

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    April 19, 2018

### Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: February 12, 2018

### Agency Information

Autry State Prison	Governing Authority or Parent Agency (If Applicable): <small>Click or tap here to enter text.</small>		
Physical Address: 3178 Mount Zion Church Rd	City, State, Zip Pelham, Georgia 31779		
Mailing Address P.O. Box 638	City, State, Zip: Pelham, Georgia 31779		
Telephone: 229-294-2940	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: .			
Agency Website with PREA Information:			

### Agency Chief Executive Officer

Name Gregory C. Dozier	Title: Commissioner
Email: Gregory.Dozier@gdc.ga.gov	Telephone: 404-651-4661

### Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: Statewide PREA Coordinator
Email: grace.atchinson@gdc.ga.gov	Telephone: 478-992-5374

<b>PREA Coordinator Reports to:</b> Sharon Shaver, Director, Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 82
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**Facility Information**

**Name of Facility:** AUTRY STATE PRISON

**Physical Address:** 3178 Mount Zion Church Road, Pelham, GA 31779

**Mailing Address (if different than above):** P.O. Box 648 Pelham, Georgia 31779

**Telephone Number:** 229-294-2940

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility Mission:** To protect the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.

**Facility Website with PREA Information:** <http://www.dcor.state.ga.us/Facilities/coastal-state-prison>

**Warden/Superintendent**

<b>Name:</b> Walter Berry	<b>Title:</b> Warden
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<b>Email:</b> walter.berry@gdc.ga.gov	<b>Telephone:</b> (229)294-6562
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**Facility PREA Compliance Manager**

<b>Name:</b> Benjie T. Nobles	<b>Title:</b> Deputy Warden, Care and Treatment
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<b>Email:</b> Benjie.noble@gdc.ga.gov	<b>Telephone:</b> (229)294-6586
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**Facility Health Service Administrator**

<b>Name:</b> Judy Hendricks	<b>Title:</b> Health Service Administrator
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<b>Email:</b> judy.hendricks@gdc.ga.gov	<b>Telephone:</b> (229)294-6689
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**Facility Characteristics**

<b>Designated Facility Capacity:</b> 1721	<b>Current Population of Facility</b> 1691
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<b>Number of inmates admitted to facility during the past 12 months</b>	1528
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1528
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	1528
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<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		1512	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b>	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months :</b> 0		N/A	
<b>Average length of stay or time under supervision:</b>		2 yrs 251 days	
<b>Facility security level/inmate custody levels:</b>		Minimum, Medium, Close	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		317	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		116	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		24	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 19		<b>Number of Single Cell Housing Units:</b> 1	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		12	
<b>Number of Open Bay/Dorm Housing Units:</b>		4	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		95	
<b>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.):</b> <u>Video monitoring equipment with DVR in housing units, central control, front entry, perimeter, food service area, and maintenance</u>			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		24	
<b>Forensic sexual assault medical exams are conducted at:</b>		Facility	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		150	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		81	

# 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 Autry State Prison was forwarded to the Georgia Department of Corrections PREA Coordinator on December 31, 2017 nine weeks prior to the on-site audit, for posting in the Autry State Prison. The PREA Coordinator was asked via email to the facility, to post the notices in areas accessible to offenders, staff, 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 facility confirmed posting. During the onsite PREA Audit, Notices of PREA Audit were observed posted everywhere in that facility; in every living unit and area of the prison, including the segregation units and in the Transition Center.

**Pre-Audit Questionnaire/ Flash Drive Review:** The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Autry State Prison, advised that the Pre-Audit Questionnaire and flash drive with Georgia Department of Corrections' policies and procedures, local operating procedures and directives, and other supporting documentation should be forwarded to the auditor not later than 30 days prior to the onsite audit. The reviewed flash drive did not contain much documentation to confirm practice but was replete with policies and procedures. 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 and the PREA Compliance Manager and alternate PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available. When the auditor arrived at the facility, the PREA Compliance Manager provided the auditor two boxes of documents and a large binder of the requested documentation.

**Outreach to Outside Advocates:** The auditor contacted the Lily Pad Rape Crisis Center in Albany, Georgia, a member of the Rape Abuse and Incest National Network to determine the interactions, if any, the center has had with Autry State Prison Center. Staff at the center was able to respond to the auditor's questions. The center has not received any calls or correspondence from any of the inmates at the prison. The Lily Pad Rape Crisis Center provides multiple services to victims of rape/sexual assault. The MOU with Autry State Prison, dated July 17, 2017 confirms that the organization will provide a hotline number enabling inmates from Autry State Prison to contact the center 24/7 to talk with a staff member who can access an advocate if an advocate is not manning the phone. The Lily Pad Center offers forensic exams by a Sexual Assault Nurse Examiner, advocacy and other services. These include accompaniment during the forensic exam by an advocate, crisis intervention and follow-up.

**Selection of Staff and Inmates:** Prior to the audit, the auditor requested and received a list of staff who work on each of the “keys” for both shifts to ensure that staff, randomly selected, would be those who were working during the days of the on-site audit. Additional staff were chosen from the list to ensure staff from a cross-section of positions and jobs within the facility were selected to be interviewed.

Additionally, the auditor requested and received, a list of inmates listed by housing units to enable the auditor to select inmates from each living unit in both facilities. Additional list requested and received included inmates who were transgender, disabled inmates, inmates who were sexually abused either at the facility or who disclosed prior victimization during their initial vulnerability assessment or at any other time, inmates who identified as being gay, bisexual, or lesbian, and those who were identified as mentally challenged inmates.

The Audit of the Autry State Prison was conducted by two (2) Certified PREA Auditors. One of the auditors was assigned the responsibility to randomly select inmates to be interviewed. These represented each housing unit and the diversity of the prison. This auditor also selected the special category inmates to be interviewed. The Lead Auditor selected the random and specialized staff to be interviewed.

The Agency’s PREA Unit was asked to secure a report of disabilities from the Department’s Technical staff. This report is multiple pages identifying disabled inmates and the nature of their disabilities. This enables the auditor to verify inmates who are hard of hearing, deaf, visually impaired or blind. The report was sent to the auditor to review. The auditor also requested a list of all inmates who had placed calls to the PREA Hotline during the past 12 months. (See Inmate and Staff Interviews below)

### **On-Site Audit Activities (March 19 through March 21, 2018 -Two Certified Auditors)**

By prior arrangement the auditor arrived at the Autry State Prison at 0800 in the morning on March 19, 2018. Processing through the main gate included providing identification, signing in, and going through the metal detector and body scanner, while the auditor’s equipment and belongings went through the x-ray machine.

The PREA auditor conducted an entrance briefing in the conference room and explained the on-site audit process.

### **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 especially those providing reporting instructions, notices advising inmates that female 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, accessibility to KIOSKS and Tablets, instructions for using the phones to report sexual abuse.

### **Staff Interviews:**

### **Randomly Selected Staff: Autry State Prison (17)**

Using the current staffing roster, the auditor selected 17 random staff, ensuring that those selected represented a variety and cross section of positions, including one (1) Food Service Staff, one (1) Accounting Paraprofessional; one (1) Warehouse Supervisor, four (CERT Staff) and ten (10) Correctional Officers.

### **Specialized Staff; Autry State Prison: (30)**

Following the Site Review, the auditor began interviewing staff who were randomly selected from the Staffing Roster for all staff and randomly as well as specialized category staff including the following:

- Agency Head Designee (Previous Interview)
- Warden
- Deputy Warden of Security
- Contract Manager Designee (Previous Interview)
- Agency PREA Coordinator (Previous Interview)
- Assistant Agency PREA Coordinator (Previous Interview)
- PREA Compliance Manager
- PREA Compliance Manager Alternate
- Intake Staff
- Staff Conducting Orientation
- Facility-Based Investigator
- Incident Review Team Member
- Medical Staff - (3)
- Mental Health Licensed Professional Counselor
- Staff supervising segregation
- Staff conducting the victim/aggressor assessments – (2)
- Upper level staff conducting unannounced rounds- (2)
- Staff who notify inmates following investigations
- Human Resources Manager
- Contractor
- Volunteer Coordinator
- Grievance Officer
- Chief of Security
- Member of Incident Review Team
- Retaliation Monitor
- Medical Staff

### **Randomly Selected Inmates: 28**

A total of 28 randomly selected inmates were interviewed. These inmates were randomly selected from the facility's inmate alpha roster, by housing units. Care was taken to include young and old, all housing units, and racial and ethnic groups.

### **Targeted/Special Category Inmates; 19**

There were no youthful inmates nor were there any inmates in segregation for protection or as the result of being at imminent risk or for sexual victimization.

There were no LEP inmates identified.

The following targeted interviews were conducted:

Transgender: 5

Reporting Sexual Abuse: 9

Identifying as being Gay: 2

Disclosed Prior Victimization during Intake: 3 \* All three stated they were offered a follow-up with mental health.

### **Documents and Files Reviewed**

- Facility Organizational Chart
- Autry State Prison Staffing Plan
- Autry Local Operating Directive
- Forty (40) Day 1- In-Service Training Certificates (PREA)
- Training Roster Documenting PREA Training
- Forty (40) PREA Acknowledgment Statements
- Forty (40) Orientation Checklists
- Intake PREA Documentation (Reviewed PREA Intake Logs)
- Forty (40) Victim/Aggressor Assessments
- Forty (40) Reassessments
- Mental Health Referrals
- Twenty-Five (25) Investigation Packages
- Twenty-Five (25) Retaliation Forms
- Twelve (12) Months of Medical's PREA Logs
- NIC Certificates for Medical and Mental Health Staff
- Forty (40) Grievances
- Forty (40) Incident Reports
- Fifteen (15) Employee Personnel Files for Newly Hired Staff
- Fifteen (15) Employee Personnel Files for Regular Staff
- Promoted Staff Personnel Files
- Ten (10) Personnel Files for Contractors
- Fifteen (15) Volunteer Files
- Twelve (12) Monthly Compstat Reports
- Twelve (12) Monthly PREA Reports
- Documentation for Involuntary Protective Custody
- Ten (10) Pages of Log Books Documenting Unannounced PREA Rounds
- Communicating Effectively with LGBTI Inmates (NIC Certificates)

### **Testing of Processes**

During a site review of the facility, the auditor requested the Agency Assistant PREA Coordinator test a PREA phone and leave a message asking the PREA Analyst to email the auditor the results. The auditor observed a demonstration by an inmate showing the auditor how he could email the Georgia Department of Corrections PREA Unit and family and friends using the KIOSK and observed another inmate demonstrating for the auditor how to email using her Tablet. The call to the PREA unit was confirmed by the PREA Analyst providing a memo to the auditor stating the call on the PREA hotline was received.

The auditor also interviewed the Identification Staff and observed the process for ensuring victims and aggressors are not housed together. The system consists of identification cards of inmates by dorm and cell, with a color-coded dot representing either a victim or aggressor. The information is secured in a locked box accessible to the ID Staff. Prior to a movement or change of housing assignment, staff indicated the ID Board is checked to ensure a victim and aggressor are not housed together.

**Post Audit Activities:** The auditor communicated with the facility requesting additional information and clarifying issues.

### **Site Review of Entire Facility**

The site review of the Autry State Prison begins at the Front Gate House where staff and visitors process in by showing photo identification, going through a metal detector, having their personal items searched for contraband and going through a body scanner.

On the walk to the administrative building there are large signs emphasizing the facility's Zero Tolerance for any form of sexual activity; See Something Say Something and providing a number for the TIP Line, to report anything staff see that violates agency policy.

At the conclusion of the in-briefing the Warden, two Deputy Wardens and PREA Compliance Manager's Alternate escorted the auditor and the Assistant Agency PREA Coordinator on a site review of the entire facility. Leaving the administrative area and proceeding through the security doors onto the compound the auditor observed cameras along the walks.

The facility has a total of 20 buildings. Entering through the main gate the auditor observed Notices of PREA Audit posted, along with PREA related posters inside the gate house. Visitors and staff have their belongings searched, walk through a metal detector and have a body scan.

The administrative building is an attractive area with a lobby containing bulletin boards and furnishings.

The following areas were viewed:

Identification (ID) -Inmates are processed in in this area. Windows are wide open facilitating viewing what is going on in the intake area and cameras provide coverage here as well. There is a shower for intakes. The windows are tinted for privacy and inmates are not seen naked in full view of staff. The ID Office maintains the board showing all the living units. Under each dorm there are hooks representing the cells in that living unit. On each hook are the photo and color- coded IDs for each inmate occupying the cells. The color codes document potential victims, potential predators and gang members. This helps those making cell assignments prevent placing a potential victim and predator in the same cell.



This is a large compound divided into two sides, East Yard and West Yard, separated by fences and gates. The West Yard contains the following housing units: D-1 and D-2; D-3 and D-4; E-1, E-2; F-1 and F-2; K-1; K-2; L-1; L-2. The East Yard contains the following housing units: G-1; G-2; H-1; H-2; J-1; and J-2.

Configured in between the two yards are the following: Administration Building, Gym and Barbershop, Education, Library, Laundry, Food Service, and Warehouse. Adjacent to G-1 and G-2 is the Georgia Department of Corrections Industry Boot Plant where boots for GDC are made. Various storage sheds, pharmacy, warehouse, and fire station are outside the perimeter fence.

The auditor visited and observed every housing unit on the compound.

Starting with J Building, the auditor visited both J-1 and J-2. J-1 is an isolation unit capable of housing 47 inmates. There are two (2) tiers with a shower on the upper and lower tiers. Curtains provide privacy. There are three cameras in the unit. PREA related posters are displayed in the unit. Inmates have access to portable phones. The auditor checked the log book to review unannounced PREA checks. J-2 has a capacity of 96 inmates who are double-bunked. The same information is available in this unit. Showers provide privacy and there are three cameras in this unit as well.

