Checklist (GDC Form); Retaliation Monitoring Forms/Checklists in Investigation Packages.

Interviews: Facility Staff Designated as the Facility's Retaliation Monitor; Superintendent; PREA Compliance Manager.; randomly selected and targeted detainees.

Discussion of Policy and Documents Review: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Policy requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Policy requires a staff be identified to monitor for retaliation. Additionally, policy provides multiple protection measures including: housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fear retaliation. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The auditor reviewed 16 investigation packages. Retaliation monitoring forms consistently documented monitoring for 30/60 and 90 days. Detainee alleged victims were immediately separated from the alleged abusers and placed in separate dorms or the aggressor was placed in administrative segregation during the investigation.

Discussion of Interviews: The auditor interviewed the facility's Retaliation Monitor. Once an allegation is made, the monitor would meet with the detainee making the allegation to inform them of the monitor's role. This staff indicated she gives them an orientation in which she explains the detainee's rights to know, that she is their advocate related to retaliation and explains that retaliation is not tolerated.

If a staff is involved the staff would be placed on "no contact" and inmates would be separated. The monitor would be reviewing things like Disciplinary Reports, grievances, movements and details and these would be monitored, and the detainee contacted every 30 days, 60 days, 90 days and more if needed. The monitoring would be documented on the GDC Retaliation Form.

The Superintendent indicated if a staff is alleged to have been involved in an allegation of sexual abuse, the staff would be placed on no contact and transferred if necessary. Residents could be placed in another dorm or even another facility, if needed.

Standard 115.68: Post-allegation protective custody

standard for the relevant review period)

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

1	1	5	68	(a)
		J.	UU.	\a,

Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?

☐ Yes ☐ No

Auditor Overall Compliance Determination

	Exceeds Standard (Substantially exceeds requirement of standards)
\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the

	Does Not Meet	Standard	(Requires	Corrective	Action)
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Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody;

Interviews: Superintendent; PREA Compliance Manager; Staff Supervising Segregation; Randomly Selected and Special Category Inmates (29).

Discussion of Policy and Documents: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody, prohibits placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, SCRIBE, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population. Inmates in involuntary segregation will receive services in accordance with SOP HN09-0001, Administrative Segregation.

The reviewed Pre-Audit Questionnaire documented that there were no detainees placed in involuntary segregation during the past 12 months.

A review of 16 investigation packages documented that there were no inmates placed in involuntary segregation. There were occasions where the alleged aggressor was placed in administrative segregation. The alleged victim may be moved to another dorm but there were none placed in involuntary segregation or Protective Custody as a result of being a potential or actual victim.

Discussion of Interviews: Interviews with the Superintendent and PREA Compliance Manager indicated that placing someone in involuntary protective custody would be a last resort and used only in the absence of any other safe place to house the resident. The Superintendent has designated safe beds in each dorm, closest to the security station and where they can be more easily viewed. If the detainee could not be safely housed in the facility, the detainee could be transferred to another probation detention center.

The Superintendent and PREA Compliance Manager indicated, in their interviews, that there have not been any detainees involuntarily placed in segregation or protective custody during the past 12 months.

An interview with staff supervising segregation indicated if a detainee was placed in involuntary segregation they would be placed there with the reasons documented on GDC Form 1. He also stated the detainee would have access to programs, attend groups, if comfortable let him work on a detail, visitation, recreation, to phones, and access to medical twice a day.

None of the interviewed inmates had been placed in involuntary Protective Custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71	(a)
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115.71	(a)
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] \boxtimes Yes \square No \square NA Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] \boxtimes Yes \square No \square NA
115.71	(b)
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ⊠ Yes □ No
115.71	(c)

115.

