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

☐ **Interim** ☒ **Final**

Date of Report November 12, ,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:** October 18-19, 2018 2 Certified PREA Auditors

Agency Information

Name of Agency: Georgia Department of Corrections		**Governing Authority or Parent Agency** *(If Applicable)*: N/A	
Physical Address: 300 Patrol Road		**City, State, Zip:** Forsyth, Ga. 31029	
Mailing Address: P.O. Box 1529		**City, State, Zip:** Forsyth, Ga 31029	
Telephone: 404-656-4661		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Agency mission: The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.

Agency Website with PREA Information: http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS

Agency Chief Executive Officer

Name: Gregory Dozier	**Title:** Commissioner
Email: Gregory.dozier@gdc.ga.us	**Telephone:** 478-992-5374

Agency-Wide PREA Coordinator

Name: Grace Atchison	**Title:** Statewide PREA Coordinator
Email: grace.atchison@gdc.ga.gov	**Telephone:** 678 322 6066
PREA Coordinator Reports to: Office of Professional Standards, Director of Compliance	**Number of Compliance Managers who report to the PREA Coordinator** 88

Facility Information

Name of Facility: Bacon Probation Detention Center			
Physical Address: **165 E. Eastside Industrial Blvd Alma, GA. 31510**			
Telephone Number 912-632-8157			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
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: Georgia Department of Corrections			

Warden/Superintendent

Name Wade Chancey	**Acting Superintendent**
Email: wade.chancey@gdc.ga.gov	

Facility PREA Compliance Manager

Name: Brandi McNeill	
Email: brandi.mcneill@gdc.ga.gov	**Telephone: 912632-8157**

Facility Health Service Administrator

Name Terry Wilson	**Title:** HSA
Email: terry.wilson@gdc.ga.gov	**Telephone: 912-285-6400**

Facility Characteristics

Designated Facility Capacity 221	**Current Population of Facility: 218**	
Number of inmates admitted to facility during the past 12 months		**851**

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				**833**
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				**851**
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				0
Age Range of Population:	**Youthful Inmates Under 18: N/A**	**Adults: 18 Up 218**		
Are youthful inmates housed separately from the adult population?		☐ Yes	☐ No	☐ NA
Number of youthful inmates housed at this facility during the past 12 months:				N/A
Average length of stay or time under supervision:				60-90 Days
Facility security level/inmate custody levels:				**Minimum**
Number of staff currently employed by the facility who may have contact with inmates:				**73**
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				**22**
Number of contracts in the past 12 months for services with contractors who may have with inmates:				4

Physical Plant

Number of Buildings: 8	**Number of Single Cell Housing Units 2**
Number of Multiple Occupancy Cell Housing Units:	**0**
Number of Open Bay/Dorm Housing Units:	4
Number of Segregation Cells (Administrative and Disciplinary:	4
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.):	

Medical

Type of Medical Facility: Contracted non-Critical thru Augusta University.	Contacted though Augusta
Forensic sexual assault medical exams are conducted at:	Ware State Prison

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	3
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	88

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 Bacon County Probation Detention Center located in Alma, Georgia, was forwarded to the Georgia Department of Corrections PREA Coordinator, six weeks prior to the on-site audit, for posting in the Probation Detention Center. Documentation was provided confirming posting the notices in areas accessible to staff, residents, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting.

Pre-Audit Questionnaire/ Flash Drive Review: The Facility's PREA Compliance Manager was forwarded a flash drive 30 days prior to the on-site audit. The reviewed flash drive contained the Pre-Audit Questionnaire, policies and procedures, local operating procedures, memos, and other documentation specific to facility operations and PREA as implemented in that facility. The scope of the flash drive indicated the PREA Compliance Manager had taken a lot of time in preparing it and presenting it to the auditor. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator, Assistant PREA Coordinator and the PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available.

Communications with the PREA Compliance Manager were ongoing and a lot of the requested information was submitted to the auditor prior to the on-site audit. When there were questions or clarifications the auditor and the PREA Compliance Manager communicated.

On-Site Audit Activities

The audit of the Bacon County Probation Detention Center was conducted by two Certified Auditors, Robert Lanier, Lead Auditor and Robert Latham, Associate Auditor. The auditors arrived at the facility, Thursday, October 18, 2018 and were met by the PREA Compliance Manager, who is a Correctional Officer, the Assistant Superintendent, Chief of Security, Shift Supervisor and the Georgia Department of Corrections Assistant PREA Coordinator. The Agency's Statewide PREA Coordinator arrived later and was interviewed by the Lead Auditor. Following introductions and a brief overview of the process, the Associate Auditor was provided an alpha roster from which he randomly selected probationers to interview. Additionally, he secured a list of targeted probationers to interview as well. The PREA Compliance Manager was proactive and provided the auditors with lists of detainees who scored out as potential victims or potential aggressors as a result of the victim/aggressor assessments. Additionally, the Georgia Department of Corrections PREA Analyst, prior to the audit provided the lead auditor with a

list of all detainees who identified as LGBTI and who had been identified previously as having had a history of prior sexual abuse. A list of disabled detainees was also provided by the PREA Analyst.