All the dorms have access to at least one KIOSK. Inmates may use the KIOSK to email the PREA Unit, send requests, and email anyone on their approved list. Larger dorms had two KIOSKS while smaller ones had one KIOSK. Inmates also were issued a Tablet. The tablet, synched with the KIOSK, enables the inmate to email family and friends who are on their approved list anytime day or night. They may also email the PREA unit with one click on the tablet to report an allegation of sexual abuse or sexual harassment. Because all dorms have these items, the auditor will not repeat that for each dorm. Inmates in disciplinary isolation may not have access to their tablets however inmates who may be in Protective Custody will have access to their tablets.

H-1 is a general population living unit. Cells are double occupancy with a maximum capacity of 94 inmates. There are three showers on the upper and lower tiers and all have curtains. There were five cameras in the unit. Four phones were available to contact the PREA Unit via the hotline. Dialing instructions are posted as well. H-2 is configured the same as H-1. H-2 is a general population dorm, capable of housing 94 inmates in double occupancy cells on two tiers. Showers, phones, and posters are the same as in H-1.

G-1 is a general population living unit, capable of housing 92 inmates, including Mental Health Level II inmates in double occupancy cells. This unit has three phones. There are three (3) showers on the upper tier and lower tier, all equipped with shower curtains providing privacy for the inmates while showering. One officer rotates between G-1 and G-2 dorms. G-2 has three (3) man cells on the bottom range and double on the top and a maximum capacity of 117. There are five (5) cameras covering the unit and four (4) phones.

Boot Plant – There were 52 inmates working on the day of the site review. A maximum of 65 work in the plant. This is essentially a huge sewing operation where boots for the Department are made. The plant is in operation between the hours of 6:30AM and 4L30PM. There is one officer assigned to supervise the inmates here, along with Correctional Industries staff. There are no cameras in the area, but staff move about frequently observing and supervising the operation and inmates. The area is a huge open space. There is a large “caged” warehouse with supplies enabling viewing in the area. The

caged warehouse is kept locked and was found to be secured. There are some supplies that need to be restacked to facilitate viewing into the warehouse even though it is secured.

Maintenance Shop – The office area was observed to have windows in the office(s) facilitating viewing. There are 15 inmates assigned to the maintenance area. PREA Signs are on the walls and a camera is in the area. The auditor reviewed the PREA Checks in the log and there was a total of 192 PREA checks made in maintenance by staff.

Fire Station – There were three (3) exterior cameras covering the fire station. Six (6) inmates are trained and certified as firefighters. There was a camera in the living area and a camera at the top of the stairs going to the bedrooms. There is a single shower stall with curtains and one (1) toilet with a ½ wall for privacy.

Kitchen – Thirty-five (35) to forty (40) inmates work in this area and are supervised by one officer and three (3) to five (5) food service employees. There are no cameras in the kitchen although there are cameras around the loading dock and hall. The bakery needs one mirror to see facilitate viewing around the corner, where there is a blind spot. There are four (4) cameras in the dining hall. There is a camera at the end of a hall to the coolers capturing the coolers.

Laundry – Thirteen (13) to fourteen (14) inmates work in the laundry. This area is a wide-open space and there is no space between the dryers but there is a door that is kept locked to keep inmates out. The door was secured as required. The washers are up against the wall.

The west side of the compound houses F, E, D, K and L buildings.

F-1 Is a general population dorm housing 48 inmates in double occupancy cells and 24 in single cells. The unit has KIOSKs, three phones and five cameras. There are three showers separated by full walls and covered by curtains.

F-2 Houses minimum, medium and close security offenders in 24 double occupancy cells and 24 triple bunked cells for a total of 120. There are five cameras in this unit. The unit is equipped with three showers on the upper tier and three on the lower tier. These are individual showers separated by full walls and covered with curtains. There are three KIOSKs in this unit and three phones.

E-1 houses general population offenders housed in 48 double occupancy cells. There are five cameras in the unit, three phones and three single occupancy showers on both tiers, separated by full walls and covered with curtains for privacy.

E-2 houses minimum, medium and close security offenders in 48 double bunked cells. Showers, KIOSKs and phones are the same as in the other units. Showers also are the same. PREA related information is posted in the Dorm,

D-1 through D-4 are all configured in the “open bay” style each housing 72 inmates in double bunk beds. Each has a day room with four (4) phones and KIOSKs are in the dorms. Toilets are separated by half walls and there are ten (10) shower heads covered with a large shower curtain. The last two toilets in the dorms can be viewed through the window. Staff agreed to paint the windows up far enough to conceal the complete view of someone sitting on the last two toilets.

L-1 houses faith-based offenders in 48 double occupancy cells. KIOSKs are available in the dorm as are phones and PREA related information. Showers are the same as the other dorms housing 96 offenders. The area is covered with five (5) cameras.

L-2 houses minimum, medium and close security offenders in 48 double occupancy cells. The dorm is equipped as the other dorms and showers on the upper and lower tiers are separated by full walls and covered with shower curtains. The area is covered by five (5) cameras.

K-1 and K-2 house minimum, medium and close security offenders and are configured like the other 48 cells with double occupancy in each cell.

Mental health -the waiting room had Posters painted on the walls in both English and Spanish and information included the Hotline Number, Break the Silence Posters, and Offender PREA Reporting. There are multiple offices in this area and a conference room with windows to facilitate viewing and supervision.

Multi-Purpose Room – This room is used for visitation and programming. There are two cameras in the area and dividers enable different programs to take place simultaneously. In the area is the Chaplain's Office. That office has a window to facilitate viewing. Mirrors are also deployed to mitigate blind spots.

Education/Library – There are four (4) classes in this area. These include GED, Adult Basic Education, and Remedial Reading. There are four (4) full time teachers and two (2) part time teachers. The education building is an open space with windows in each class to facilitate viewing and supervision of offenders. The library has bookshelves that are backed up against the wall eliminating places for clandestine sexual activity to take place. One correctional officer supervises the offenders in the education area.

Gym/Barbershop – This space is wide open however there aren't any cameras in the area. There is an office with windows. A caged area housing equipment enables viewing.

The facility has been proactive and has identified the blind spots in the facility and have taken photos of them to justify requests for additional equipment and/or staff.

## 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 Autry State Prison, located in Pelham, Georgia, is a medium security institution that houses up to 1698 male felons. The mission of the facility is to ensure public safety and effectively house offender while operating a safe and secure facility.

The facility houses a diverse population including general population, medium 47 bed security inmates. It also houses a population presenting unique needs including 650 level II Mental Health Inmates, a 96 bed in-house transitional unit and a 42 bed Accommodated Living Unit. The prison also serves as host facility for the Bainbridge Substance Abuse Treatment Center.

Housing consists of the following: (See the Site Review Section for a detailed description of the facility, including all the housing units.

- \* One building with four separate open bay/bunk dormitories, each with 38 double bunks
- \* Six (6) Buildings that contain two living units each containing 96 beds each, three units in these buildings have triple bunks on the bottom range only and double on the top range, including a 96 bed Faith and Character Based Dormitory and a 42 bed Accommodated Living Unit.
- \* One building houses a segregation unit with 86 beds and 47 beds for isolation and protective custody.

The compound consists of about 20 buildings and is spread across a wide area and is separated into two separate sides, east and west. In between each of the yards is the following: Administration, Mental Health, Counseling, Mailroom, and ID in one building. The Gym and Barbershop in another. Education and library in yet another. Then the food service area, laundry and warehouse are together. Behind the east yard is the Boot Plant operated by Correctional Industries. Outside the secured perimeter, is a warehouse, pharmacy, fire station, maintenance area, recycling, a storage shed, and paint shed.

Staffing consists of the following:

- 183 Security Staff
- 8 Care and Treatment Staff
- 13 Business Administration Staff
- 4 Administrative Staff
- 10 Food Service Staff
- 5 Education Staff
- 13 Counseling Staff
- 8 Maintenance Staff
- 3 Recreation Staff
- 1 Chaplain
- 43 Contract Staff including the following:
  - 11 Mental Health Staff (MHM Services)
  - 32 Medical Staff

The prison also houses a Certified Emergency Response Team (CERT), a tactical squad and a Fire Station.

The prison is equipped with cameras throughout the facility and primarily in the living units. Mirrors are also used to mitigate blind spots.

Programs include Academic (GED, Adult Basic Education, Literacy, Remedial Education); Counseling (including Re-Entry Skills Building, Lifers Group, Family Violence, Health Awareness, Matrix Early Recovery Skills, Matrix Relapse Prevention, Moral Recognition Therapy, Thinking for a Change, AA, NA, Motivation for Change; Faith and Character Program; Recreation; Religions Activities, and Vocational/OJT opportunities (including Footwear Manufacturing, Food Preparation, Barbering, Laundry, Office Clerk, Basic Computer, Career Guidance Clerk, Automotive, Dental, Painting, Sanitation, Library Aide and Horticulture.

## Summary of Audit Findings

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:** 05

115.11; 115.17; 115.31; 115.51; 115.87

**Number of Standards Met:** 40

115.12; 115.13; 115.14; 115.15; 115.16; 15.18; 115.21; 115.22; 115.32; 115.33; 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; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.88; 115.89; 115.401; 115.403

**Number of Standards Not Met:** 0

0

## Summary of Corrective Action

1. A blind spot at the bakery was identified and it was recommended that a mirror be placed there to mitigate the blind spot.

**Corrective Action:** The Warden provided written confirmation dated April 19, 2018, and photos of the mirror that was installed in the bakery.

2. In the open bay dorms, the last two toilets in the restroom/shower are may be viewed from the window at the shower area. It was recommended and agreed that staff would tint or paint the windows up to the point where that direct view is removed.

**Corrective Action:** The Warden provided written confirmation as well as multiple photos confirming the windows that facilitated viewing of the last two toilets in the open bay dorms have been painted, restricting that viewing.

3. General Population Counselors did not indicate they were aware they were to offer a follow-up with mental health following a disclosure during the victim/aggressor that the offender had been the victim of prior sexual abuse.

Staff agreed to retrain the staff in the GDC Policies related to referring inmates disclosing prior victimization or prior abusiveness during the intake victim/aggressor assessment, document that training and develop a quality assurance program to monitor the staff to ensure the referrals are being made and provide the auditor with samples of referrals.

**Corrective Action Completed:** The PREA Compliance Manager provided a training roster along with the curriculum/lesson plan instructing General Population Counselors on the requirement for offering inmates disclosing prior victimization during the intake assessment and the process for doing so. This information was provided April 19, 2018. Referrals were documented and a sample provided to the auditor on April 19, 2018.

4. The facility has an outside advocacy organization who will provide an advocate for offender victims of sexual abuse in the facility. The organization has provided a hotline phone number to be used. Interviews with offenders indicated that most of them had no knowledge of the outside advocacy organization, their services or how to contact them.

**Corrective Action:** Provide offenders the Name of the outside advocacy organization, the services they offer, the limitations of confidentiality and the contact information, including phone number and mailing address. This can be done through posting the information and ensuring offenders are trained on the services and how to access them; by putting the information in the inmate handbook, on a PREA Brochure, or other means to ensure inmates have received that information.

**Corrective Action:** Documentation as well as photos have been provided documenting that the Lily Pad Rape Crisis Center's hotline number and mailing address have been provided to inmates. The documentation was provided April 19, 2018.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; 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?  Yes  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?  Yes  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

- 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:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; PREA Brochures; Resident Handbook; One-hundred sixty-seven (167) Certificates documenting Day One In-Service Training (that includes PREA) Twenty-five (25) Acknowledgment Statements (Staff, Inmates, Contractors); Organizational Chart; Zero Tolerance Posters located throughout the facility; Autry State Prison PREA, Staffing Plan.

**Interviews:** Warden; Superintendent; PREA Coordinator, Two (2) PREA Compliance Managers, 17 Randomly Selected Staff 30 Specialized Staff, 28 Random Inmates, 19 Targeted Inmates.

**Other:** Observed posters throughout the facility; Inmate Tablets; Phones with dialing instructions, KIOSKs. Posters, KIOSKs and Phones were observed in all living units.

**Policy Review:** 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 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 Statewide 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. A previous interview with the PREA Coordinator and the newly appointed Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. The PREA Coordinator indicated that meetings/training with facility PREA compliance managers occurs at least twice a year.

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. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He keeps statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA.

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 Autry State Prison is a higher-level staff; the Deputy Warden for Care and Treatment. He reports directly to the Warden and reportedly has his complete support in implementing the PREA Standards. Because of his higher-level position, he has the responsibility and authority to implement PREA and to access the Warden frequently and throughout the day, as needed. The PREA Compliance Manager also has a staff who is also knowledgeable of the PREA Standards and because of her unique knowledge of the institution, understands how to implement and maintain the PREA Standards in the facility. This staff is an alternate to the PREA Compliance Manager. Additionally, the facility has morning executive team meetings enabling communication. This is confirmed by interviews with the Warden, PREA Coordinator and staff.

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 trauma-informed 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 trauma-informed 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 25 PREA Acknowledgment Statements and 167 Certificates documenting Day 1 In-Service Training that includes PREA training, confirming staff have been trained in PREA. The PREA Acknowledgment 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.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. The Agency also requires all staff to complete, in addition to their regular PREA Training, the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates." Sexual Assault Team Members attend training at least semi-annually and often complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and mental health. Healthcare staff attend training in Nursing Protocols. A qualified staff in most or all the GDC facilities is trained as a staff advocate.

**Interviews:** The PREA Compliance Manager/Deputy Warden of Care and Treatment, related he has a multitude of duties but makes time to perform his duties as Deputy Warden and his PREA related duties. He has another staff person who is very knowledgeable of PREA and serves as the alternate PREA Compliance Manager.

One-hundred percent (100%) of the interviewed staff were all 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 including suspicions. Allegations and reports, regardless of the source, are required to be documented and investigated. They affirmed they receive training annually during in-service training (Day 1) and during shift briefings periodically. Certificates documenting staff attending Day 1 Annual In-Service Training containing the PREA component were asked for and provided.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. All 47 Interviewed inmates from the were aware the facility and GDC has a zero tolerance for all forms of sexual activity. Inmates knew how to report, knew there was no such thing as consensual sex, said they have posters all over the facility and that they received a PREA Brochure asserting the agency has a zero tolerance for all forms of sexual abuse and sexual harassment and retaliation for reporting or cooperating with an investigation.