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ⊠ Yes □ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ⊠ Yes □ No

115.71 (d)

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? \boxtimes Yes \square No

115.71	(e)
•	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? \boxtimes Yes \square 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? \boxtimes Yes \square No
115.71	(f)
•	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? \boxtimes Yes \square No
•	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? \boxtimes Yes \square No
115.71	(g)
•	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? \boxtimes Yes \square No
115.71	(h)
•	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? \boxtimes Yes \square No
115.71	(i)
•	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? \boxtimes Yes \square No
115.71	(j)
•	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☑ Yes □ No
115.71	(k)
•	Auditor is not required to audit this provision.
115.71	(1)
	When an outside entity investigates sexual abuse, does the facility cooperate with outside

investigators and endeavor to remain informed about the progress of the investigation? (N/A if

		side agency does not conduct administrative or criminal sexual abuse investigations. See [(a).) \square Yes \square No \square NA	
Auditor Overall Compliance Determination			
	\boxtimes	Exceeds Standard (Substantially exceeds requirement of standards)	
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds for a number of reasons. Investigations revealed that staff took all allegations, regardless of whether it appeared a serious issue or not, seriously and took immediate action to protect the alleged victim from the alleged aggressor. The reviewed investigations (16) for the 12 months prior to the audit, were initiated expeditiously, alleged victims and aggressors are separated quickly, investigations, regardless of how minor the allegation, took them all seriously and conducted thorough investigations. The content of the investigation packages is voluminous and contains PREA notifications (that an incident has been alleged), Sexual Assault Response and other PREA Checklists, detailed incident reports, multiple witness statements; documentation of taking a detainee to medical, consents for mental health referrals, documentation of referrals, documentation of mental health evaluations, investigation summaries, supplemental reports, notifications to detainees of the results of the investigation, retaliation monitoring forms, and incident team reviews at the conclusion of the investigation. These are the most thorough investigations the auditor has reviewed in 2 ½ years. The investigator responded easily to each question posed using the PRC Questionnaire for Investigators, and articulated a knowledge not normally seen in facility-based investigators.

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; GDC Incident Report; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire; Sixteen (16) reviewed investigation packages representing 100% of the allegations made during the 12 months prior to the audit.

Interviews: Superintendent, PREA Compliance Manager; SART Members; Special Agent; Facility-Based Investigator; Twenty-nine (29) detainees, both randomly selected and targeted.

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

The facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and a counselor.

There were 16 allegations made during the past 12 months and the auditor reviewed all of them. These included the following:

- (9) Harassment
- (1) Sexual Abuse
- (2) Search Related
- (3) Allegations of sexual abuse touching
- (1) Exposure

Two allegations were substantiated; two unfounded and twelve unsubstantiated.

The response to an allegation as well as the contents of the investigation packages indicated a detailed and thorough process. Investigation packages contained the following:

- Sexual Abuse Response Checklist
- PREA Incident Review Checklist

- Incident Report
- Supplemental Report
- Witness Statements (multiple pages of statements)
- Offender Information Pages
- Investigation Report
- Medical Statement when indicated
- Consent for Mental Health Referral
- Mental Health Referral
- Mental Health Evaluation
- Notification to the Detainee
- Sexual Abuse Incident Review
- Survey of Sexual Victimization

Investigations were initiated quickly after learning of the allegation. Staff actions on learning of an allegation were quick and appropriate. Alleged victims and alleged aggressors were separated and housed apart from each other. Investigations were thorough and thoroughly documented.

Discussion of Interviews: An interview with a facility-based investigator indicated he knows how to conduct and investigation. He has completed the NIC training, "Conducting Sexual Abuse Investigations in Confinement Settings" and easily described the content of the course. In initiating an investigation, he indicated he would start the investigation as soon as he received the report. He would said, treatment would be secured for the victim and he would begin to collect the evidence, including interviewing the victim and reviewing SCRIBE for any relevant information about the victim and aggressor. If camera footage were available, he would review it however most of the allegations were made in the dorms where there are no cameras. If the alleged incident appeared criminal he indicated he would turn it over to the Office of Professional Standards for investigations. He related he would believe the victim unless the evidence proved otherwise In considering credibility he would review DR history, allegation history, other witness statements, camera footage and ultimately credibility would be based on the evidence. He related SART would meet, go through the evidence and decide, based upon a preponderance of the evidence, if the allegation were substantiated, unsubstantiated or unfounded. If a staff is involved in a potential criminal allegation, the investigator related, the administrative investigation would continue along with the criminal investigation and that his role would be to support the criminal investigators in whatever way they needed.

Interviews with the members of SART confirmed the investigatory process.