The Associate Auditor began interviewing probationers while the Lead Auditor was accompanied on a complete site review of the entire facility by the Assistant Superintendent, PREA Compliance Manager, Assistant Statewide PREA Coordinator, Chief of Security and Shift Supervisor. After the site review, the Lead Auditor selected specialized staff to interview and from a list of all staff selected random staff to be interviewed. Randomly selected staff included a cross section of staff to include security, food service, counseling staff, and administrative staff.

Selection of Staff and Inmates: This audit was conducted by two certified auditors. One of the auditors interviewed residents while the other interviewed staff. Probationers were selected from an alpha roster and from a list of targeted probationers. Detainees who were selected included a cross section of detainees representing every living unit and program. The selection included Seven (7) Caucasian Detainees, Seven (7) African American Detainees and One (1) Hispanic Detainee.

Staff were selected from the facility staffing rosters. A cross section of staff were selected to be interviewed and included day shift staff, overnight staff, split shift staff, general population counselors, staff from the business office and food service staff.

(12) Randomly Selected Staff:

The auditor randomly selected twelve (12) staff representing a cross section of the staff. The sample included the following:

- Eight (8) Correctional Staff
- One (1) Food Service Manager
- One (1) Staff from the Business Office
- One (1) General Population Counselor
- One (1) Unit Manager

(**25) Specialized Staff included the following:**

- Previous interview with Agency Head Designee
- Previous Interview with Agency Contract Manager Designee
- Previous Interview with the Agency PREA Coordinator
- Previous Interview with the Agency Assistant PREA Coordinator
- Assistant Superintendent (The Superintendent was recently promoted to Warden of a State Prison)
- PREA Compliance Manager
- (1) Human Resource Staff
- (2) Staff Conducting Unannounced Rounds
- (1) Contractor
- (1) Staff Conducting Intake
- (1) Staff Conducting Orientation
- (2) Staff Conducting Victim/Aggressor Assessments
- (1) Medical Staff
- (1) SANE Nurse
- (1) Clinical Programs Coordinator SE and SW Region, Augusta University, Correctional Healthcare Division

- (1) Mental Health Staff
- (1) Qualified Staff Victim Advocate
- (1) Facility-Based Investigator
- (1) Staff supervising segregation
- (1) Retaliation Monitor
- (1) Staff representing the Incident Review Team
- (1) Volunteer Coordinator
- (1) Volunteer

(20) Randomly Selected Residents (15 Random Only; 5 Targeted; Completed the Random Interview Questions in addition to the Targeted Detainees)

The auditor requested and was provided a list of residents at the facility. Selected residents represented all living units and a cross section of ethnicities. There were 7 Caucasian, 7 African-American and 1 Hispanic detainee selected to be interviewed.

(5) Targeted Residents:

The auditor requested and was provided lists of the targeted detainees currently in the facility. A list of detainees calling the hotline in the past 12 months, all detainees identifying as LGBTI, detainees who disclosed or had prior victimization and a list of all disabled detainees were provided prior to the onsite audit by the agency's PREA Analyst.

The following targeted categories were interviewed:

- (1) Blind detainee
- (2) Detainees disclosing prior victimization
- (2) Detainees identifying as Gay

There were no detainees at the facility who were in the following targeted groups:

- Limited English Proficient
- Detainees Reporting Sexual Abuse
- Detainees in Segregation
- Cognitively Challenged Detainees
- Youthful Offenders

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

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

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising inmates that 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, instructions for using the phones to report sexual abuse.

Testing of Processes: Two (2) of the PREA Phones in two separate dorms were tested. Communication from the Office of Professional Standards Analyst confirmed the phones worked as required. The auditor also tested the Victim/Aggressor Assessments by selecting designated beds in all the dorms to determine the placement of potential victims and potential aggressors.

Documents and Files Reviewed:

Background Checks/PREA Related Questions/Professional References: The auditor requested and received the personnel files for the following to confirm the Applicant Verification Form (asking the PREA Related Questions); Background Checks, Including Finger Print Checks), Professional Reference Checks (as required) and PREA Acknowledgment Statements:

- (10) Newly Hired Staff (Within the past 12 months)
- (06) Promoted Staff
- (20) Regular Staff
- (04) Contractors

Facility Staffing Plan Annual Review: The auditor reviewed the staffing plan for the facility for the year 2018.