**Other:** Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters were observed in every building, every living unit and in areas like the barbershop, kitchen, education, the gym, medical, segregation and in the fire department and others. Posters and wall paintings observed throughout this facility continuously remind staff and inmates of the agency's zero tolerance for sexual abuse, sexual harassment, or sexual misconduct. The Autry Sate Prison PREA Staffing Plan affirmed the zero tolerance the facility has for any form of sexual abuse.

The facility provided twenty-five (25) PREA Acknowledgment Statements confirming staff have been trained in PREA and are aware the agency and facility has a zero tolerance for sexual abuse, sexual harassment and retaliation. 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. The auditor also reviewed personnel files of thirty-six (36) staff including newly hired staff, promoted staff, regular non-security staff, contractors and volunteers. Each of the pulled files contained the signed PREA Acknowledgement Statements and other documents indicating they have been informed multiple times about the agency's zero tolerance policy.

This standard is rated "exceeds" because of the agency's and the agency and this facility's commitment to zero tolerance and to PREA. 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 of 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, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of "analyst" who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Agency has an Americans with Disabilities Coordinator who facilitates getting translators for inmates. The Warden demonstrated a commitment to PREA by designating his Deputy Warden of Care and Treatment, an intelligent and motivated young man. He is a knowledgeable PREA Compliance Manager and reports directly to the Warden. The alternate to the PREA Compliance Manger is equally knowledgeable and capable of maintaining PREA in the facility. Staff and inmates are aware of the zero-tolerance policy and of the agency's approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation.

## **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**

#### **115.12 (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 on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  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*)
- 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:** 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) contracts promulgated by the GDC for the confinement of inmates; Pre-Audit Questionnaire.

**Interviews:** Warden; Superintendent of the Transition Center; PREA Compliance Manager; PREA Coordinator.

**Policy and Documents Review:** 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.

Autry State Prison, the host facility for the Autry State Prison, does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator, Superintendent, PREA Compliance Manager and the reviewed Pre-Audit Questionnaire.

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 contractor 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)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  No  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?  Yes  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?  Yes  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?  Yes  No

#### 115.13 (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.)  
 Yes  No  NA

#### 115.13 (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?  Yes  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 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 Community Corrections and Rehabilitation, Administration, Chapter 12, PREA, Staffing Patterns and Resident Supervision; Reviewed Autry State Prison Staffing Plan; Daily Shift Reports; and Staffing Plan Assessments

**Interviews:** Warden, Previous interview with the Agency PREA Coordinator, PREA Compliance Manager, Chief of Security; (17) Random Staff; (30) Specialized Staff.

**Other:** Observations made during the site review and onsite audit of the Autry State Prison.

**Policy Review:** The reviewed PREA Policy 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. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book.

### Staffing Plan Review:

### AUTRY STATE PRISON

The staffing plan for the Autry State Prison is addressed in their local operating procedure Autry State Prison Staffing Plan, effective December 14, 2017; The staffing plan is predicated upon an operational capacity of 1,698 inmates. Security levels are minimum, medium and close and according to staff, about 1/3 of the inmate population consists of inmates with mental health issues.

Georgia Department of Corrections staffing patterns are based on departmental staffing analyses, that determines the priority one posts (posts that are staffed 24/7) and other non-priority one posts and utilizing a factor allowing for staff absences due to leave, days off and training, determines the total number of staff necessary to staff those posts. The Warden and his team have some flexibility as to the deployment of those staff. Staffing is planned based on the mission of the facility, composition of the population, any substantiated incidents of sexual abuse, and other factors, including any findings of outside facility reviews or audits, and the availability of video monitoring to supplement staffing.

The agency experiences a large turn-over in the correctional staff throughout the state. Because of that, the Department was successful in getting the pay for the Correctional Staff increased. Too, the agency has placed recruiters in the prisons, usually at the rank of Lieutenant who attend job fairs and other events to promote the work of the Department and to recruit potential applicants and officers.

The agency has determined that there will be two primary shifts; 6AM – 6PM and 6PM – 6AM and a split shift. The split shift works primarily during normal duty hours and staff on that shift perform multiple duties including, key control, tool control, laundry, and other duties They may be called on to supplement the staffing on a shift.

With the movement of inmates to and from other facilities and appointments, Wardens must consider and plan for the transportation needs of the facility as well as the potential for inmates having to be hospitalized, requiring additional staff as well as routine situations like staff calling out and not reporting for work.

The staffing plan determined to be adequate by the administration includes the following:

**STAFF:**

**SECURITY: (183)**

A. One (1) Warden

One (1) Deputy Wardens of Security (One for the West Side and One for the East Side)

One (1) Unit Manager

One (1) Captain

Nine (9) Lieutenants

Twelve (12) Shift Sergeants

Five (5) Portal Sergeants

One hundred fifty-two (152) Correctional Officers

**CARE AND TREATMENT (8)**



One (1) Deputy Warden of Care and Treatment  
Four (4) Administrative Support Staff  
One (1) Librarian  
Two (2) Rehabilitation Counselors 2

**BUSINESS ADMINISTRATION STAFF: (13)**

One (1) Deputy Warden of Administration  
One (1) Administrative Support Staff  
Four (4) Financial Staff  
Three (3) Warehouse Staff  
Four (4) Inmate Store Clerks

**ADMINISTRATIVE STAFF: (4)**

One (1) Administrative Assistant  
One (1) Administrative Support Staff  
One (1) Operations Analyst  
One (1) Operations Analyst Assistant

**FOOD SERVICES STAFF: (10)**

One (1) Food Service Director  
Four (4) Food Service Supervisors  
Five (5) Operation Workers

**COUNSELING STAFF: (13)**

One (1) Behavioral Health Counselor Supervisor  
Two (2) Behavioral Health Counselor -3  
Eight (8) Behavioral Health Counselor -2  
Two (2) Behavioral Health Counselor -1

**MAINTENANCE: (8)**

One (1) Maintenance Engineer

One (1) Maintenance Supervisor

One (1) Admin Support Staff

Five (5) Maintenance Craftsman

**HUMAN RESOURCE/PERSONNEL STAFF: (4)**

**One (1) Human Resource Tech. Supervisor**

Two (2) Human Resource Tech-1

One (1) Human Resource Clerk

**RECREATION: (3)**

One (1) Recreation Director

Two (2) Recreation Supervisors

**CHAPLAINCY SERVICES: (1)**

One (1) Chaplain

**CONTRACT EMPLOYEES: (43) These are MHM and Medical Staff**

**MHM SERVICES (11)**

One (1) Mental Health Unit Manager

One (1) Psychiatrist

One (1) Psychologist

One (1) Tele-psych Coordinator

Four (4) Mental Health Counselors

One (1) Dentist

One (1) Dental Assistant

One (1) Dental Hygienist

**MEDICAL: (32)**

One (1) Health Services Administrator

One (1) Medical Director

One (1) Director of Nursing

Two (2) Clinical Practitioners (PA/NP)

Seven (7) Registered Nurses

One (1) Licensed Practical Nurse – Infection Control  
Eight (8) Licensed Practical Nurses  
One (1) Licensed Practical Nurse- Mental Health Nurse  
Four (4) Office Assistants  
One (1) Medical Transcriptionist  
One (1) Pharmacy Director  
One (1) Pharmacist  
Three (3) Pharmacy Technicians

The staffing plan, with detail, describes the physical layout of the facility and the staffing required as well as the presence or absence of video monitoring to supplement staff supervision of inmates. Priority One Posts (Mandatory Posts to be covered 24/7) without fail are included in the plan.

The facility has five (5) gender specific posts that are manned by male staff only. Of those, four are priority one posts requiring coverage 24/7. If a hospital post is required, it is considered a priority one post as well and is covered at a minimum of one male correctional officer and one female correctional officer, depending on the security level of the inmate.

A Deputy Warden indicated the minimum staffing on each of the two (2) shifts is twenty-one (21). That includes a Lieutenant on Each shift; two (2) Sergeants; and eighteen (18) Correctional Officers, with support from the split shift.

Every priority one post must be covered 24 hours a day, seven days a week. If for any reason, at the beginning or during the shift, a priority one gender specific post cannot be covered in compliance with the approved 2016 posts analysis, the following takes place:

- 1) On duty staff will be required to stay to cover the post until the Chief of Security is contacted.
- 2) The Chief of Security will grant permission to contact off duty staff and give additional instructions as needed.
- 3) Call-in procedures are implemented following permission by the Chief of Security. Staff living closest to the facility are called first.

A Deputy Warden indicated if they received a “call out” or a staff not being able to report for duty, staff would be held over until relief arrived; support staff may be called to man a post, and off duty staff will be called in as well, if needed.

The facility’s staffing plan documented there have been no occasions in which a priority one post was not covered without deviation.

**Front Control:** Staffing required for this post is one Sergeant and one Correctional Officer, seven (7) days per week. There is one camera and a video monitor for the gate leading inside the facility.

**A-Building, containing the following areas and staffing and video monitoring is described:**

- A. **Administrative Area** – No correctional officers are assigned to this area however are present when supervising inmates working on details in the area. There are no video cameras in the area.
- B. **Staff Lobby/Staff Deli/Briefing Room/Mailroom** – There are two mailroom staff and a correctional officer are present Monday through Thursday. There is one video surveillance camera in the staff lobby, monitored by central control. When inmates are present, an officer supervises them.
- C. **Visitor's Lobby** – Staff are present and assigned Saturday's and Sunday's during visitation times. One video camera is monitored by central control. One orderly provides janitorial services in this area.
- D. **Visitation Area/Multipurpose Room** – This area is staffed Monday through Friday between the hours of 7:30AM to 4:00PM and Saturday and Sunday from 9AM to 3PM including holidays. There are four (4) cameras monitoring this area.
- E. **General Population Counselor's Office** – Staffed by the counseling staff. There is no video monitoring in this area.
- F. **Security Office** – Staffed by a security staff 24 hours a day. There is no video monitoring.
- G. **Mental Health Counseling** – Staff by the mental health staff during normal working hours and one (1) mandatory/non-gender specific post Monday through Friday 6AM to 5:30PM. There are no video cameras in the area.
- H. **Medical/Dental** – One (1) Non-gender specific correctional officer is assigned Monday through Friday 6AM to 6PM and there is one (1) camera monitoring the area.
- I. **M-Dorm/Accommodated Living Unit has one mandatory/non-gender specific post 24/7 (Priority One Post)**. There are four cameras covering the living unit and one camera covering the sally port.
- J. **Dorms J-1 and J-2 are isolation/segregation units**. J-1 is staffed with one officer, 24/7. J-2 is a priority one post requiring one officer 24/7. Both posts are gender-specific (male). There are three (3) cameras with digital video recording per dorm.
- K. **Dorms E-1, F-2, G-1, H-1, K-1, and L-1-** are priority one posts, non-gender specific, and staff 24/7. There are five (5) cameras in each dorm. These have digital recording capability.

- L. **Dorms E-2, F-2, G-2, H-2, K-2 and L-2-** are priority one dorms each equipped with five (5) cameras. These are priority two posts with five (5) cameras.
  
- M. **Dorms D-1,2,3 and 4-** are open bay dorms and there are two (2) Priority one posts for the area. Three cameras with digital recording monitor the dorms.
  
- N. **Georgia Correctional Industries-** has one officer who supervises inmates along with GCI staff. There are no cameras in this area.
  
- O. **Back Gate-** is a priority one post 5 days a week and is gender specific male.
  
- P. **Maintenance-** has nine (9) maintenance staff working 8-hour shifts. There are five (5) cameras covering the inside office area, outside maintenance storage area, vehicle repair shop, and welding area.
  
- Q. **The fire station-** has one staff present Monday through Friday, 8 hours per day. There are five (5) cameras covering the inside bay areas, living area, classroom and outside fire station.

Higher level staff are required to conduct unannounced PREA Rounds. The facility provided the auditor, when asked for, multiple pages of log books documenting unannounced rounds. The auditor also observed unannounced rounds documented in area logbooks throughout the facility, including maintenance.

**Interviews:** The interviewed Superintendent, Deputy Wardens, PREA Compliance Manager, Alternate PREA Compliance Manager, Shift Supervisors confirmed unannounced PREA rounds are conducted each shift. Higher level staff, including the Deputy Wardens are required to conduct rounds of the housing units, segregation, Multipurpose Rooms, Kitchen and Fire Station. A Lieutenant sated Lieutenants are required to conduct at least one unannounced PREA round per shift. When asked to describe the rounds he said he is responsible for conducting rounds on the east side and those checks are looking for any obstructions, sheet tents, doors being secured etc.

## 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 other 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)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 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:** Georgia Department of Corrections PREA Policy, Autry State Prison; Pre-Audit Questionnaire, Reviewed Description of Burrus Training Center, where youthful inmates are housed.

**Interviews:** Warden, Autry State Prison, PREA Compliance Manager, PREA Coordinator, Interviews with 47 inmates (random and targeted; Interviews with staff from the Autry State Prison (47) including both random and special category staff;

**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 either the Autry State Prison. Information provided related to Mission of Burrus Correctional Training Center on the GDC website affirms that Burrus has a housing capacity for 94 offenders sentenced as adults between the ages of 14-16 years of age. The Burrus Correctional Training Center also houses “At Risk Youthful Offenders between the ages of 17-24.

**Interviews:** The Warden, PREA Coordinator and PREA Compliance Manger and randomly selected and specialized staff at the prison confirmed that there were no youthful offenders at this facility nor does the facility house them.

**Observations:** Youthful offenders were not observed during a site review of the entire prison and transition center. Nor were youthful offenders among the randomly selected or special category 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

### 115.15 (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?  
 Yes  No

### 115.15 (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.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables 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?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  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.*

**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;56 2017 In-Service Training Records Documenting PREA Training (to include search procedures); Pre-Audit Questionnaire; observed GDC website describing Autry State Prison.