Interviews with facility staff, both those randomly selected and special category, confirmed they all knew the SART conducts sexual abuse investigations in this facility.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ⋈ Yes □ No			
Auditor Overall Compliance Determination			
Exceeds Standard (Substantially exceeds requirement of standards)			
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)			
□ Does Not Meet Standard (Requires Corrective Action)			
Instructions for Overall Compliance Determination Narrative			
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.			
Policy and Documents Reviewed : The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14.			
Interviews: Superintendent, Assistant Superintendent/PREA Compliance Manager; SART Leader.			
Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.			
The Facility-Based Investigator affirmed that the standard of evidence to substantiate an allegation of sexual abuse is "the preponderance of the evidence".			
Standard 115.73: Reporting to inmates			
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report			
115.73 (a)			
Following an investigation into an inmate's allegation that he or she suffered sexual abuse in ar agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ⋈ Yes □ No			
115.73 (b)			

•	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) \boxtimes Yes \square No \square NA
115.73	3 (c)
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? \boxtimes Yes \square No Following an inmate's allegation that a staff member has committed sexual abuse against the
	resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? \boxtimes Yes \square No
•	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? \boxtimes Yes \square No
•	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? \boxtimes Yes \square No
115.73	3 (d)
•	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? \boxtimes Yes \square No
•	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? \boxtimes Yes \square No
115.73	s (e)
•	Does the agency document all such notifications or attempted notifications? $oximes$ Yes \odots No
115.73	G (f)
	Auditor is not required to audit this provision.

PREA Audit Report

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

□ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

Auditor Overall Compliance Determination

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

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed two (2) investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire; Reviewed investigation packaged (16) representing 100% of the allegations made during the past 12 months.

Interviews: Superintendent, PREA Compliance Manager; Sexual Assault Response Team Leader

Discussion of Policy and Documents Review: Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into an offender's allegation that he/she suffered sexual abuse in a Department facility, the facility is required to inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and DOC Policies.

If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the resident of the outcome of the investigation.

A member of the SART is required to notify the resident when a staff member is no longer posted within the resident'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 within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The notification form would document, for the resident, if the investigation was determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the resident is notified of any of the following if applicable:

- Staff member is no longer posted within the inmate's unit
- Staff member is no longer employed at the facility
- Staff member has been indicted on a charge related to sexual abuse with the facility
- Staff member has been convicted on a charge related to sexual abuse within the facility
- The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility
- The alleged abuser (offender) has been convicted on a charge related to sexual abuse within the facility
- Other: Include explanation of why "other:" was checked.

Notifications to inmates were included in the investigation packages as part of the additional documentation maintained in the investigation files.

Discussion of Interviews: Interviews with the SART Leader indicated that a member of SART would be responsible for notifying the detainees of the outcome of the investigation. The SART has not had to use the required GDC Notification Form, Attachment 5, GDC 208.6, however the interviewed investigator confirmed that is the document used to notify the detainee.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)			
■ Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ✓ Yes ✓ No			
115.76 (b)			
Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ⊠ Yes □ No			
115.76 (c)			

 Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

	circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? \boxtimes Yes \square No		
115.76	(d)		
•	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? \boxtimes Yes \square No		
•	■ Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ⊠ Yes □ No		
Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)	
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	

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Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; 10 Reviewed Grievances filed during the past twelve months; Incident Reports filed in the past 12 months

Interviews: PREA Compliance Manager; Superintendent

Discussion of Policy and Document Review: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.

The presumptive disciplinary sanction for sexual touching is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST).

Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution. This was confirmed through interviews with the PREA Compliance Manager, Warden, Deputy Warden of Security, and the Director of Mental Health.

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it assets that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 40 PREA Acknowledgment Statements signed by employees and contractors.

There were two (2) allegations made against staff during the past 12 months. One of the allegations was related to a "strip search" that the detainee refused to submit to. The other related to alleged harassment from a staff that. Both were thoroughly investigated and documented and found to be unfounded.

.Discussion of Interviews: Interviews with Superintendent and the PREA Compliance Manager indicated that if a staff was involved in an allegation of sexual abuse the staff would be placed on nocontact with that resident or placed on administrative leave. If the allegations were substantiated, the staff would be banned from all GDC facilities and the presumptive disciplinary action is termination. Referral for prosecution was also likely depending on the outcome of the OPS investigation.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? \boxtimes Yes \square No

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ⋈ Yes □ No

115.77 (b)

•	contrac	case of any other violation of agency sexual abuse or sexual harassment policies by a ctor or volunteer, does the facility take appropriate remedial measures, and consider are to prohibit further contact with inmates? \boxtimes Yes \square No
Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
	\boxtimes	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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire; Reviewed 16 Investigation Packages

Interviews: PREA Compliance Manager; Superintendent.