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

Certificates of Training/PREA Acknowledgment Statements Staff: Forty (40) PREA Acknowledgment Statements also indicated indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.

Communicating Effectively with LGBTI Inmates: All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Sampled certificates (10) were provided. Interviews with staff confirmed that staff have completed the NIC Online Training: Communicating Effectively and Professionally with LGBTI Inmates.

PREA Acknowledgment Statements Inmates: Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Twenty (20) Orientation Checklists were reveiwed as well to document the PREA Trianing during Orientation.

MOU with S.A.F.E, Sexual Assault Center: The facility has attempted to secure a MOU with a Rape Crisis Center, Satilla Advocacy in Waycross, Georgia.

Certificates of Specialized Training: National Institute of Corrections (NIC): Certificates documenting specialized training provided by the NIC for Investigating Sexual Abuse in Confinement Settings; and Certificates documenting medical staff completing the NIC Specialized Training, for healthcare providers in response to sexual abuse in confinement settings.

Victimization/Aggressor Assessments: (20)

Victimization/Aggressor Reassessments: (20)

Incident Reports: The auditor sampled 10% of the incident reports for the past 12 months. The sampled reports did not reveal any incidents of sexual abuse or sexual harassment.

Coordinated Response Plan: Reviewed plan (Local Operating Directive).

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

Follow-Up Required – See Corrective Action Required

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.

Probation detention centers (PDCs) are minimum security facilities for confining probationers up to 180 days. Offenders may be sent directly to the center as a sentencing option or if they prove unable to fulfill their probation obligations in the community, may be sent to the detention center as a result of a revocation proceeding. There are seven PDCs currently in operation with a total of 2,300 beds. Two of the centers house female probationers, totaling 470 beds.

The Georgia Department of Corrections (GDC) Probation Detention Center's mission is "To provide care, custody and control of probationers that is consistent with the risk presented by the probationer and within acceptable standards for a facility."

Probation Detention Centers serve as a sentencing alternative to jail or prison. They may be used as a direct sentencing option or a revocation/ Probation Options Management sanction. The GDC operates nine (9) Probation Detention Centers in the State of Georgia. Probation Detention Centers are associated with the facility side of the Department in terms of care, custody, food service and medical needs.

There are seven male facilities and two female facilities. These are highly structured minimum-security facilities with regimented schedules that include supervised, unpaid work in surrounding communities. Military style discipline is emphasized.

PDCs offer short-term programs with a designed length of 60-180 days. The average stay (if there are no behavior issues) is 90 days, Probationers required to work on a detail (inside or outside). Probationers may receive credit for time served while awaiting on bed space for PDC in the county jail if Judge/Hearing Officers states specifically on the court order. Probationers are transported to each facility by the local sheriff's office.

All probationers are required to be on a work detail (inside or outside) five days per week. Work details within the facility include: food service, horticulture, auto-body, building grounds maintenance, janitorial, laundry, utilities, maintenance and sanitation duties. Under supervision, low- security offenders build,

refurbish and maintain prison, and civic buildings, perform road work, clean public buildings and schools and work at recycling centers and landfills.

Programming varies from minimal education improvement to a broader spectrum of evidence-based treatment programs depending on the facility's resources and court ordered requirements to include the following:
• Motivation for Change
• Substance abuse counseling-primarily AA/NA
• Life Skills
• Job Readiness
• Group Counseling
• Personal Health
• GED/Adult Basic Education

Each probation detention center has a host facility, which is a larger prison located near the PDC, and serves to provide assistance, human resources and other supportive functions for the PDC. The host facility for the Bacon PDC is Ware State Prison located approximately 27 miles from the PDC.

The Mission of the Bacon Probation Detention Center is to protect offenders from sexual assault or sexual harassment from other offenders, staff, and contractors. The facility houses up to 232 male offenders 18 years of age and above sentenced by the State of Georgia to complete a pre-determined amount of time for probation violation. The sentence is up to 6 months and includes educational opportunities, religious activities and group and individual counseling.

Bacon Probation Detention Center, located in Alma, Georgia, houses adult probationers whose security and custody levels are minimum. The detainees are sentenced to the program for up to 120 days as the result of a violation of the conditions of their probation. Recently, the facility added on a living unit designed to house and work with inmate who have served a designated and required portion of their sentences in secure confinement and have met behavioral criteria that make them eligible to begin their transition back into the community through the less structured transitional program.