**Interviews:** (17) Randomly selected staff, (28) Randomly selected inmates, (19) Special Category Inmates; (30) Specialized Staff, Warden, PREA Compliance Manager.

**Observations:** See below; observations made during the site visit and throughout the on-site audit period.

**Policy Review:** Autry State Prison houses adult male inmates and is staffed with male and female officers providing direct supervision in the living units. Female staff are prohibited from conducting strip searches absent “exigent” circumstances. They can conduct “frisk” searches and have been trained to use the back of their hands in conducting a “frisk” search.

Georgia Department of Corrections (GDC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits cross-gender 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. Autry State Prison is an all-male facility.

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.

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.

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.

### **Documents Review:**

The Pre-Audit Questionnaire for the prison documented that there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module for annual in-service training deals with search procedures in Paragraph C., Search Procedures. The following are required, as explained in the training module: 1) Staff must conduct searches in a professional and respectful manner (and never with the intent to harass or degrade the offender); 2) Male offenders may be pat searched by both male and female security staff; 3) Male offenders will only be searched by male security staff, except under exigent circumstances and are documented by an Incident Report, and 4) Transgender and intersex offenders' gender designation will coincide with the prison assignment made during classification. Pat search techniques are then discussed and the use of the back of the hand is described for the trainee.

Staff are trained to conduct cross-gender searches in exigent circumstances. The auditor reviewed forty (40) In-Service Training Records documenting PREA training, that included the search training.

### **Interviews:**

Autry State Prison houses adult male offenders only. One-hundred percent (100%) of the interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it and if no other male staff were available. These searches would require the Warden's approval and would be documented. One-hundred percent (100%) of the interviewed random staff confirmed that female staff may conduct a pat search of a male inmate. 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. The auditor asked some of the female officers to demonstrate the techniques they were trained in and all of them demonstrated the back of the hand techniques.

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.

One hundred percent, 100% of the interviewed staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like "female on the floor".

Most of the inmates affirmed that staff of the opposite gender announce their presence when entering the housing unit. Inmates at the Transition Center affirmed staff announce their presence prior to entering a housing unit housing opposite gender inmates.

Interviews with 47 inmates from the prison representing every housing unit confirmed they have never been strip searched by a female staff. They indicated females can conduct pat searches but most commonly it is a male conducting the search. 100% of all interviewed inmates reported they have privacy while showering.

**Observations:** Housing units for the prison typically are configured with double, triple and some single cells on the lower and/or upper tier of the range. Showers in these units were constructed with full wall separation between single occupancy showers. These were equipped with shower curtains providing privacy while the offender is showering. The open bay dorms are configured with the shower/restroom area in the rear of the dorm. Privacy while showering is facilitated by long privacy curtains covering the 10 shower heads. Toilets in these dorms are in single occupancy stalls separated by ½ walls. Approaching the restroom area is a window. From the window, one could see the last two toilets. The facility agreed to either tint or paint the windows just high enough to allow viewing of the offender's head but high enough to block out the total view of an inmate sitting on the last two toilets.

afforded privacy while showering are typically separated showers on the upper and lower tiers in pods with cells. Showers in all the prison pods with cells are separated by walls and shower curtains. Showers in the open bay dorms are separated by partial walls with shower curtains and toilets separated by half walls.

## 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?  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 are blind or have low vision?  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 intellectual 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 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)?  Yes  No
- 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?  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 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 or 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 first-response duties under §115.64, or the investigation of the inmate's allegations?  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.*

#### 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; Instructions for Accessing Language Line; and PREA Brochures in English and Spanish.

**Interviews:** Randomly selected staff Autry State Prison (17); Specialized Staff Autry State Prison (30); Randomly Selected Inmates Autry State Prison (28); Targeted Inmates Autry State Prison (19); (Previously) State ADA Coordinator; Warden; PREA Compliance Manager; Medical Staff; ADA Coordinator for Facility (Chief Counselor)

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

#### Policy 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.

#### Document Review:

The facility has a contract with Language Line Solutions for providing telephonic interpretive services. Additionally, the instructions for accessing Language Line are posted. The facility also provided Statewide Contract Information Sheets for a variety of translation and interpretive services. These included: Sign Language and Hearing and limited English proficiency interpreting (contact information is provided). The auditor reviewed the PREA Brochures in both Spanish and English. The agency also has an Americans with Disabilities Act Coordinator. An interview with her confirmed the agency has plans in place for any contingency related to translation and interpretive services. Too, if assistance is needed in securing the services for a disabled offender, the facility can contact the ADA Coordinator who may expedite the rendering of those services.

This facility also has an education program and highly qualified mental health staff who could assist if an inmate was not understanding/comprehending the intake information, especially that related to PREA information given at intake; during orientation or when making a report of sexual abuse or sexual harassment. The Facility' General Education Diploma teacher(s), Adult Basic Education teacher, Special Education teachers, and teachers conducting the remedial education classes may be called on to provide information to offenders in formats that will help them understand the intake and orientation material and that explaining the offender's rights to be free from sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment.

The PREA Video is in Spanish and English and has closed caption for the hearing impaired.

#### **Interviews:**

An interview with the Agency's ADA Coordinator indicated the agency has a variety of interpretive services available and accessible to staff. These services included not only language line but also for the hearing and visually impaired as well. On sight American Sign Language is one of the services available. The Coordinator indicated if the facility had any disabled inmates needing interpretive services that they were unable to access; they are instructed to call her, and she will make those arrangements. She indicated that although the Georgia Department of Administrative Services has issued "Statewide" Contracts for interpretive services, the turn-around time may be longer than acceptable, so the facility can contact the ADA Coordinator to expedite those services.

Targeted inmates included several limited English proficient inmates. The auditor did not have to utilize Language Line to translate for the inmates who spoke enough English that they were able to understand the questions and responded that they received PREA Information. Cognitively challenged inmates also could answer the questions posed by the auditor and knew how to report allegations of sexual abuse or sexual harassment.

## **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?  Yes  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?  Yes  No
- 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)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### 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.*



This standard is rated exceeds for the following reasons. The agency has a hiring process that is proactive in attempting to identify any potential employee who may be qualified to work in a confinement setting. This is confirmed in that the agency asks questions on a variety of forms related to arrests and criminal activity. Applicants are asked the PREA related questions and advised of the actions they must take if, in their employment, they violate one of the PREA prohibitions, including reporting it within 24 hours and of the consequences for violating one of the prohibitions. A background check of the Georgia Crime Information Center and National Crime Information Center are conducted. Fingerprints are taken and submitted to the FBI to process. Social media are checked to determine potential issues related to social media. An integrity test is administered on line. This test poses ethical situations for the individual and asks how he/she would respond given a specific ethical situation. Background checks are conducted annually on all staff. Security staff must maintain Peace Officers Standards Training certification and background checks are an annual part of that process when security staff are scheduled to recertify at the firing range with weapons. The facility staff articulated an organized and serious process. Staff provided sampled files for newly hired employees, regular employees (for 5-year checks), contractors and volunteers.

**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; Reviewed Applicant Verification Forms; Applicant Packet; (11) Background Checks for New Hired Employees; (15) Background Checks for Regular Employees; (5) Background Checks for Recently Promoted Staff; (10) Background Checks for Contractors and (11) Background Checks for Volunteers.

**Interviews:** Human Resources/Personnel Manager; PREA Compliance Manager, Recruiter; Warden

**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 (as documented on the Employee Verification Form), asking prospective applicants the three PREA Questions, is required. Criminal History Record Checks are conducted on all employees prior to hire. Security Staff in Georgia are Peace Officers Standards Trained and Certified and to maintain that certification, they are required to qualify in firearms annually. Prior to being certified, each officer is required to have another background check.

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.

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.

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

### **Document Review:**

The hiring process includes applicants completing the following documents:

- 1) Criminal/Driver History Consent Form authorizing the Department to conduct criminal history background checks;
- 2) Job Preview Form, asking an applicant if he/she consents to be fingerprinted and have his/her background checked through the FBI and other law enforcement agencies during pre-employment screening and at any time during employment, provide a driver's history for the past seven years at his/her own expense and report a fellow law-enforcement officer who is breaking rules and regulations. A negative response to any of those questions excludes the individual for consideration.
- 3) Authorization for Release of Information for Employment Purposes; allowing the Department to secure criminal background information, character information from personal references and work record from former employers.
- 4) Interview Questions that include inquiry into any relatives employed in a prison, any close associations with anyone within the Federal or State prison system, any arrests and/or charges with any crime, pending charges, any time served in jail or prison for any reason, current status relative to probation, parole or other supervision, and any previous employment in a state agency.
- 5) Applicant Verification that asked the applicant to respond to the Three PREA questions. By signing the form, they are also verifying they understand that if they become subject to the PREA prohibitions in their current position or any subsequent position, they agree to notify the departmental management within 24 hours of their involvement. They again acknowledge they are consenting to allow the Department to conduct random criminal checks to ensure compliance with the federal standards. They also acknowledge they will be subject to termination or disqualification for employment.
- 6) A Human Resources Form requests information related to social media accounts with Facebook, Instagram, Twitter and others.
- 7) Prospective Staff are now required to complete an online Integrity Test that poses ethical situations to the applicant to see how they would respond in given situations.

The auditor reviewed eleven (11) Background Checks packages for newly hired employees; (15) for regular employees; (10) for contractors; and (11) for volunteers. Packages for newly hired staff, regular employees, staff recently promoted, contractors and volunteers all contained the PREA Acknowledgement Statements and the Applicant Verification Form responding to the PREA related questions/prohibitions, as well as the background checks. Too documentation was provided indicating the applicants also completed the "integrity testing" and social media checks. Contractor and volunteer

files contained the required background checks. Volunteer packages also included PREA Acknowledgment Statements.

In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Autry State Prison HR attempts 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? Multiple Professional Reference Checks were reviewed by the auditor confirming the attempt by the facility to inquire about an applicant's involvement in sexual abuse or resigning during a pending investigation. Professional references were documented when applicable.

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.

**Interviews:** Interviews with a Human Resource Manager confirmed she and her staff are very knowledgeable of the requirements for implementing the hiring process consistent with the Georgia Department of Corrections Policies and interviews with them as well as reviewed documentation confirmed a thorough process that has been ongoing in this facility.

## 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)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 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:** 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.

**Interviews:** Warden, PREA Compliance Manager; Deputy Wardens

**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:** None applicable at this time.

#### Interviews:

An interview with the Warden and Deputy Wardens indicated the facility has added some cameras and enhanced the technology since the last PREA Audit and have more cameras coming in. This facility has been proactive and have identified and taken photos of the blind spots. The leadership team in this facility will be involved in planning and establishing priorities for placement of additional cameras.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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.)  
 Yes  No  NA

#### 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?  Yes  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)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  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?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  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?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  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.)  Yes  No  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.]  Yes  No  NA

#### 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, 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; Memorandum of Understanding from the Sexual Assault Nurse Examiner's Protocol; SANE Call Roster/List; Memos documenting attempts to secure a MOU with a Rape Crisis Center; Procedure for SANE Nurse Evaluation Forensic Collection; MOU with the Lily Pad Rape Crisis Center; (GSAC) ;Certificates documenting Advocate Training for staff, Victim Assistance Training Online "Sexual Assault", provided by the Office of Victims of Crime Training and Technical Assistance Center; Sexual Assault Exam and Evidence Collection Forms; Eight (8) Certificates of Completion – "Evaluation and Treatment of Sexual Assault".

**Interviews:** Sexual Assault Response Team Members; PREA Compliance Manager; Healthcare Staff; Mental Health Staff; SANE Nurse; Lily Pad Rape Crisis Center; Nine (9) Inmates reporting sexual abuse; Three (3) Inmates disclosing sexual abuse during the intake assessment.

**Observations:** None applicable to this standard.

**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.

Medical staff are guided by the "Procedure for SANE Nurse Evaluation/Forensic Collection. These procedures provide a standardized protocol for collecting forensic evidence.

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.

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 Warden/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 SANE's Sexual Assault Exam and Evidence Collection Protocol. This extensive document provides a standardized process for conducting the forensic exam. It included the following: 1) Phase I Activities, including Triaging and Screening Medically; 2) Phase II, Securing consents, history and circumstances of assault; and 3) Phase III, describing the Routine physical exam and the process for collecting evidence, including observations, photos and other forensic exam processes.

GDC Policy also requires the PREA Compliance Manager, under the direction of the Warden/Superintendent to attempt to enter into an agreement or a Memorandum of Understanding with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence, upon request. If the facility cannot do so, efforts must be documented, and local staff shall be identified and specially trained to provide the service. Documentation of that training must be kept on file. It also 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. Multiple staff are educationally and professionally qualified to serve as a qualified staff advocate.

This facility is a mental health facility and has multiple qualified and licensed mental health professionals who are qualified to serve as advocates for victims of sexual abuse if needed.

The auditor reviewed twelve (12) certificates documenting mental health staff completing six (6) hours of specialized training entitled, "Evaluation and Treatment of Sexual Assault".

A member of the SART is a Licensed Professional Counselor and could serve as an advocate as well, if needed. Yet another Licensed Professional Counselor serves as the Victim Advocate at the facility. In addition to completing on-line advocacy training she has completed training for Mental Health Counselors and Evaluation and Treatment of Sexual Assault at the Georgia Public Safety Training Center in February 2018. She also has a victim advocate notebook with victim reactions to sexual assault.



**Interviews:** Interviews with the Warden, PREA Compliance Manager, SART Members and Mental Health professionals, confirmed that the initial investigations conducted at this facility are conducted by the Sexual Assault Response Team Members. Upon determining that a potentially criminal act has occurred, the SART refers the investigation to the Office of Professional Standards Investigators who have arrest powers and conduct criminal investigations. An interview with an Office of Professional Standards confirmed the investigative process as well. Once the OPS investigators become involved, the role of the SART is supportive. Interviews with the Health Services Administrator and Director of Nursing confirmed that if an inmate alleges sexual assault he will be brought to medical for initial assessment. If there were serious injuries, including bleeding the facility could not deal with, the inmate will be taken to the hospital for treatment and the forensic exam will be conducted at the hospital. Medical will send a rape kit along with the transporting officer. If there are no serious injuries, the inmate will be examined at the facility. The Sexual Assault Nurse Examiners will respond to the facility where the exam will be conducted. The Superintendent of the Transition Center described the same process for her unit.