Discussion of Policies and Reviewed Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it assets that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed through reviewing incident reports from the past 12 months; monthly PREA reports; Monthly Medical PREA Logs, monthly report from the PREA Unit Analyst, 10 grievances from the past 12 months, and interviews with the Superintendent and PREA Compliance Manager.

Discussion of Interviews: Interviews with the PREA Compliance Manager; SART Team and Superintendent indicated that they have not had any allegations made against a volunteer of a contractor in the past twelve (12) months. The Superintendent affirmed, in an interview, that if they did have a volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the facility and would have no contact at all with any detainee. He also stated that an investigation would be conducted and if the allegations were substantiated the volunteer or contractor would be referred for prosecution.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ⋈ Yes □ No

115.78 (b)

■ Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?

Yes □ No

115.78 (c)

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ⋈ Yes □ No

115.78 (d)

• If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ⋈ Yes □ No

115.78 (e)

•		ne agency discipline an inmate for sexual contact with staff only upon a finding that the ember did not consent to such contact? \boxtimes Yes \square No	
115.78	(f)		
•	upon a inciden	purpose of disciplinary action does a report of sexual abuse made in good faith based reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an t or lying, even if an investigation does not establish evidence sufficient to substantiate egation? \boxtimes Yes \square No	
115.78	(g)		
•	to be s	ne agency always refrain from considering non-coercive sexual activity between inmates exual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) \square No \square NA	
Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)	
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (Requires Corrective Action)	

compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Documents Reviewed: GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports; Resident Handbook; Reviewed 16 Investigation Reports.

Interviews: Superintendent; PREA Compliance Manager; SART Leader; SART Members;

Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b. requires that offenders are 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. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

Policy requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.

Policy affirms that 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.

Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline.

There were no allegations of sexual abuse or sexual harassment during the past twelve months. This was confirmed through review of multiple sources, including the Monthly PREA Report, Monthly Medical PREA Log, Reports from the PREA Unit Analyst, 43 reviewed grievances, incident reports for the past twelve months and interviews with the Superintendent, PREA Compliance Manager, and random and specialized staff, and random and special category detainees. The Pre-Audit Questionnaire documented there were no detainees subject to disciplinary action during the past twelve (12) months.

Interviews did confirm that an inmate who violated a sexual abuse policy would be charged with a crime by the Office of Professional Services Investigator, who has arrest powers, and referred to the prosecutor for prosecution for the offense. If the violation was less than sexual abuse it would be treated as a rule violation and the inmate would be provided a "due process" hearing. Prior to sanctions being imposed the officers are required to consider past history as well as any mental or developmental issues.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

•	sexual ensure	creening pursuant to § 115.41 indicates that a prison inmate has experienced prior victimization, whether it occurred in an institutional setting or in the community, do staff that the inmate is offered a follow-up meeting with a medical or mental health oner within 14 days of the intake screening? No		
115.81	(b)			
113.01	(6)			
•	sexual that the	creening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated abuse, whether it occurred in an institutional setting or in the community, do staff ensure inmate is offered a follow-up meeting with a mental health practitioner within 14 days of take screening? (N/A if the facility is not a prison.) \boxtimes Yes \square No \square NA		
115.81	(c)			
•	victimiz that the	creening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual ration, whether it occurred in an institutional setting or in the community, do staff ensure inmate is offered a follow-up meeting with a medical or mental health practitioner within s of the intake screening? \boxtimes Yes \square No		
115.81	(d)			
•	setting inform educati	is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? \boxtimes Yes \square No		
115.81	(e)			
•	■ Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes □ No			
Audito	Auditor Overall Compliance Determination			
	\boxtimes	Exceeds Standard (Substantially exceeds requirement of standards)		
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)		
		Does Not Meet Standard (Requires Corrective Action)		
Instruc	tions f	or Overall Compliance Determination Narrative		

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

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

Policy and Documents Reviewed: GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Pre-Audit Questionnaire; Victim/Aggressor Assessment; Health Screening Form; Mental Health Consent Forms; Mental Health Referrals; Documentation of Mental Health Assessments/Evaluation; Receiving Health Screening Form; Mental Health Reception Screening Form; Reception Screening Summary; Diagnostic Referral Log

Interviews: Lead Nurse; PREA Compliance Manager, who administers the Victim/Aggressor Assessments; Randomly Selected and Targeted Detainees,

Observations: Intake Process; Victim/Aggressor Assessment Process

Discussion of Reviewed Policy and Documents: GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures.