The facility consists of nine (9) buildings including the following areas:

- Main Building (Control Room/Front Lobby)
- Administrative Offices (7)
- Medical/ Counselor's and Security Offices
- Visitation/Program Area
- Rear Control
- Isolation/Segregation

Housing Units: There are five housing units A-D

- Housing Unit - A
- Housing Unit - B
- Housing Unit - C
- Housing Unit - D
- Housing Unit - D-5

- Dining Hall
- Food Service
- Inmate Store
- ID/Laundry
- Barbershop/Intake

C Building: Back Gate and Intake Area (Not attached to the Main Building but inside the perimeter)

D Building: Maintenance

Chemical Building

Building-Ground Maintenance/Auto (Outside the perimeter)

Staff Kitchen/Training Building

Warehouses

Recreation Yard

Staffing consists of the following:

Security Staff (57)

- (01) Correctional Assistant Superintendent
- (01) Correctional Unit Manager
- (01) Lieutenant
- (05) Sergeants
- (43) Correctional Officers II
- (06) Correctional Officers I

Administrative Staff (06)

- (02) Financial Ops Generalist 1
- (01) Administrative Assistant Supervisor
- (02) Administrative Support 2
- (01) HR Tech

Food Service (04)

- (01) Food Service Specialist 2
- (03) Food Service Supervisor

Counseling Staff (02)

- (02) Behavioral Health Counselor 2

Education Staff (01)

- (01) Instructor 2

Maintenance Staff (01)

- (01) General Trades Tech 2

Store Clerk (01)

- (01) Supply/Warehouse Clerk 2

SITE REVIEW

Entry to the facility is controlled from the front control room. Visitors sign in on the visitor's log, provide photo identification, empty their pockets and provide their belongings to be searched. They then go through a metal detector located at the entrance to the lobby. The administrative area is immaculate and contains a series of administrative offices.

The auditor was met in the lobby by the Assistant Superintendent (the Superintendent has been recently promoted to serve as Warden of another facility), Chief of Security, PREA Compliance Manager, Shift Supervisor and the Department's Assistant Statewide PREA Coordinator. Following a brief entrance discussion, the auditor was accompanied by all the mentioned staff on a complete site review of all areas of the facility.

The site review began with the large visitation/classroom area. PREA Posters were observed throughout the room. Notices of PREA Audit were posted there as well. Two cameras were observed covering this area.

The facility has added a transition center program to the Probation Detention Center. This unit houses up to 50 residents in an open bay dorm consisting of multiple bunk beds. The area was neat, orderly, and clean. PREA Posters were located on the bulletin board. PREA Phones were observed. Showers and toilets provide privacy through separated ½ walls. The auditor informally interacted with three residents, all of whom said they received information about PREA upon admission and that they saw the PREA video, as well as the victim/aggressor assessment, the same or next day following admission.

C Dorm is a Probation Detention Center living unit. It too is open bay and houses a maximum of 57 detainees. Three PREA Phones were observed, PREA Posters were on bulletin boards, and a Notice of PREA Audit was posted there as well. There are two cameras in the unit, none of which view the shower or restroom areas. The auditor informally interviewed four (4) detainees, all of whom reported they had received PREA information on admission and an orientation later. They watched the PREA Video and all of them could name multiple ways they could report.

The Intake/Barbershop has one camera and a mirror to facilitate viewing. There is one shower that is recessed and provides privacy while showering.

B Dorm, like C Dorm, is an open bay, double bunk, dorm housing probationers, the maximum capacity is 57. The showers and restrooms are configured like the other open bay dorms and residents have privacy while showering and using the restroom. The auditor informally interviewed two (2) detainees in the dorm. They indicated they had received PREA information the same day they came in and later had an orientation where they watched the PREA Video and had the PREA information explained to them. There are two cameras in this dorm.

A Dorm is identical to the other PDC dorms. PREA Information is available on the bulletin boards. There are several PREA phones in the dorm. The Notice of PREA Audit was observed posted in the dorm. The maximum capacity is 57.

There are four (4) segregation cells with a capacity of six (6). There is a single shower and commodes are in the cells. The shower has a door that provides privacy.

The Dining Area is a wide- open space. The Kitchen has a mirror. All doors were securely locked. The food service office is configured to facilitate viewing detainees working in the kitchen. A storage room in the kitchen has a camera in it and a tool room for the kitchen has a MEMO posted on the door identifying the staff who are authorized to enter this area.

The laundry is small and there is a camera covering the area. An officer is assigned to this work area.