## 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)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  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

- 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 Review and Document 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; Pre-Audit Questionnaire; Reviewed 26 Investigation Packages; 26 PREA Investigation Summary; 26 Notification of Results of Investigation; Referrals to Mental Health; 26 PREA Initial Notification Forms; GDC 90 Day Offender Sexual Abuse Review Checklist; 26 GDC Incident Report; NIC Certificates; Medical PREA Logs.

**Interviews:** Warden; PREA Compliance Manager; Facility-Based Investigator; Superintendent; Randomly selected and special category staff; informally interviewed staff during the audit; randomly selected inmates; special category inmates (see narrative for breakdown of interviewed staff and inmates).

**Discussion of Policy and Documents:** 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, contractors, 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.

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.

The twenty-six (26) reviewed investigation packages were documented in a consistent manner and consistently contained the following:

- 1) Incident Report
- 2) Supplemental Report
- 3) Serious Incident Report
- 4) Offender Personal Data
- 5) Witness Statements
- 6) Logbook Reviews where applicable
- 7) Reviews of camera footage, where available (auditor reviewed two DVDs)
- 8) Sexual Abuse Response Checklists (completed for all allegations, including sexual harassment)
- 9) Notification of Results of Investigation
- 10) Referrals to Mental Health
- 11) Incident Reviews

The agency's investigation policy is provided via the agency website and third parties 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.

The twenty-six (26) reviewed investigation packages documented that most allegations were made to a staff member, and most frequently that staff member was either a mental health or general population counselor. One allegation was made via a grievance, one by a third party (relative), two through the PREA Unit's Hotline and one through a written statement given to a staff.

The reviewed narratives of the investigations documented staff receiving reports and reporting them immediately to the SART Leader, regardless of what the allegation was. All the twenty-six allegations appeared to have been taken seriously and reported immediately and investigated expeditiously.

### **Discussion of Interviews:**

Interviews with staff, both randomly selected and specialized, stated they would report everything, including a suspicion, to their immediate supervisors. Inmates making allegations most often made the allegation to a staff member and most frequently that staff was a general population counselor or a mental health counselor or other mental health professional. Staff reported they would document all reports, including those made verbally, in writing and through other sources.

The primary facility-based investigator at the prison is a Lieutenant. Reviewed investigations indicated she approached each investigation with a consistent approach. She described a thorough process for conducting investigations and reviewed investigation reports confirmed that process and consistency. Where camera footage was available, she reviewed it. When documentation may be found in a logbook, she reviewed it and copied the applicable pages. She confirmed the SART team conducts the initial investigations into allegations of sexual abuse and sexual harassment. She indicated the investigation would begin immediately upon learning of a sexual assault. She confirmed that if the allegation appeared to be criminal, the case would be referred up to the regional office by the Warden for investigation by a Special Agent with arrest powers. If the allegation is referred to the Special Agent, the SART investigator's role is to provide whatever support the investigator needed, including securing the area and preserving evidence until he/she arrived at the facility.

One hundred percent (100%) of the interviewed staff knew the SART team was responsible for conducting sexual abuse investigations. Staff also related they would report “everything” including a suspicion, any reports received anonymously, through a third-party or through an inmate or anything they observed. They said they would report to their immediate supervisor and follow-up with a written statement before the end of their shift.

The Superintendent stated the SART consists of medical staff, the Assistant Superintendent, Chief of Security and the facility-based Victim Advocate.

## 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)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  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?  Yes  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  Yes  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?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  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?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  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?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  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.*

This standard is rated exceeds because of the numerous training opportunities not only offered but required. Once an employee is hired, he/she reviews the agency policy on sexual abuse and signs an

acknowledgment statement. Newly hired employees receive in preservice training a segment on PREA. Correctional Staff attend Basic Correctional Officer Standards Training and receive a segment on PREA. Staff attend annual in-service training and Day 1, includes PREA. Staff also reported receiving refresher training during shift briefings and through emails they receive from the administration. All staff are required to complete the NIC online training "Communicating Effectively and Professionally with LGBTI Inmates. The Sexual Assault Response Team attends specialized training at least twice a year. Investigators are required to complete the online NIC Training, Investigating Sexual Abuse in Confinement Settings. Medical and Mental Health Staff are required to complete the NIC Online training for medical and mental health providers. Both medical and mental health staff attend specialized training during each year as well as completing the required PREA Training at the facility. PREA Compliance Mangers attend training specific to their roles at least twice a year.

**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 (40) 2017 In-Service Training Records documenting PREA Training; Reviewed the Training Lesson Plan for PREA for Annual-In-Service; Reviewed (167) Day 1 In-Service Training Certificates; Reviewed (26) personnel files containing PREA Acknowledgment Statements; Reviewed an additional (50) PREA Acknowledgment Statements; Reviewed (40) NIC Certificates documenting Communicating Effectively and Professionally with LGBTI Inmates;

**Interviews:** Randomly selected staff from the prison (17), Special category staff from the prison (30); Warden; PREA Compliance Manager;

**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/lesson plan for annual in-service 2017, covering the topics required by the PREA Standards and more.

The auditor reviewed (167) 2017 Annual In-Service Training Records documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training.

Twenty (20) reviewed personnel files contained PREA Acknowledgment Statements also indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.



An additional twenty-six (26) PREA Acknowledgement Statements were reviewed. 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 completed the National Institute of Corrections On-Line Training entitled: Communicating Effectively and Professionally with LGBTI Inmates. Every interviewed staff related that in addition to annual in-service and Basic Correctional Officers Training they took the on-line NIC training "Communicating Effectively and Professionally with LGBTI Inmates. Forty (40) certificates confirming that training was provided for review.

PREA Compliance Managers attend training at least twice a year.

The Sexual Assault Response Team receives training on their roles in responding to allegations of sexual abuse at least twice or more a year. Specialized training is completed by SART members and medical staff.

Healthcare Staff attend specialized training related to the Sexual Assault Protocols and response to a sexual assault.

PREA Related posters are prolific and posted in numerous locations throughout this facility.

### **Interviews:**

Interviews with staff confirmed they receive PREA Training through multiple venues, including on-line, in classes and through shift briefings and memos. They receive training annually during annual in-service training. All the interviewed staff confirmed they have been trained in all the topics required by the PREA Standards as identified on the questionnaire for randomly selected staff. Staff, when asked how they received PREA training as newly hired employees said they received PREA Training at the facility prior to Basic Correctional Officers Training and at Basic Correctional Officers Training, although BCOT contained just a little PREA information. Staff, both during formal and informal interviews, easily discussed their understanding of zero tolerance, their responsibility to accept and report all allegations, regardless of how they received them and to report them immediately to their shift supervisor, their roles and responsibilities as first responders, and actions to take if an inmate told them they were at risk for imminent sexual abuse. Each staff had a first responder card detailing their actions to take in response to an allegation of sexual abuse. Staff said they also receive PREA topics during shift briefings and through emails and communications from the PREA Compliance Manager. Interviewed staff also stated they are also required to take and complete the on-line training sponsored by the National Institute of Corrections entitled PREA: Communicating Effectively and Professionally with LGBTI Inmates. Staff on the SART said they attend training at least twice a year. Medical Staff related that in addition to the on-line PREA training they complete training in Nursing Protocols and other PREA related topics.

## **Standard 115.32: Volunteer and contractor training**



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

**115.32 (a)**

- 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)**

- 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*)
- 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; memo from the GDC Transitional Services Coordinator; fifty (50) PREA Acknowledgement Statements for Contractors and Volunteers; Ten Volunteer Training Packages, including background checks.

**Interviews:** Volunteer Coordinator; Contracted Employees, Two (2) Volunteers, Warden; PREA Compliance Manager

**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.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteer who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training is submitted to the Deputy Warden of Care and Treatment. 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 (20) 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 if 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 them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Additionally, the auditor reviewed ten (10) volunteer packages including the signed PREA Acknowledgement Statement; an Employee Standards of Conduct Acknowledgment Statement; documentation of a completed background check; and the Training Agenda Form including Item #4,

PREA and an Acknowledgment Statement acknowledging the Department's policy governing employee standards of conduct.

**Discussion of Interviews:** The auditor interviewed two (2) volunteers. Both volunteers indicated in their interviews that they had received an orientation to the facility and had completed PREA Training. They consistently reported they were trained in the zero- tolerance policy and understood there was no tolerance for any form of sexual activity. They were told they were required to report anything an inmate told them about any sexual activity and anything they saw or heard. Interviewed volunteers said they must renew their identification badges each year and that includes having another background check and having the training once again. Contractor staff stated they must attend the same PREA training that staff attend, including annual in-service training.

## Standard 115.33: Inmate education

### All Yes/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?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  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:** 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; Forty (50) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (50) Orientation Checklists; Autry State Prison Intake Log Documenting 132 Inmates Receiving PREA Pamphlets; Posters throughout the facility; PREA related information painted on walls; PREA Acknowledgment sheet (documenting receipt of PREA Brochure/Pamphlet on admission during intake).

**Interviews:** One (1) Staff conducting intake; One (1) staff conducting orientation (inmate education); PREA Compliance Manager; Interviewed Inmates (47).

**Policy and Documents Findings:** 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)

The inmate signs a PREA Acknowledgment and initials the Orientation Checklist affirming they viewed the PREA Video, they understood it and that they had the opportunity to ask questions. By signing the Video Acknowledgment, inmates affirm that they have viewed and understood the video on PREA. The form briefly tells them if they need to make a report to dial "PREA" (7732) or report to a staff member. It also tells the inmate to speak to a case manager or other staff if they have further questions. Inmates acknowledge on the Offender Orientation Checklist the following: 1) Classification, Disciplinary and Grievance Process; 2) Inmate Handbook; 3) Review of Rules, Regulations and Departmental Procedures; 4) How to access counselors, sick call etc.; and 5) PREA Video. Inmates also acknowledge, by signature, that they received the formal orientation and were given the opportunity to ask questions and that they understand they will be accountable for any violations.

Residents are provided PREA information on a continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations.

According to staff, during the intake process, after inmates get off the bus and are strip searched they are called up one on one for the victim/aggressor assessment. Staff, indicated they introduce themselves, ask the inmate what they know about PREA and give them a copy of the PREA Brochure, "Sexual Assault and Sexual Harassment, How to Prevent it and How to report it". They also indicated if the inmate is Spanish, they get a Spanish brochure; if they are cognitively impaired they talk to the one on one and explain the information; and if they are illiterate, read the information to them. The PREA Video, they indicated, is closed caption for the hearing impaired and there is a Spanish version. Following the victim/aggressor assessment the inmates have to watch the PREA Video.

Formal Orientation, is conducted on Friday's and it is conducted by the General Population Counselor. The interviewed counselor conducting orientation stated they inmate has to watch the PREA Video again after which staff explain how to report allegations of sexual abuse. At the end of orientation, inmates sign an acknowledgment that they have watched the PREA Video. This is documented on the Orientation Confirmation Form.

Twenty (20) Orientation Checklists, were reviewed. Each checklist documented confirming once again that the inmate received the PREA education, were reviewed. The Acknowledgement Statements documented that the inmate viewed the PREA video. He further acknowledges that he has been given a formal orientation and has been given the opportunity to ask questions and understands he will be held accountable for any violations. The inmate signs the acknowledgement and the staff conducting orientation signs and dates as well. .

The auditor reviewed twenty (20) Counseling Orientation Checklists confirming receipt of the PREA Information including receipt of the inmate handbook. The handbook is located on the inmate's tablet and KIOSK and accessible to the inmate at any time.

Inmates have continued access to the inmate handbook on the KIOSKS and on their Tablets. Residents at the transition center do not have KIOSKS or tablets.

### **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 an intake Correctional Officer. The intake staff related that during intake the PREA Video is streaming. Additionally, she stated she provides the inmates a PREA brochure. Another intake staff stated when the inmate gets off the bus they watch the PREA

Video, receive a handbook, are told why they are here, told their legal rights, explained their PREA rights and are given the victim/aggressor assessment.

Orientation is provided by a counselor. She related she gives the inmates a handbook and explains the rules and regulations of the facility; explains how to report and tells them about the PREA posters throughout the facility.

Interviewed inmates confirmed they received the PREA brochure during intake and that they saw the PREA Video again. Inmates related they have seen the PREA Video at every facility they have gone to and that they are required to see it again. They also knew there was zero tolerance for sexual activity, there was no such thing as consensual sex, and how to report it if it occurred.

Interviewed residents were knowledgeable of PREA. They related they have seen the PREA Video multiple times while in the GDC system. They also stated they received the information at intake and during orientation.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- 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).)  Yes  No  NA

#### 115.34 (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).]  Yes  No  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
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
 Yes    No    NA

### 115.34 (d)

- 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, C. Training and Education, Paragraph 5. Specialized Training Investigations; Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings.

**Interviews:** Facility-Based Investigator; Office of Professional Standards Investigator; Special Agent

**Observations:** N/A

**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.

The auditor reviewed eight (8) Certificates documenting the specialized training provided by the NIC online. One of the investigators completed an advanced course provided by the NIC. The course was entitled: PREA: Investigating Sexual Abuse in Confinement Settings: Advanced Investigations.

The GDC provides additional training for investigators in Sexual Assault Response Team training that is provided several times a year. The reviewed curriculum for that training documented training that was comparable to or exceeded the NIC on-line training.

Office of Professional Standards Special Agents, according to an interviewed Special Agent, receive about 600 hours of investigator training provided by the Georgia Bureau of Investigations.

Reviewed (26) investigation reports documented thorough investigations that were conducted expeditiously, documented both direct and indirect evidence collected and explained conclusions.