Detainees are screened upon admission to the facility by medical staff. During the initial health screening upon intake, detainees are asked about previous sexual abuse. If the detainee discloses that he was a prior victim, the detainee must be offered a follow-up with mental health.

Additionally, if a detainee discloses prior victimization during the initial intake victim/aggressor assessment, the detainee will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The detainee may choose to refuse the offer and if so, the refusal will be documented.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Medical Staff conduct a screening of incoming detainees. The form they use is entitled: "Receiving Health Screening Form". That form in section VI., asked if the detainee has a history of prior sexual victimization. The second question in VI. asks if the detainee answered yes, was a referral made? The screening also in VI. asks if a detainee has perpetrated prior sexual abuse and if so was a referral made.

Staff were aware that if they had made a disclosure the same procedures for referral would occur.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

A mental health screening is also conducted on all newly admitted detainees. Items 8,9 and 10 asks the following:

- Do you identify as transgender or intersex?
- Doe you have a history of being a victim of sexual abuse?
- Have you ever hurt another person sexually?

Instructions state if a detainee responds "yes" to questions 1-8, schedule a follow-up with 14 days with a mental health provider for further evaluations/monitoring.

The reception screening also asks about a history of being a victim of sexual abuse and a history of assaultive/violent behaviors.

The auditor reviewed the medical and mental health referral form. The form enables the detainee to refuse a request for a follow-up with a medical or mental health practitioner.

The auditor reviewed mental health referrals. The auditor sampled ten (10) mental health referrals that were made and documented as the result of a detainee disclosing prior sexual victimization. The longest time between referral and the detainee seeing the psychiatrist was 11 days. Every investigation package (16) documented the consent for mental health referral, a referral, and documentation of the mental health assessment.

Interviews with medical and mental health staff indicated that they obtain and document informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting.

Discussion of Interviews: Interviews with medical, counseling staff and the PREA Compliance Manager who conducts the victim/aggressor assessments of incoming detainees confirmed that each of them conducts a screening that asks the detainees about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. The PREA Compliance Manager makes referrals of inmates disclosing prior victimization or prior abusiveness. Detainees can refuse the referral.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

-	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medica
	treatment and crisis intervention services, the nature and scope of which are determined by
	medical and mental health practitioners according to their professional judgment?
	⊠ Yes □ No

115.82 (b)

• If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ⋈ Yes □ No

•		curity staff first responders immediately notify the appropriate medical and mental health oners? $oxtimes$ Yes \oxtimes No	
115.82	(c)		
•	emerge	mate victims of sexual abuse offered timely information about and timely access to ency contraception and sexually transmitted infections prophylaxis, in accordance with sionally accepted standards of care, where medically appropriate? \boxtimes Yes \square No	
115.82	(d)		
•	the vic	atment services provided to the victim without financial cost and regardless of whether tim names the abuser or cooperates with any investigation arising out of the incident? \Box No	
Auditor Overall Compliance Determination			
		Exceeds Standard (Substantially exceeds requirement of standards)	
	\boxtimes	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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; Reviewed Investigation Packages; Orientation to Health Care Document, Consents for Release of Information.

Interviews: Superintendent; PREA Compliance Manager; Nurse; Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders; Prior interview with a Sexual Assault Nurse Examiner; Staff at SAFE Harbor Rape Crisis Center.

Discussion of Reviewed Policies and Documents:

Inmate victims of sexual abuse receive timely and 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.

Health care services at the facility are available from 6AM to 10PM. After hours emergencies would go to the emergency room. A physician is on-site once a week but available on call as needed. When

medical staff are not on duty PREA protocols and Sexual Abuse Checklists require staff to notify medical and take steps to protect the detainee. Mental health is notified as well.

GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the health services administrator. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

This facility's lead nurse stated the health care staff at this facility includes the following staff:

- One Lead Nurse
- One Mental Health RN (Vacant)
- Three Licensed Practical Nurses (Pill Nurses)
- One MD (one day/week)
- One Psychiatrist (one day a week)
- Tele-psych (one day a week)

Medical staff are on duty at the facility from about 6AM to 10PM.