*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: 07

115.11; 115.17; 115.31; 115.33; 115.34; 115.35; 115.87

Number of Standards Met: 38

115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.32;115.41; 115.42; 115.43; 115.51; 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

N/A

Summary of Corrective Action (if any)

Issue #1 – Interviewed detainees did not need the outside advocacy services however in their interviews they were generally not aware of the outside advocacy services available through Satilla Advocacy, an outside Rape Crisis Center, offering advocacy and outside emotional support services to detainees of the PDC who may have become the victims of sexual abuse.

Corrective Action: The PREA Compliance Manager will conduct dorm meetings and inform

the residents again of the services available through the Satilla Advocacy. This will include the services available, how to contact them (phone number and mailing address), and the limits of confidentiality when calling or contacting the organization.

Corrective Action Completed: On November 1, 2018 the PREA Compliance Manager provided documentation to confirm the detainees were trained, in dorm meetings, of the the services available through the Satilla Advocacy organization, how to contact them and the limits of confidentiality when contacting them. She also provided photos of posters in each dorm containing the contact information for the Satilla Advocacy Services, including the phone number and mailing address.

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 +6standard 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 agency has policies mandating a zero-tolerance policy and the comprehensive PREA policy (SOP 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program) addresses the agency's approach to prevention of sexual abuse and sexual harassment as well as it's approach to detection, responding and reporting sexual abuse and sexual harassment. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation as well. The agency has developed a PREA Unit consisting of a Statewide PREA Coordinator, an Assistant Statewide PREA Coordinator, a PREA Analyst and a Support Staff. The Statewide PREA Coordinator reports to the Director of Compliance in the Office of Professional Standards however has unimpeded access to the Commissioner of the Georgia Department of Corrections. The agency has an ADA Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient detainees and residents. The Superintendent of the Bacon Probation Detention Center has designated a PREA Compliance Manager who reports directly to the Assistant Superintendent (the facility's Superintendent has been promoted to Warden at another GDC Facility). The agency has identified sanctions for staff, contractor, or detainee for violating any agency sexual abuse or sexual harassment policy.

Policies sand Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Bacon Probation Detention Center Staffing Plan; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit)); Job Description Statewide PREA Coordinator; PREA Brochures; Resident Handbook; Six (6) pages of Staff Training Rosters documenting Day 1 Annual In-Service Training' Twenty (20) Staff PREA Acknowledgment Forms; Sixteen (16) Contractor PREA Acknowledgment Statements; Three (3) Volunteer PREA Acknowledgment Statements; Forty (40) NIC Certificates-Communicating Effectively and Professionally with LGBTI Inmates; Bacon Probation Detention Center PREA Staffing Plan; Fifty-One (51) Probationer PREA Acknowledgment Statements; Sixty (60) Superintendent Orientation Summaries; Forty-Six (46) Offender Orientation Checklists; Zero Tolerance Posters located throughout the facility

Interviews: Assistant Superintendent; PREA Coordinator; Assistant PREA Coordinator, PREA Compliance Manager, (12) Randomly Selected Staff; Twenty-Five (25) Specialized Staff, Twenty-Three

(23) Random Detainees and Residents, (05) Targeted Detainees and Residents; Thirteen (13) Detainees/Residents Informally Interviewed.

Other: Observed posters throughout the facility; Phones with PREA Hotline dialing instructions, 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. This staff person was previously the agency's PREA Coordinator.

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. Both staff are experienced in adult corrections. They are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team Members, or staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is training to be a POST Certified Instructor (Peace Officer Standards Training).

The reviewed Statewide PREA Structure documented that the Statewide PREA Coordinator reports directly to the Agency's Director of the GDC Compliance Unit however it also reflects that the coordinator also has access to the Commissioner of the Department and this if reflected in the dotted line from the PREA Coordinator up to the Commissioner. An interview with the PREA Coordinator Manager indicated that the Director of Facilities is actively supporting the PREA Coordinator and PREA in all facilities.

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 comply with the PREA Standards and that they maintain compliance. To that end she and the Assistant PREA Coordinator serve as a resource staff for the GDC facilities and programs. Visits to facilities are working visits during which she and/or the Assistant PREA Coordinator often sit with the facility's investigators and review investigations of allegations of sexual abuse and sexual harassment. Additionally, they now have the capacity to review investigations uploaded into the facility database prior to closing them out. This serves as a quality assurance function to provide some oversight to the investigation process. The Assistant PREA Coordinator is also a seasoned Corrections Staff with

experience in both the private and public sector. He is knowledgeable of PREA and provides technical assistance when needed to the GDC Facilities. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit is heavily involved as well in capturing data for planning and other purposes. To that end, the agency and PREA Unit 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/residents 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.