### **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)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### **115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  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:** 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; Pre-Audit Questionnaire; (21) National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings

**Interviews:** Registered Nurse, PREA Compliance Manager, (2) Mental Health Professionals; Warden; Chief Counselor; Registered Nurse at the transition center.

**Observations:** None applicable to this standard.

**Discussions of Policy and Documents:** The Pre-Audit Questionnaire documented 100% of the mental health and 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 in-service training.

The nurses at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the List of SANEs, which documents the contact information for the SANES. If an inmate required care beyond the scope of the Prison Medical Unit, the inmate will be transported to Oconee Hospital.

The auditor examined the training rosters for 2017 and 2018. These documented more staff receiving the specialized training than the current number of employees. This indicated that the training required is on-going and when new staff are assigned, they complete the training. The reviewed rosters also documented that all staff, but one had completed the NIC online training, "Communicating Professionally and Effectively with LGBTI Inmates". An additional six (6) certificates were provided that documented the behavioral health/mental health staff completing the online specialized training, "PREA: Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting".

#### **Discussion of Interviews:**

All the interviewed medical and mental health staff confirmed medical staff attend annual in-service training and receive the same PREA Training as all other employees. Additionally; staff attend specialized training in response to sexual assault, including training in the Nursing Protocols. Staff also complete the NIC on-line training, Communicating Effectively and Professionally with LGBTI Offenders. Medical staff also complete the SANE Nurse Procedures which are local operating procedures for responding to incidents of sexual abuse requiring the services of a sexual assault nurse examiner.

## **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**

#### **115.41 (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?  Yes  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?  Yes  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.41 (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?  Yes  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?  Yes  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?  Yes  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?  
 Yes  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?  
 Yes  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?  Yes  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)?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  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?  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:** 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; GDC Policy 208.06, Attachment 4; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9; (25) Victim/Aggressor Instruments; (25) Victim/Aggressor Reassessment Instrument; Pre-Audit Questionnaire.; Referrals to Mental Health; Documentation of Retraining General Population Counselors in Referral Process.

**Interviews:** Licensed Professional Mental Health Staff; Mental Health Counselors and General Population Counselors; ID Staff and Classification Staff who make housing assignments; Warden; PREA Compliance Manager; (47) Inmates (Random and Targeted)

**Policy and Documents Review:** 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 solely 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.

The auditor reviewed 25 Victim/Aggressor Assessments and 25 Reassessments. These were documented and put into SCRIBE as required. The instrument used was the GDC's Victim/Aggressor Survey. Assessments were consistently documented the same day as admission.

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. Twenty-five (25) reassessments were reviewed along with the accompanying note placed in SCRIBE documenting the 30-day reassessment.

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 Autry State Prison will make individualized determinations about how to ensure the safety of each offender.

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 1<sup>st</sup> 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.

The facility provided samples (40) of reassessments confirming that reassessments are now being done in compliance with policy.

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.

Interviewed counselors indicated they were not aware they were required to offer inmates disclosing prior victimization a follow-up with mental health. A corrective action plan was implemented requiring the counselors to be retrained in this requirement. The impact of this issue is likely to be minimal since mental health and medical ask the inmate about prior victimization as well and offer follow-ups and make referrals as required.

**Discussion of Interviews:** An interview with a general population counselor who conducts victim/aggressor assessments indicated that inmates are screened as a part of their “intake” or “in-processing” The counselor stated she conducts the assessment in private. After explaining the purpose of the assessment, she indicated she conducts the assessment in SCRIBE and considers things such as 1) Age, 2) Weight/Build, 3) Prior Victimization, 4) Identity as being gay or bisexual, 5) Disability, 6) Present Charge, 7) Prior History, including sexual abuse, 8) Charges of violence or non-violence, 9) First time incarcerated, and 10) If they feel vulnerable. The counselor, in conducting the assessment in SCRIBE, can and does confirm responses to certain questions by reviewing the Offender Database.

Interviewed inmates consistently confirmed they were asked these or similar questions during intake.

Staff also confirmed that reassessments are conducted at 30 days and any time there is a significant incident, or the inmate has been away from the facility overnight for court appearances, medical or other appointments in other facilities.

Most of the inmates indicated they were asked those questions again but could not say when that occurred.

## Standard 115.42: Use of screening information

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

#### 115.42 (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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (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)?  Yes  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?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless 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, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

- Unless 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, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless 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, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  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.*

**Policies and Documents Reviewed:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Reviewed assessments (25); Reviewed reassessment (25); Reviewed Case Notes (25), Pre-Audit Questionnaire.

**Interviews:** ID Staff; Classification Staff; Warden; Deputy Warden; (2) Counselors conducting the PREA Assessments; Mental Health Professionals, randomly selected inmates; targeted inmates; Warden.

**Policy and Documents Review:** 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 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 victim/aggressor assessment is in the computer for review by staff making dorm and cell assignments. In reviewing the offender's computerized information in SCRIBE, the assessor can determine if there are any "flags" or other alert already set in the system. Too, they can review previous assessments in SCRIBE to see how the inmate has scored out in the past.

The following are the safe dorms designated by the Warden: K, G and D. Cell and dorm assignments are made based on the inmate's age, physical build, security classification, mental health status, and the victim/aggressor assessment or any flags indicating "gang affiliation" etc. ID staff have a board with every dormitory represented on the board. Each cell in each dorm has a hook with the photo identification of each inmate assigned to a specific cell in a specific dorm. The photo identification cards have color-coded dots indicating a victim vs and aggressor as well as gang affiliation and other factors. The color-coded dots on the photo identification cards enable the ID staff to make cell assignments that keep potential victims separated from potential aggressors.

The Classification Committee consists of the Chief Counselor, Secretary, Two, (2) Counselors, and a representative from Security, Maintenance and the Kitchen, meets every Tuesday. This committee reviews the inmate's history and other relevant information, including the victim/aggressor assessment. If the additional information indicates the need for a cell change the classification committee makes that decision. This committee also makes the decisions regarding work details, program assignments and dorm and cell assignments.

Staff stated transgender housing assignments are decided just like any other assignments, with the utmost consideration for their safety.

Whether inmates were asked about their own safety resulted in a mix bag in the interviews with some saying yes, they were asked and some saying no they were not. None were housed in a separate unit specifically for transgender inmates. Transgender inmates consistently reported they could shower alone and that showers were single showers separated by walls and covered by curtains,

**Discussion of Interviews:** Staff indicated that ID makes the dorm and cell assignments. Once the victim/aggressor assessment is conducted, if the inmate scores out as a risk for either being a victim or an aggressor, the counselor will notify ID. The assessment is in SCRIBE and can be viewed. Classification meets and uses that information as well as other detailed information to assign another dorm or cell, if warranted, and to determine program and work assignments. The Transition Center staff conduct the victim/aggressor assessment during intake. Newly assigned residents are housed in the intake dorm for about 30-45 days. Classification determines housing based on the victim aggressor assessment as well as additional information available to them. Residents at risk are not bunked next to potential predators and are placed close to the control room to facilitate viewing.

An interview with the ID Staff indicated the following occurs when an inmate arrives at the facility he is assessed by the counselor. Following the assessment, the ID staff related they go back over the list of intakes and go into SCRIBE themselves to check and identify any victims or aggressors. The Intake counselor then checks all inmate's coming in to ensure victims and aggressors are not housed together. All the dorms are general population dorms except for mental health dorms which can be mixed. The ID Counselor may make moves and documents the reasons on the move slip.

Staff indicated transgender inmates can shower alone and if they encountered any issues going to and from the showers or while in the shower from other inmates, they would set up a separate time for showering.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- 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?  Yes  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?  Yes  No

#### 115.43 (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?  Yes  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?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- 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?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
 Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  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

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**Policy and Document Review:** Pre-Audit Questionnaires; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Reviewed (26) Investigation Packages; Atry State Prison Coordinated Response Plan; Atry State Prison

**Interviews:** Warden, PREA Compliance Manager/Deputy Warden; Superintendent; Staff supervising segregation; Counselor for the Closed Unit; Randomly selected staff; REA Compliance Manager; and Special Category Inmates who disclosed victimization.

**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 in the past 12 months for longer than 30 days while awaiting alternate placement.

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.

Inmates are assigned to involuntary segregated housing 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.

The auditor reviewed twenty-six (26) investigation packages. None of the packages documented any inmate being placed in involuntary segregated housing for protection. Inmates were separated but not placed in involuntary segregated housing. Even in cases where the investigation found the allegation of harassment to be unsubstantiated, the SART recommended separating and moving the offenders to different dorms and in one reviewed case, to separate them off the same work detail.

**Discussion of Interviews:** Interviews indicated that inmates at risk for victimization are placed in involuntary protective custody only as a last resort and when there are no other means available to keep the inmate safe. An interview with staff supervising segregation indicated that an inmate can request protective custody and be placed in a single occupancy cell. On the other hand, if he does not want protective custody and feels safe in population, he can to a safe dorm. The staff related he has had not had any inmates in involuntary segregation in the past 12 months.

While in protective custody, the supervisor stated, inmates would have access to phone calls, store, education/programs and the counselors would bring the assignments to them, access to medical services on a daily basis and to a doctor and/or physician's assistant twice a week, visitation and exercise. He also related if in PC, the inmate could have his tablet with him.

Inmates who score high for being a victim are placed in safe dorms. If they were at risk, they may be placed in either voluntary or involuntary protective custody for their protection. Interviews indicated they would have to investigate to ensure the incident was not "gang related" or that there were others

involved prior to moving the inmate into the population again. The continued need for involuntary protective custody is assessed by the hearing committee. A designated counselor oversees hearings to decide the continued need for PC, if used.

## 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)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  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

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This standard is rated exceeds because the Georgia Department of Corrections(GDC) provides not only multiple ways to report, but also allows inmates of the Autry State Prison to have personal Tablets enabling them to report allegations of sexual abuse with privacy and anytime they decided to without anyone knowing. They can do this by emailing the PREA Unit with one click and sending an email to family or others and requests to staff. Additionally, they have access to KIOSKS that enable them to report via a request to staff or by emailing the PREA Unit or emailing friends or family on their approved list. PREA phones are in every living unit/pod with instructions for dialing. In addition to reporting outside the facility to the Ombudsman, inmates may report to Victim Services, the PREA Unit, the Lily Pad Rape Crisis Center and via the agency’s TIP Line.

**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; Twenty-six (26) Investigation Packages.

**Interviews:** Forty-seven (47) inmates, both randomly selected and targeted inmates; Seventeen (17) randomly selected staff from the prison representing a cross section of positions; Thirty (30) Specialized Staff.

**Observations:** Kiosks in each dormitory; Phones in each dorm with dialing instructions; Testing a PREA Phone, Inmates with Tablets; Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse; mobile phone and kiosk for inmates in segregation.

**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 to 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, to the Director of Victim Services. The addresses to the Statewide PREA Coordinator, Ombudsman, and Director of Victim Services are provided and the phone number to the Ombudsman is given.

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 custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Consular 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.

Thirty-four reviewed investigation packages confirmed that fifteen (15) allegations were made via the Hotline. In these situations, the inmate provided identifying information. Seven (7) calls to the hotline were anonymous. The remainder were made through written statements, telling a staff, writing the Victim Services, and calling the TIP Line.

Inmates have access to visitation, to make phone calls, to visitation with their legal counsel if they have one, phone calls to their legal counsel, to communicate via legal correspondence, to drop a note to any staff, file request forms to see medical, their counselors or others.

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

The Georgia Department of Corrections has not only provided multiple ways to report but have also given inmates tools with which to report. These tools include a phone for reporting, a KIOSK for reporting to the GDC PREA Unit and to family and friends on their approved visitors list, access to filing a grievance via the KIOSK, phones with instructions for dialing to report an allegation of sexual abuse, grievance forms, request forms to contact medical and the administration and a TABLET enabling inmates to email, file a grievance, and to email the GDC PREA Unit with one click.

**Discussion of Observation and Testing Processes:** The GDC has installed at least one or more KIOSKS in each dorm. On the KIOSK, according to staff and interviewed inmates, the inmate can access the resident handbook, notify the GDC PREA Unit, email facility members and/or friends on their approved visitors list and access video visitation. In addition to the KIOSK, the department issues a TABLET to each inmate enabling him to participate in educational programming but also from the TABLET, the inmate can email the PREA Unit with one touch, and email requests to staff and/or friends on their approved visitation lists. A mobile phone and kiosk were observed in the segregation unit.

Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. The auditor tested a PREA Phone to see if an inmate could contact the PREA Unit with the posted instructions. The phone worked as stated and the auditor was able to leave a message that was later confirmed by the PREA Unit Operations Analyst.

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 7732
- 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)

Inmates 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). Reviewed investigation packets indicated inmates were aware of how to use the PREA Hotline for reporting. Inmates confirmed receiving the PREA Pamphlets.

The Agency's PREA Coordinator and Assistant PREA Coordinator were asked to place calls using the PREA Hotline to test the phones. An email from the PREA Unit's PREA Analyst, documented that the calls were received.

The reviewed investigation packages (26) documented that inmates reported primarily by using the JPAY email to email the PREA Unit, tell a staff, write a statement or note and one inmate called the GDC Tip Line.

### **Discussion of Interviews:**

Interviews with 47 inmates at the prison, randomly selected and targeted confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named two to three ways to report. They most often mentioned they would report using the phone (hotline), tell a staff or tell a family member. They did acknowledge they have access to the KIOSK for reporting and that they have tablets that they can use to email family and friends on their approved list as well as sending an email to the GDC PREA Unit. They also have access to a phone to call their family. Visitation is offered as well enabling further contact for reporting, if needed.

## **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.)  Yes  No  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.)  Yes  No  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 (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.)  Yes  No  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.)  
 Yes  No  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.)  Yes  No  NA

### 115.52 (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.)  Yes  No  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.)  
 Yes  No  NA

### 115.52 (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.)  Yes  No  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.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 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 Autry State Prison 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, Inmate Grievances, Twenty-six (26) investigation packages for investigations from 2017; reviewed forty (40) grievances.