When a detainee has been the victim of sexual abuse, medical staff, immediately do a nursing assessment, ensure there are no life threatening or emergency needs, and if stable, initiate the Nursing Protocol, contact the SANE or Doctor and, if needed, be taken to Appling Health Care to be stabilized. The SANE would see them at the hospital or at the facility.

The Department has a written form entitled "Orientation to Health Care". The section, "Emergency Care" tells detainees if they are having symptoms of a serious medical condition, the should notify the correctional officer immediately and the officer will notify medical and that they will be evaluated.

There have been no allegations of sexual abuse at the facility during the past twelve months that required the detainee having a forensic exam.

Discussion of Interviews: The lead nurse stated the facility does not perform forensic exams and is not equipped to do so. She indicated that she and her staff would act immediately upon learning of a sexual assault and they would conduct a nursing assessment, make sure there were no life threatening or emergency needs, do the nursing protocol if the detainee is stable, contact the SANE or the Doctor and arrange for the detainee to be taken to Appling Health Care if needed.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report				
115.83 (a)				
■ Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes □ No				
115.83 (b)				
■ Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ⊠ Yes □ No				
115.83 (c)				
■ Does the facility provide such victims with medical and mental health services consistent with the community level of care? ⊠ Yes □ No				
115.83 (d)				
 Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)				
115.83 (e)				
• If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) □ Yes □ No ☒ NA				
115.83 (f)				

lm a4m : a4	lone fo	or Overell Compliance Determination Negrotive	
	_ ı	Does Not Meet Standard (Requires Corrective Action)	
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)	
	_ I	Exceeds Standard (Substantially exceeds requirement of standards)	
Auditor Overall Compliance Determination			
ir W	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☑ Yes □ No □ NA		
115.83 ((h)		
tł		atment services provided to the victim without financial cost and regardless of whether m names the abuser or cooperates with any investigation arising out of the incident?	
115.83 ((g)		
		ate victims of sexual abuse while incarcerated offered tests for sexually transmitted ns as medically appropriate? $oxtimes$ Yes $oxtimes$ No	

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Policy and Documents Reviewed: GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire.

Interviews: Lead Nurse' Previous interview with the Sexual Assault Nurse Examiner; Superintendent; PREA Compliance Manager; Mental Health Counselor

Discussion of Policy and Documents Reviewed: The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDC Policy requires that victims of sexual abuse are provided health care

services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

If a detainee had to go to the hospital for a forensic exam, the hospital would offer the detainee STI prophylaxis. If the detainee went to Phillips State Prison, the inmate would be offered STI prophylaxis based on the recommendation of the Sexual Assault Nurse Examiner. The facility's MD would then issue an order and the Nurses could provide it.

Discussion of Interviews: The lead nurse confirmed the process for providing ongoing physical and mental healthcare services. The inmate is also offered a follow-up with mental health.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)
■ Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☑ Yes □ No
115.86 (b)

115.86 (c)

■ Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ⊠ Yes □ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?

 Yes

 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?

 Yes □ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?

 ✓ Yes

 ✓ No

•	boes t shifts?	ne review team: Assess the adequacy of staffing levels in that area during different $ extstyle extstyle $
•		he review team: Assess whether monitoring technology should be deployed or ented to supplement supervision by staff? \boxtimes Yes \square No
•	determ improv	he review team: Prepare a report of its findings, including but not necessarily limited to hinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for rement and submit such report to the facility head and PREA compliance manager? \Box No
115.86	6 (e)	
•		he facility implement the recommendations for improvement, or document its reasons for ing so? \boxtimes Yes $\ \square$ No
Auditor Overall Compliance Determination		
		Exceeds Standard (Substantially exceeds requirement of standards)
		Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)

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Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Reviewed Incident Reviews from Sixteen (16) Reviewed Investigation Packages.

Interviews: Superintendent; PREA Compliance Manager; SART Members

Discussion of Policies and Documents: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse

allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Warden of the facility.

Team Members, appointed by the Superintendent are designated in a memo to all staff, to be read at six (6) consecutive shift briefings. The Sexual Abuse Incident Review members for Appling Integrated Treatment Facility are as follows:

- Nurse
- M/H Counselor
- Counselor Victim Advocate
- Security
- Multi-Functional Officer
- Victoria Gomez-Retaliation Monitor
- PREA Compliance Manager

All sexual assault incidents will be reviewed by Sexual Abuse Incident Review members monthly. Reports will be forwarded to Superintendent and the Compliance Manager, if they cannot be present.