The agency has a designated staff responsible for ADA and has arranged for the GDC to utilize statewide contracts for inmates with disabilities. This state level position, also under the umbrella of the Office of Professional Standards, Compliance section, has also been actively involved in trying get GDC staff trained in ADA. The ADA Director has also assisted facilities in securing interpretive services when needed.

The PREA Unit has reached out to Nationally recognized organizations to assist in implementing PREA. They contracted with Just Detention in the past to assist in implementing PREA and is now under contract with the Moss Group to help the Department develop their Transgender Policy. The DRAFT Policy has been completed.

The Moss Group is also working with the Department to assess and recommend additional female programming (gender specific programming).

The Moss Group has completed Train the Trainer Classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates.

The PREA Unit has implemented a computer-based program to enable the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to monitor investigations. This enables them to review the investigation and to require additional action, including instructing the facility-based investigators to look at other areas if warranted. Investigations must be approved by the PREA Unit. This provides a quality assurance component to evaluate investigations. Plans are underway for the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to use video to go into each facility to review, with them, their investigations.

Additionally, the Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. The Superintendent has, as required, developed 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. This facility also has a back-up" to the PREA Compliance Manager to ensure, in the absence of the PREA Compliance Manager, the PREA mission will continue. Interviews with the PREA Compliance Manager and "Back-Up" PREA Compliance Manager confirmed the "Back-Up" PREA Compliance Manager is actively involved in PREA and will be attending meetings for the Sexual Assault Response Team and the PREA Compliance Managers conducted and sponsored by the Agency PREA Coordinator and Assistant PREA Coordinator.

The PREA Compliance Manager reports directly to the Assistant Superintendent. The former Superintendent has recently been promoted to Warden in another GDC facility and the PDC currently does not have a Superintendent. The PREA Compliance Manager has the responsibility and authority to implement and maintain PREA in this facility. Interactions between the Assistant Superintendent and other high-level staff and the PREA Compliance Manager during the on-site audit confirmed how involved the Assistant Superintendent is with PREA and confirmed a partnership in assuring the sexual safety of residents in their custody. It appeared the PREA Compliance Manager has the full support of all levels of staff in implementing and maintaining the PREA Standards.

The PREA Compliance Manager is knowledgeable of PREA.

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.

The agency's proactive approach to working towards preventing, detecting, responding and reporting PREA incidents 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 establishing 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 reinforced in the GDC prisons, Probation Detention Centers and Transitional Centers this auditor has audited. Inmates tell the auditor they have received this information in every facility they have been in and most have been transferred multiple times throughout the years. This is also reflected

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

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The auditor reviewed 20 PREA Acknowledgment Statements documenting staff understanding zero tolerance and PREA as well as documentation of completion of Day 1, Annual In-Service Training that includes PREA Training. This was confirmed through reviewing six pages of training rosters documenting completion of Day 1 PREA Training at Annual In-Service. 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. Three (3) PREA Acknowledgment Statements for selected volunteers was also provided to the auditor in hard copy. AN additional 16 PREA Acknowledgement Statements were provided documenting Contractor's understanding of the Zero Tolerance Policy.

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 to serve as an advocate for victims of sexual abuse and advocates are generally a part of the Sexual Assault Response Team. The Facility-Based Advocate provided documentation from Georgia Network to End Sexual Assaults (GNESA).

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake, offenders are advised of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. Offenders are provided PREA Education as well. This is provided through written information, information provided verbally and through watching the PREA Video. The auditor reviewed 51PREA Acknowledgment Statements signed by offenders. These acknowledged zero tolerance, investigations and sanctions for violating one of the sexual abuse policies.

Interviews: The PREA Compliance Manager has multiple responsibilities in this facility, including serving as the Facility's Compliance Staff, that includes PREA and the American Correctional Association Standards Compliance.

One-hundred percent (100%) of the interviewed staff were aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Allegations and reports, regardless of the source, are required to be documented and investigated. They stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift. They affirmed they receive training annually during in-service training (Day 1), during shift briefings periodically,

through information provided by the PREA Compliance Manager, and through multiple posters located throughout the facility. Interviewed staff affirmed having been trained in each of the topics required by the PREA Standards. Staff also are required by the PREA Unit to complete the National Institute of Corrections on-line training entitled: “Communicating Effectively and Professionally with LGBTI Offenders”. Interviews confirmed that each of the interviewed staff completed that training as well.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. All formally interviewed offenders as well as informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity. All the interviewed residents stated they received information about the zero- tolerance policy during intake and that that, along with ways to report, were explained by the intake, staff. 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 throughout the facility.