**Interviews:** Grievance Officer; Randomly selected staff; Randomly selected inmates; PREA Compliance Manager, Warden, PREA Compliance Manager, 47. Inmates, Randomly selected staff and Special category staff.

### **Discussion of Policies and Documents:**

The facility reported ten (10) grievances filed alleging sexual harassment or sexual abuse. The grievances were reviewed and all of them were referred to the Sexual Assault Response Team for investigation, as required in policy. The auditor reviewed 61 grievances and none of them were PREA related. The following represents the reviewed grievances: Food Service (1); Conditions of Confinement (4); Assessment and Classification (6); Medical (13); Counseling (1); Finance (1); Property (19); Commissary (4); Staff Negligence (2); Sentence (3); Mental Health (1); Force (1); Religion (2); Laundry (2) and Detail (1).

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 from 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 policy, 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 reviewed twenty-six (26) investigation packages representing investigations from 2017 and 2018. None of the investigations documented a report made via the grievance process. Documentation indicated the grievance were turned over to the SART the same day as the date of the grievance. All the grievances were investigated as required.

#### **Discussion of Interviews:**

An interview with the grievance officers 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. Three interviewed members of the SART confirmed that process. 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 inmate's counselor.

### **Standard 115.53: Inmate access to outside confidential support services**

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

##### **115.53 (a)**

- 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?  Yes  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?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

##### **115.53 (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?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  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:** GDC Policy 208.6, PREA, MOU with Gwinnett Sexual Assault and Children's Advocacy Center; Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification, Memo designating staff advocates; Posters with outside reporting numbers and addresses; Inmate Handbook.

**Interviews:** PREA Compliance Manager, PREA Coordinator, Counselors, forty-seven (47) interviewed inmates; Staff Advocate at the Gwinnett Sexual Assault and Children's Advocacy Center.

### 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 facility has attempted to get a MOU with the Lily Pad Rape Crisis Center in Albany, Georgia. The Lily Pad has approved the MOU however MOU's have to be approved by the GDC Legal Department and that is where the MOU is at this time. The auditor contacted the Lily Pad Rape Crisis Center in Albany, Georgia, a member of the Rape Abuse and Incest National Network to determine the interactions, if any, the center has had with Autry State Prison Center. Staff at the center was able to respond to the auditor's questions. The center has not received any calls or correspondence from any of the inmates at the prison. The Lily Pad Rape Crisis Center provides multiple services to victims of rape/sexual assault. The MOU with Autry State Prison, dated July 17, 2017 confirms that the organization will provide a hotline number enabling inmates from Autry State Prison to contact the center 24/7 to talk with a staff member who can access an advocate if an advocate is not manning the phone. The Lily Pad Center offers forensic exams by a Sexual Assault Nurse Examiner, advocacy and other services. These include accompaniment during the forensic exam by an advocate, crisis intervention and follow-up.

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 custody status or occurrences to the Vienna Convention on Consular Relations. Inmates will be provided information on how to access Foreign Consular 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.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  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:** Georgia Department of Corrections Policy, 208.6, PREA; The Autry State Prison Pre-Audit Questionnaires; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Twenty-Six (26) 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; PREA Related Posters

**Interviews:** Randomly selected and Special category; Randomly Selected Staff; PREA Compliance Manager; Warden; Superintendent

**Observations:** Review of the Agency's Website

**Discussion of Policy and Documents:** The Georgia Department of Corrections and the Autry State Prison provides multiple ways 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](mailto: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.

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 twenty-six (26) of the incident and investigation reports for 2017-2018. Most of the reports were made by emailing the PREA Unit, telling a staff and several indicated their families could make a report for them. There was one allegation made by a third party, another inmate.

**Discussion of Interviews:** Staff at both facilities were asked to name the ways inmates could report allegations of sexual abuse. Most of the staff named third parties as ways for reporting. They understood third parties could be friends, relatives, and other inmates. They also indicated, in their interviews, that they would accept a report from any source, including third parties. They also stated they would treat it like any other allegation. They would report it immediately to their immediate supervisor and document the report either on a statement or an incident report.

Inmates at the prison have access to email through their issued TABLET or through the KIOSK. They can email anyone on their approved visitors list; they can video visit via the KIOSK and send an email to the GDC PREA Unit.

Interviewed inmates reported they would most likely report to a staff or call the hotline. When asked if a family member or someone outside the facility could make a report for them, they indicated they could.

## 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**

#### 115.61 (a)

- 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)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- 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*)

#### Instructions for Overall Compliance Determination Narrative

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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 twenty-six (26) investigation reports for 2017-2018; reviewed grievances filed in 2017, reviewed incident reports for 2017-2018.

**Interviews:** PREA Coordinator; PREA Compliance Manager; SART Leader; Randomly selected staff; Registered Nurse, Two mental health professionals; Investigator; and Warden; Randomly selected inmates and Targeted inmates;

**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.

The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement affirms staff's understanding they are to report anything they witness or that is reported to them. Multiple examples of their acknowledgement statements were provided.

In the prevention mode, 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.

Staff are trained to report all allegations, including suspicions. They receive this training in multiple venues including pre-service training, Basic Correctional Officer Training, Annual In-Service Training, periodic refresher trainings during shift briefing, and specialized training opportunities for the SART, investigators, medical and mental health staff.

Twenty-six (26) reviewed investigation reports documented reports being received and reported via a grievance, email, PREA hotline, statements handed to staff, and multiple verbal reports, including a third-party report, made to staff. Staff, including correctional staff and counseling staff, on receiving a verbal report or allegation of sexual abuse or sexual harassment, immediately reported the allegations that were followed up with a memo. All of these were reported and referred for investigation as required.

**Discussion of Interviews:** Staff were well versed in their duties as first responders. They consistently asserted that if they were the first person to become aware an inmate had been sexually assaulted, they would immediately separate the alleged victim and alleged aggressor, notify their immediate supervisor, advise the alleged victim not to drink, eat, change clothes, shower, or do anything that

would destroy the potential evidence. Staff said they would ensure the inmate was taken to medical and the area sealed off and a log used to document anyone going in or out of the area.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- 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*)
- 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 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Memo from the Warden asserting that there have been no inmates placed in involuntary segregation or protective custody or for being at risk of imminent sexual abuse.

**Interviews:** Warden; Grievance Officer; PREA Compliance Manager; Staff Supervising Segregation; Interviewed Randomly Selected Staff (17); Specialized Staff (30); Randomly Selected Inmates (28) and Targeted Inmates (19)

**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 placed 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 Warden identified safe housing for inmates. The safe housing for victims or potential victims is E-7 A/B.

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 Warden, 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.

Staff stated if an inmate was at risk of imminent sexual abuse they would immediately remove the inmate from the threat and contact their immediate supervisor. When asked where the inmate might be placed, staff said the inmate could be placed temporarily in intake or medical and in a safe dorm or in protective custody if the inmate requested it. They all said they would take all allegations seriously and would keep that inmate with them until the supervisor decided where best to place the inmate to keep him safe.

An interview with the Grievance Officer confirmed there were no grievances alleging imminent sexual abuse during the past twelve months. The auditor reviewed sixty-one (61) grievances. None of the reviewed grievances alleged that an inmate was at risk of imminent sexual abuse.

None of the interviewed residents stated they had ever been at risk of imminent sexual abuse or placed in involuntary segregation or protective custody for being a victim or at risk.

The auditor requested all the grievances for the past twelve (12) months. The facility generated a computer-based inquiry and documented that there have been no grievances filed during the past twelve months.



## 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)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  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:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire;

**Interviews:** Warden; Deputy Warden; 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 and interviews with the Warden, Deputy Warden, and PREA Compliance Manager confirmed there were no allegations received from other facilities that an inmate was sexual abused or sexually harassed while at the Autry State Prison. The Pre-Audit Questionnaire indicated the Transition Center has not had any allegations of sexual abuse made at another facility that an incident of sexual abuse occurred at the Transition Center and vice versa.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager and the Warden 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 their facility was sexually abused at this prison, they would initiate an investigation and cooperate with any investigation.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- 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?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

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**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Investigations 2016-2017; Mem from Warden Designating SART Members; Certificates of Completion, "Evaluation and Treatment of Sexual Assault"; Reviewed Twenty-Six (26) investigation packages.

**Interviews:** Two (2) SART Members; Seventeen (17) randomly selected staff from the prison; Thirty (30) Specialized Staff, including non-uniform staff first responders; Health Services Administrator, Director of Nursing; Registered Nurse; Investigator; PREA Compliance Manager;

**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 local protocols, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Warden's/Superintendent's Notification, the actions of the Sexual Assault Response Team Leader, medical involvement and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART Team Leader-Security, the Counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan.

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured and notify the Office of Professional Standards investigators would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

Twenty-six (26) reviewed investigation packages contained the Sexual Abuse Response Checklist. These were completed for each investigation regardless of whether it was a harassment allegation or a sexual abuse allegation.

#### **Discussion of Interviews:**

All staff, including the non-security staff, are potential first responders. All the interviewed staff, including medical and other non-security staff (counselors, Warden, PREA Compliance Manager etc.) described the actions they would take in response to a sexual assault. Consistently they reported they would first separate the victim from the alleged aggressor and keep the victim safe. They would report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. 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.

## **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*)
- 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); Twenty-six (26) reviewed investigation packages, PREA Medical Log; PREA Monthly Reports

**Interviews:** Seventeen (17) random staff; Thirty (30) Specialized Staff; Staff informally interviewed; Director of Nursing; Twenty-Eight (28) random inmates; Nineteen (19) Targeted Inmates.

**Policy and Documents Review:** 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 Autry State Prison's Coordinated Response Plan in a document entitled: PREA Reporting Process.

The local protocol, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Warden's Notification, the actions of the Sexual Assault Response Team Leader, medical involvement and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART Team Leader-Security, the Counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan. The plan went out to all staff from the Warden.

The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders.

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured

and notify the Office of Professional Standards investigators would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

The SART Leader arranges for immediate medical examination. Medical conducts an initial assessment to determine if the inmate needs immediate medical intervention and to treat these. Medical staff contact the SANE if needed. Again, specific duties of each of the SART members are described. These include the specific responsibilities for the SART Team Leader, Counselor and Health Services.

The plan also is specific in the steps to be taken by each specific member of the SART; Team Leader, Medical Team Member and counselor/advocate.

The Office of Professional Standards investigator will continue the investigation following GDC Policy.

A review of all the investigation reports for 2017 documented the staff's responses upon being notified of an allegation of sexual abuse.

**Discussion of Interviews:** All the interviewed staff articulated the actions they would take as a first responder. All units including security, medical, mental health, SART, and the administration explained their roles and responses to an allegation of sexual assault. The facility has a Sexual Assault Response Checklist and a Notification Form, similar to notifications in a traditional emergency plan.

## **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 abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.66 (b)**

- 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

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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:** Warden; Statewide PREA Coordinator; PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).

#### Discussion of interviews:

Interviews with the Statewide PREA Coordinator, Warden, PREA Compliance Manager; Superintendent and previous interviews with the PREA Coordinator serving as the Agency Head's Designee confirmed that Georgia is a Right to Work State and employees are all non-union and none involved in any form of collective bargaining. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  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?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  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, does 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**

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- 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:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Twenty-six (26) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form)

**Interviews:** Retaliation Monitor for Autry State Prison; Retaliation Monitor for Autry State Prison; Warden; PREA Compliance Manager; Superintendent

### **Discussion of Policy and Documents Review:**

DOC 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 twenty-six (26) investigation packages. Packages consistently contained the GDC Retaliation Monitoring Sheets. These documented 30, 60 and 90-day checks.

**Discussion of Interviews:** The retaliation monitor for the Autry State Prison is master's Level Rehabilitation Counselor. An interview with her indicated that inmates are told, during intake/orientation who the staff advocate is and who the retaliation monitor is. She related that if indicated, she would recommend the offender victim or threat be placed in a separate campus, east or west to separate them or to place the aggressor in segregation and keep the alleged victim out; or have one transferred and the other to remain at the facility. If it is a staff she indicated the staff would be separated so as not to have any contact with the inmate. Again, she said they could be separated by campus, east or west, placed in control, or transferred to another facility. Things she would monitor include: DRs, detail changes, dorm moves and that she would monitor retaliation and document that monitoring every 30, 60 and 90 days and extend it beyond 90 days and there would be no "cut off" time.

## Standard 115.68: Post-allegation protective custody

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

### 115.68 (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

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- 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:** 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; Memo from Warden Stating there were no inmates housed in involuntary segregation because of sexual assault or sexual harassment.

**Interviews:** Warden, PREA Compliance Manager; Randomly Selected and Special Category Inmates; Staff Supervising Segregation; Randomly Selected and Specialized Staff.

#### **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.

#### **Discussion of Interviews:**

Interviews with staff, including the Warden, Deputy Wardens, PREA Compliance Manager and other staff indicated inmates are placed in Protective Custody when requested by the inmate. All the interviewed staff believed involuntary protective custody would be used only as a last resort. Staff stated inmates can be placed in another dorm, on another campus on the prison grounds (east or west); or transferred to another facility. Staff did indicate an inmate may initially be placed in a single cell in medical or temporarily in involuntary segregation while the SART attempts to determine what happened and how extensive the threat may be.

he Superintendent, in an interview related there have been no occasions in the past 12 months where a resident required protective custody. If a resident requested protective custody or if the resident required involuntary protective custody to protect him, protective custody would be at the prison.

## **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)**

- 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).]  Yes  No  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).]  Yes  No  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)

- 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?  Yes  No
- 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?  Yes  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?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  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?  Yes  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?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  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?  Yes  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 (l)

- 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 an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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- 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:** Georgia Department of Corrections Policy, 208.6, G. Investigations; Twenty-six (26) Investigation Packets, Twenty-six (26) Use of Force/Serious Incident Report Cover Sheets; Twenty-six (26) Incident Reports; Twenty-six (26) Supplemental Reports; Twenty-six (26) Investigative Officer's Reports; Twenty-six (26) Sexual Abuse Response Checklists; Witness Statements; List of Hotline Calls for the past 12 months; Documentation of referral and completion of mental health follow-up; Twenty-six (26) Notifications to Inmates of the Outcome of Investigations; Twenty-six (26) Sexual Abuse Incident Reviews; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manager; Facility-Based Investigator, SART Members; Previous interview with a Special Agent (OPS).