Reviewed incident reports requiring incident reviews were documented as required and considered all the items required by the PREA Standards and GDC Policy.

Team members consider 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 was motivated 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; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to, determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager.

The reviews are conducted at the end of the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

In addition to the Incident Review the facility conducts monthly Sexual Abuse Incident Review Meetings that do more than review specific incidents. Minutes of those meetings cover a variety of topics and are informative and indicate PREA issues and incidents are considered and reviewed monthly. This is in addition to the GDC Incident Review Form documenting incident reviews.

Discussion of Interviews: Interviews with the PREA Compliance Manager, Superintendent, and members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation and the interviewed staff could articulate the

process. That process articulated by the SART members was in compliance with GDC Policy. The PREA Compliance Manager described the membership of the team as well as the things the team would be looking at in that review.

Standard 115.87: Data collection
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.87 (a)
■ Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ⊠ Yes □ No
115.87 (b)
 ■ Does the agency aggregate the incident-based sexual abuse data at least annually? ☑ Yes □ No
115.87 (c)
■ Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? No
115.87 (d)
 Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☑ Yes □ No
115.87 (e)
■ Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ✓ Yes ✓ NO ✓ NA
115.87 (f)
 Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☑ Yes □ No □ NA

 \boxtimes

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

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

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

This standard is rated exceeds because of the sophisticated reports the PREA Analyst can generate. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled detainees/inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months.

Policies and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Monthly Operational Report; Profile Reports from the GDC PREA Analyst; Reports of Calls to the PREA Hotline.

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator; PREA Compliance Manager; Superintendent

Discussion of Policies and Documents: The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2016 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed

and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2016 report indicated there was a 18.7% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities. Statistics are provided for each GDC facility.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions. The PREA Compliance Manager related the facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of detainees; lists of detainees disclosing prior victimization (when available), as well as an email documenting the names of detainees contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify detainees/inmates who are hearing or visually impaired or who have some other form of disability.

Standard 115.88: Data review for corrective action

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

11	5.	.88	(a)

•	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? \boxtimes Yes \square No
•	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Taking corrective action on an ongoing basis?

•	and impractice	he agency review data collected and aggregated pursuant to § 115.87 in order to assess prove the effectiveness of its sexual abuse prevention, detection, and response policies, es, and training, including by: Preparing an annual report of its findings and corrective for each facility, as well as the agency as a whole? \boxtimes Yes \square No
115.88	(b)	
•	actions	ne agency's annual report include a comparison of the current year's data and corrective with those from prior years and provide an assessment of the agency's progress in sing sexual abuse \boxtimes Yes \square No
115.88	(c)	
•		agency's annual report approved by the agency head and made readily available to the through its website or, if it does not have one, through other means? \boxtimes Yes \square No
115.88	(d)	
•	from th	he agency indicate the nature of the material redacted where it redacts specific material e reports when publication would present a clear and specific threat to the safety and y of a facility? \boxtimes Yes \square No
Audito	r Overa	all Compliance Determination
		Exceeds Standard (Substantially exceeds requirement of standards)
	\boxtimes	Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative		

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

Policy and Documents Review: Reviewed Georgia Department of Corrections Annual Report; Pre-Audit Questionnaire; Reviewed Agency's Website

Interviews: Agency Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, PREA Compliance Manager

Discussion of Policies and Documents Reviewed: The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the

allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed thirty-three (33) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the GDC. The department has a dedicated staff person whose job it is to collect and analyze the data.

The reviewed annual report for 2016 affirms the agency is continuously improving the reporting and investigation methods to ensure the highest level of compliance, as well as swift corrective action when needed. The report also states the Georgia DOC continues to improve the processes of how PREA allegations are reported, investigated and tracked. The development, testing and implementation of a PREA allegation tracking method allowed for further breakdowns of allegations, along with detailed reporting from all GDC facilities, as compared to last year.

The reviewed 2016 annual report identified initiatives at each GDC facility to improve and enhance the facility and agency's approach to prevention, detection, responding and reporting sexual abuse and sexual harassment. Annual reports are posted on the Georgia Department of Corrections website.