The facility provided forty (20) 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 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 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 and Assistant PREA Coordinator to oversee the implementation of PREA in the GDC facilities. Interviews with the Coordinators confirmed they have direct access to the Commissioner, if needed, with regard to PREA. Observations of the work of the Statewide PREA Coordinator and the Assistant PREA Coordinator convinced the auditor that they are “hands on” and work with their facilities by monitoring and providing technical assistance. They are very knowledgeable of what was going on in their facilities. Either the PREA Coordinator or Assistant PREA Coordinator make themselves 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 interpreters/translators for inmates. The state has multiple statewide contracts for interpretive services in addition to Language Line, a telephonic interpretive service.

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.

All the interviewed residents, including 23 randomly selected residents, 5 targeted residents and 13 informally interviewed residents confirmed having been provided information on the Zero Tolerance Policy and how to report and that they have received it in each of the Georgia Department of Correction's Facilities they have been in. Additionally, 100% of the residents stated they feel safe in this facility. Observed interactions between residents and staff during the on-site audit were observed to be cordial and relaxed. Observed interactions between the PREA Compliance Manager and the Assistant Superintendent indicated not only that the PREA Compliance Manager has unimpeded access to the Assistant Superintendent but also that she interacts with staff and inmates in a professional and engaging manner.

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

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

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

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

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- 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.

The Georgia Department of Corrections Policy requires each facility to develop a staffing plan addressing adequate staffing and deployment of video monitoring in an effort to keep detainees and residents sexually safe. Plans are required to be documented. The Bacon Probation Detention Center Staffing Plan is a twenty (20) page comprehensive document addressing more than the items required to be considered than the PREA Standards require. The plan is developed by the facility and must be reviewed and approved by the Agency's PREA Coordinator(s). Staffing levels are determined by the Department based upon their staffing analysis. Superintendents are then free to deploy those staff as they need to ensure adequate staffing and post coverages. There have been no deviations from the minimum staffing levels. Priority One posts are always covered. If there is a call in the facility has a split shift to draw from. Staff on duty would be required to stay on post until relief became available. Off duty staff may be called in and upper level security staff, POST certified, may be called on to pull a post. Unannounced PREA rounds are documented in log books. These are conducted by upper level staff including shift supervisors and staff serving as "duty officer". The staffing plan is reviewed and documented annually.

Policy and Documents Reviewed: Bacon Probation Detention Center Facility Pre-Audit Questionnaire**;** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Memo Documenting Staffing Plan to PREA Coordinator; Reviewed Bacon Probation Detention Center Staffing Plan for 2018; Log Book pages documenting unannounced rounds (10 log book pages); Shift Rosters; Shift Reports.

Interviews: Assistant Superintendent, Agency PREA Coordinator, Assistant Agency PREA Coordinator; PREA Compliance Manager, Chief of Security; Leader of Sexual Assault Response Team,13 Randomly selected staff; 23 Randomly selected and 5 Targeted Probationers

Other: Observations of staffing levels made during the on-site audit of Bacon Probation Detention Center; Observations of interactions and supervision or probationers during the on-site audit

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

The Bacon Probation Detention Center houses probationers and the custody level is minimum. Probationers are sent to the facility as the result of a probation revocation hearing. The facility provides a short term (no more than 120 days) program sanction in lieu of being revoked to serve time in a secure prison. Residents at the facility are expected to work on outside or in-house details. They reside in double or triple bunked open bay dorms. The construction of the facility enables a centralized control

room to view each of the dorms from the control room. Glass from bottom to top allows viewing into the dorm adding another level of supervision and monitoring.

The priority one posts include a Shift Supervisor; Control Room #1; Control Room #2, and a Floor Officer. This staffing was also confirmed by interviews with the Chief of Security, Assistant Superintendent; Shift Supervisors and randomly selected security staff.

Control Room #1 is a priority one post as well but can be closed after hours and entry control can be effected through Control Room #2. During the day time hours there is also a split shift consisting of staff to man the laundry, multiple details, and other ancillary functions. The split shift supplements the coverage. Also, during the day time, many of the probationers are out of the facility on work details. Minimum staffing on the second shift (6PM to 6AM) is the same as the day shift.

Video monitoring is a part of the staffing plan and the locations of cameras is documented. The facility is a minimum custody facility and because of the lower level of supervision required, the allocation of resources is going to be in the higher security type facilities.

Staffing Plan Review: The staffing plan for the Bacon Probation Detention Center is addressed in their local operating procedure. The Facility Staffing plan was provided and documented for 2018. The staffing plan is predicated upon a maximum population of up to 232.