**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.

A review of twenty-six (26) investigation packages consistently contained the following:

- 1) Incident Report
- 2) Supplemental Report
- 3) Serious Incident Report
- 4) Witness Statements

- 5) Sexual Abuse Response Checklists (completed for all allegations, including sexual harassment)
- 6) Notification of Results of Investigation
- 7) Referrals to Mental Health
- 8) Incident Reviews

The twenty-six (26) reviewed investigation packages documented that most allegations were made using JPAY to email the PREA Unit or via the PREA Hotline. The second most common way for reporting was to report to a staff. Two (2) of the allegations were made via written notes or statements and one (1) via the Georgia Department of Corrections TIP Line. In addition to the sampled investigations for review, there was an additional Ten (10) reports made via grievances. The grievances were turned over to the SART for investigation.

The reviewed narratives of the investigations documented staff receiving reports and reporting them immediately to the SART Leader, regardless of what the allegation was. All the twenty-six allegations appeared to have been taken seriously and reported immediately and investigated expeditiously.

One of the reviewed investigations alleged that an inmate digitally penetrated his anus. Staff took the inmate to medical where the Sexual Assault Nurse Examiner was contacted. The SANE conducted a forensic exam and turned over the Sexual Assault Kit to the security staff. Preliminary exams did not indicate any outward or visible signs of penetration. The SANE still conducted the detailed forensic exam.

Of the twenty-six (26) investigations reviewed, one (1) was substantiated, Twenty, (20) were unsubstantiated, and four (4) were unfounded. One of the allegations, the allegation of digital penetration, was referred to the Office of Professional Standards for investigation.

At least 90% of the allegations were alleging inappropriate comments made by inmates primarily with some allegations that staff called inmates inappropriate names.

Investigations were timely and essentially consisted of taking witness statements because there was no camera coverage and if there had been camera coverage they would have been of little value because the allegations were basically "he said, she said".

**Discussion of Interviews:** An interview with a facility-based investigator confirmed the Sexual Assault Response Team will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. The investigator was knowledgeable of the investigative process and indicated she takes every allegation seriously and investigates them all the same regardless of the allegation or who made the allegation.

If an allegation of sexual assault is substantiated or it's obvious that a potentially criminal act has occurred, the Warden will call in the Office of Professional Standards Special Agent.

Investigations continue even if a staff terminates employment prior to the investigation being over and continues if the inmate moves to another facility or leaves this facility.

When the SART reviews the evidence, a decision is made based upon the preponderance of the evidence.

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

The Pre-Audit Questionnaire and interviews with random and specialized staff as well as random and targeted inmates confirmed there have been no allegations of sexual assault during the past 12 months.

## 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; Twenty-six (26) Investigation Packages.

**Interviews:** Warden, PREA Compliance Manager; Facility-Based Investigator; SART Members.

**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.

**Discussion of Interviews:** The SART Investigators related that the standard of investigation used 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 an 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.)  Yes  No  NA

#### 115.73 (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?  Yes  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?  Yes  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?  Yes  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?  Yes  No

#### 115.73 (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?  Yes  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?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (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:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed 26 investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

**Interviews:** Warden, Superintendent; PREA Compliance Manager; Sexual Assault Response Team Leader; Facility-Based Investigator

**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.

The auditor reviewed 26 investigation packages. Notifications were provided in 26 of 26 investigation packages, as required.

**Discussion of Interviews:** Interviews with the SART Leader and other members of the SART confirmed the SART would be responsible for notifying a resident of the outcome of an investigation. Notification is documented on the GDC Notification Form, Attachment 5, GDC 208.6. The Warden, in an interview, confirmed the notification process.

## 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?  Yes  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)?  Yes  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*)
- 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:** 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; Reviewed Twenty-six (26) Incident reports and investigation reports.

**Interviews:** PREA Compliance Manager; Warden; Seventeen (17) Randomly Selected Staff at the prison; Thirty (30) Specialized Staff

**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 asserts 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 multiple PREA Acknowledgment Statements signed by employees and contractors.

The auditor reviewed 26 Investigation Packages. These documented inappropriate comments allegedly made by staff but not repeated and none of the allegations of staff's alleged comments were substantiated.

Reviewed investigations confirmed that if a staff was named in an allegation, the staff was placed in another area of the prison to be out of contact with the inmate.

**Discussion of Interviews:** Interviews with administrative staff indicated that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. If a staff was involved in an allegation of sexual abuse the staff would be placed on no-contact 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.

## 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?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  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:** 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 twenty-five (25) Incident Reports and Investigation Packages.

**Interviews:** PREA Compliance Manager; Warden; SART Leader; Volunteer Coordinator; Facility-Based Investigator

**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 asserts 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 as well through interviews with the Warden, PREA Compliance Manager, and SART Leader. Twenty-five (25) investigation packages documenting allegations made during 2017 were reviewed. None of the reviewed investigation packages contained any allegations against a contractor or a volunteer.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager; SART Leader and Warden indicated that they have not had any allegations made against a volunteer or a contractor in the past twelve (12) months. The Warden 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 prison and would have no contact at all with any inmate. She 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)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### 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

*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; Reviewed Investigation Reports.

**Interviews:** Warden; Superintendent; PREA Compliance Manager; SART Leader; SART Members; Staff Supervising Segregation

**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 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.

The Pre-Audit Questionnaires for the prison and transition center documented there were no inmates or residents subject to disciplinary action during the past twelve (12) months. The allegations made by inmates, according to the Sexual Assault Response Team were unsubstantiated or unfounded therefore disciplinary sanctions could not be imposed.

**Discussion of Interviews:** Interviews confirmed that if an inmate had been involved in a violation of any agency sexual abuse policy, the inmate could be subjected to possible criminal prosecution and depending on the charge or violation, the inmate will be disciplined according to the inmate disciplinary code.

## 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)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- 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?  Yes  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

#### 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:** GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Pre-Audit Questionnaires; Victim/Aggressor Assessment; Referrals to Mental Health (10).

**Interviews:** Health Services Administrator, Director of Nursing; Mental Health Counselors; Staff Conducting Victim/Aggressor Assessments; Warden.

**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. The auditor reviewed referrals to mental health for inmates alleging sexual abuse or sexual harassment, including prior victimization. The referral process is expedited by the fact the mental health staff conduct the victim/aggressor assessments during the intake process. Prior to the provision of services, based on referrals, documentation, including Informed Consent/Confidentiality Forms, are explained and signed by inmates.

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. Reviewed investigation files consistently had documented referrals to mental health at Central State Prison.

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.

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

Staff provided referrals to mental health for every inmate making an allegation of sexual abuse or sexual harassment. Documentation was in the form of a case history note documenting the referral and another case note documenting that the inmate received the follow-up with mental health.

General Population Counselors did not confirm they are offering a follow-up with mental health when a resident discloses prior victimization during the initial victim/aggressor assessment. Medical staff and mental health staff, ask about prior victimization during their screening however the GP counselors did not indicate they refer prior victims to mental health or offer it to them if they needed it. A corrective action plan was developed and implemented, and staff were trained on the procedures for ensuring inmates disclosing prior victimization are offered a follow-up with mental health. The training lesson plan was provided as well as a roster signed by the counselors documenting the training received. (See Corrective Actions)

**Discussion of Interviews:** Interviews with medical and mental health counseling staff indicated inmates are screened for prior victimization. Policy requires, and staff, stated in interviews, if the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

## 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 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?  
 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
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 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:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; 26 Reviewed Investigation Packages.

**Interviews:** Health Services Administrator, Director of Nursing; Registered Nurse; Interviews with Seventeen (17) Randomly Selected Staff; Security and Non-Security First Responders; Thirty (30) Specialized Staff, and interviews with Inmates who reported prior sexual abuse;

### Discussion of Reviewed Policies and Documents:

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.

The facility provided the Medical PREA Log maintained by medical staff. This document logs the date of the incident, reported within 72 hours, Transport to ER, Inmate consent signed, SANE notified, Time notified, Date Exam scheduled, Date exam completed, time SANE arrived, Sane Conducting the Exam, Company Chain of Command for Rape Kit, and Date the rape kit is accepted by security.

Emergency crisis intervention from mental health is available at Autry State Prison.

The reviewed investigation packages documented referrals and case notes documented that the inmates were seen by mental health following an allegation.

#### **Discussion of Interviews:**

One of the interviewed medical staff, a registered nurse, said, if an inmate says it happened, I assume it happened. Staff indicated they would use their nursing protocol, PREA Protocol and conduct a primary assessment, and attempt to protect the evidence. If there was penetration, the staff stated the SANE would be called to conduct a forensic exam. An interview with the Health Service Administrator described essentially the same process. If there were emergent needs as a result of sexual assault, the inmate would go to the Mitchell County Hospital.

Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination.

### **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.)  Yes  No  NA

#### 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)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.83 (h)

- 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

#### 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:** Procedure for Sane Nurse Evaluation/Forensic Collection; facility specific coordinated response plan (Local Procedure Directive); Pre-Audit Questionnaire; Memo from the Health Service Administrator re: Inmate Access Free; Twenty-six (26) reviewed investigation packages.

**Interviews:** Health Services Administrator, Director of Nursing; Registered Nurse; PREA Compliance Manager; Warden; Mental Health Administrator.

**Policy and Document Review:** 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). This plan requires each victim receive a mental health evaluation within 24 hours.

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.

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.

The auditor reviewed twenty-six (26) investigation packages. The auditor requested, and the facility provided documentation to confirm the inmates as well as a sample of those reporting prior sexual victimization during intake were referred to mental health as required. Inmates have the option to refuse the follow-up and if so staff document that as well.

**Discussion of Interviews:** Interviewed medical staff explained medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination.

## 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)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 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
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  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 Document 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; GDC Incident Review Forms (26); Investigation Packages (26); Pre-Audit Questionnaires for the prison and transition center.

**Interviews:** Warden, Deputy Warden, PREA Compliance Manger; SART Leader, Facility-Based Investigator; Medical staff.

**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. The Warden provided a memo designating the members of the SART for the Prison.

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. This information is documented on the Sexual Abuse Incident Review Checklist. The second page of the review documents any corrective action for

improvement or the reason for not doing so. Lastly, the Warden documents the review and comments as well as documenting the date the review was sent to the 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).

The auditor reviewed twenty-six (26) investigation packages. Incident reviews are documented as required. They are documented on the GDC Incident Review Form that documents consideration and review of each of the required items in the PREA Standards and in GDC Policy.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager/Deputy Warden for Care and Treatment, Warden, Medical and Mental Health Staff and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation.

The PREA Compliance Manager related and reviewed investigations contained Sexual Abuse Incident Review Checklist that is used to guide the team in their review. The forms included the following: 1) Did the allegation or investigation indicate a need to change policy or practice to prevent, detect, or respond to sexual abuse; 2) Did the allegation or investigation indicate a motivation by race, ethnicity, gender identify, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 3) An examination of the area in the facility where the incident allegedly occurred was assessed to determine whether physical barriers of the area may enable abuse; 4) In the area where the incident allegedly occurred was there adequate staffing levels in that area during different shifts; and 5) In the area where the incident allegedly occurred should monitoring technology be deployed or augmented to supplement supervision by staff. The form documents any recommendations for improvement (corrective actions) as well as any reasons for not implementing them. It also documents the Warden/Superintendent Review and is signed by either the Warden or Designee.

## 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?  Yes  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

### 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.*

This standard is rated exceeds because of the sophisticated reports the PREA Analyst generates in support of the PREA Audit process. 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 residents/inmates for the auditor prior to each audit, enabling the auditor to identify residents 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. Where names are associated with the hotline calls, these are provided to the auditor. At each facility the auditor collects the Monthly COMSTAT Reports submitted to the GDC,

documenting multiple areas of facility operations, including major incidents. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

**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/COMSTAT; 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 residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30<sup>th</sup>.

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 Transition 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 residents; lists of residents disclosing prior victimization (when available), as well as an email documenting the names of residents contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify residents/residents 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**

#### **115.88 (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?  Yes  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?  Yes  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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.88 (b)**

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse  Yes  No

#### **115.88 (c)**

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### **115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  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:** Investigation Packages (26); Incident Reviews Georgia Department of Corrections 2016 Annual Report; Agency Website.

**Interviews:** PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator.

**Policy and Document Review:** 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 twenty-five (25) 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.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

- 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)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  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

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*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, VI. Record Retention of Forms Relevant to this Policy; Pre-Audit Questionnaire.

**Interviews:** Previous Interview with Agency's Statewide PREA Coordinator; PREA Compliance Manager; Superintendent, Warden.

**Policy and Document Review:** 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**

#### 115.401 (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.)  
 Yes  No  NA

#### 115.401 (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?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  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 Document Review:** 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.

The auditor was provided complete and unfettered access to all areas of the prison at any time the auditor requested it. Staff appeared forthcoming and credible and provided the auditor with anything requested. Space, in an office, was provided for the auditor to conduct interviews with complete privacy. Private space was also provided for the assisting auditor for interviewing inmates. When additional documentation was requested, it was provided expeditiously.

The auditor received information on the flash drives prior to the on-site audit. The flash drives primarily contained policies and examples of forms used by the GDC, subsequently the auditor requested and received completed documentation and samples of documentation as requested. The prison promptly provided whatever was asked for by the auditor and following the on-site audit, as information was requested, the PREA Compliance Manager and the PREA Coordinator provided it, and again, expeditiously.

The PREA Notice was observed posted in virtually every area of the facility and throughout the Transition Center. 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 inmates and staff. None of the residents 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.

## **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*)
- 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.*

The GDC 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.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier  
**Auditor Signature**

April 19, 2018  
**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.