The agency has contracted with Just Detention and other Organizations to assist with policies; securing Rape Crisis Centers who can provide outside advocacy services, and to help the Department to develop a transgender policy. The other initiatives developed with Just Detention are discussed in 115.11.

Standard 115.89: Data storage, publication, and destruction

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

-	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
	⊠ Yes □ No

115.89 (b)

115.89 (a)

■ Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?

⊠ Yes □ No

115.89 (c)

■ Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?

✓ Yes

✓ No

115.89 (d)

years	the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 after the date of the initial collection, unless Federal, State, or local law requires vise? \boxtimes Yes \square No	
Auditor Overall Compliance Determination		
	Exceeds Standard (Substantially exceeds requirement of standards)	

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

□ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy,

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator, PREA Compliance Manager; Superintendent

Discussion of Policies and Documents: Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy, requires that the retention of PREA related documents and investigations will be securely retained and made in accordance with this policy and policy in VI.1, Sexual abuse data, files and related documentation requires they are retained at least 10 years from the date of the initial report.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.40	o1 (a)
•	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) \boxtimes Yes \square No \square NA
115.40	o1 (b)
•	During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? \boxtimes Yes \square No
115.40	o1 (h)
•	Did the auditor have access to, and the ability to observe, all areas of the audited facility? \boxtimes Yes $\ \square$ No
115.40	01 (i)
•	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? \boxtimes Yes \square No
115.40	01 (m)
•	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? \boxtimes Yes $\ \square$ No
115.40	01 (n)

same manner as if they were communicating with legal counsel? oximes Yes \odots No

Were inmates permitted to send confidential information or correspondence to the auditor in the

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits; Notices of PREA Audit

GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R/114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

The agency also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

Prior to the on-site audit the auditor and PREA Compliance Manager communicated frequently via email and phone. The auditor received information on the flash drive prior to the on-site audit. The flash drive contained more information than any other flash drive the auditor has ever received. This included policies, local operating procedures, as well as documentation indicating the facility's practices relative to the GDC Policies and the PREA Standards. The information provided gave the auditor and excellent overview of the facility's operations related to PREA. Great detail was included as each substandard was addressed with documentation specific to that substandard. The Pre-Audit questionnaire was completed in it's entirety and was informative as well. Communications prior to the audit was used to clarify issues and to discuss logistics for conducting the PREA Audit.

Prior to the first date of the on-site audit the auditor was asked to come to the facility to review the personnel files. Viewing personnel files was a potential logistics issue in that Ware State Prison, located in Waycross, Georgia is the host facility for the Appling Integrated Treatment Facility and as such maintains the personnel files for the Appling ITF. The HR staff at Appling ITF wanted to be present when the auditor reviewed her files, so she secured them from Ware State Prison and brought them to

the ITF where the auditor met with her the Friday before the Monday on-site audit. This also provided the opportunity for the auditor to meet the Superintendent, PREA Compliance Manager and other staff as well before the on-site audit.

During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff and probationers.

The PREA Notice was observed posted throughout the facility. The notice contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with detainees and staff. None of the detainees requested to talk with the auditor in private.

Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews. The audit was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to.

The auditor thoroughly reviewed large samples of documentation and interviewed staff and detainees as well as the staff at SAFE Harbor Rape Crisis Center and a volunteer. Too, processes were observed during the on-site audit. Documentation was provided that indicated the facility's practices related to PREA have been on-going. The quality of the documentation and thoroughness of processes, including investigations and detainee education, to name a few, indicated that this facility seems to take the sexual safety of detainees seriously.

Standard 115.403: Audit contents and findings

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

115.403 (f)

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ⊠ Yes □ No □ NA

Auditor Overall Compliance Determination

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

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

The GDC Statewide PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.

The auditor reviewed the Agency's website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.

AUDITOR CERTIFICATION

\boxtimes	The contents of this report are accurate to the best of my knowledge.
\boxtimes	No conflict of interest exists with respect to my ability to conduct an audit of the

I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

agency under review, and

I certify that:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission. Auditors are not permitted to submit audit reports that have been scanned. See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier	<u>May 22, 2018</u>	
Auditor Signature	Date	

 $^{^{1} \}mbox{ See additional instructions here: } \underline{\mbox{https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110} \; .$

² See PREA Auditor Handbook, Version 1.0, August 2017; Pages 68-69.