Staffing, identified in the 2018 staffing plan, approved by the Assistant Statewide PREA Coordinator, consists of the following:

Security Staff (57)

- (01) Correctional Assistant Superintendent
- (01) Correctional Unit Manager
- (01) Lieutenant
- (05) Sergeants
- (43) Correctional Officers II
- (06) Correctional Officers I

Administrative Staff (06)

- (02) Financial Ops Generalist 1
- (01) Administrative Assistant Supervisor
- (02) Administrative Support 2
- (01) HR Tech

Food Service (04)

- (01) Food Service Specialist 2
- (03) Food Service Supervisor

Counseling Staff (02)

- (02) Behavioral Health Counselor 2

Education Staff (01)

- (01) Instructor 2

Maintenance Staff (01)

- (01) General Trades Tech 2

Store Clerk (01)

- (01) Supply/Warehouse Clerk 2

The staffing plan documented consideration of the inmate population and programs that are going on different shifts, the presence of video monitoring, and priority one (24/7) posts. The PDC population consists of offenders who were on probation but violated their conditions of probation and were sent to the PDC as a sanction for violating, rather than sending them to prison. These are minimum custody offenders.

The staffing plan is a 20- page document that, in great detail, discusses each building and area of the facility (layout of the facility); staffing required in each area, consideration of posts that require 24/7coverage and those that can be closed after certain hours, whether or not a post needs to be gender specific, control of keys limiting access where indicated and a host of other facility specific factors.

The deployment of video monitoring is discussed, and the numbers and placement of cameras are described for each area of the facility.

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

The Staffing Plan affirms they have not had a situation that required a priority one, gender specific post not being filled. All priority two and three posts would be pulled to fill the priority one post.

The facility was designed with the rear control room positioned with the four open bay dorms situated around the control room. The position of the control room enables control room staff to see what is going on in all the living units, enhancing supervision.

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

Discussion of Interviews: An interview with the Chief of Security indicated the facility employs around 56 security staff. He explained the deployment of staff and the identification of priority one posts (those posts that must be staffed 24/7). Priority one posts include the Front Control; Rear Control; Floor Officer and Shift Supervisor. After normal business hours, if needed, the Front Control post can be pulled, and entry control will be done from the rear control room. There is a split shift providing officers for ancillary

functions such as the mail room, store, laundry and details. These officers may be called on to assist during the day shift, when most of the activity is occurring.

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

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

Interviewed staff conducting unannounced rounds stated there are no specific times and it could be early in the mornings or late at night. Staff performing duty officer related they are required to make unannounced PREA rounds on weekends, although they conduct informal rounds during the week as well. Shift Supervisors make required rounds throughout their shifts and document them in log books.

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 208.06, Bacon Probation Detention Center Pre-Audit Questionnaire,

Interviews: Assistant Superintendent, Chief of Security; 13 randomly selected staff; 20 detainee interviews, previous interviews with the Agency PREA Coordinator and Assistant Statewide PREA Coordinator.

Policy Review: The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults and that where youthful offenders are maintains they must be housed in a separate unit and have access to programs and exercise. When outside the unit, they must be sight and sound separate unless they are accompanied by and supervised by a correctional officer. There are no youthful offenders assigned to this program. Any probationer who is a youthful offender will be sent to Bacon PDC. This was confirmed through the reviewed Pre-Audit Questionnaire, site review, reviewed detainee rosters, and interviews with staff.

Discussion of Interviews: Interviews with the Assistant Superintendent, Chief of Security, Shift Supervisors and randomly and specialized staff confirmed there are no youthful offenders housed at this facility.

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

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Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire; Reports from the PREA Analyst; SOP 11B-01-0013, Searches; LOP, Six pages of Training Rosters documenting Day 1 Annual In-Service; Memo: Cross Gender Viewing, March 5, 2018' Memo: Search Procedures; MEMO re: Female Staff Working in Dorms; Signs Documenting that Female Staff Routinely Work in the Dorms.

Interviews: 13 Randomly selected staff, 25 Specialized Staff; 23 Randomly selected inmates, Special Category Inmates; 13 Informally interviewed detainees during the site review.

Observations: See observations made during the site visit and throughout the on-site audit period; Detainees have privacy while using the restroom. Stalls are separated by ½ walls. Showers are recessed to provide privacy. Observed signs posted warning detainees that female staff routinely work in the dorms.

Policy and Documents Review: Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, prohibits 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 detainees confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

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

Paragraph 2. Frisk or Pat Search requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisk or pat searched by both male and

female security staff. Instructions for conducting pat searches, including using the back of the hand and edge of the hand. Although there are no females at this facility, policy prohibits male staff from conducting pat searches of female inmates absent exigent circumstances that are documented

A Memo from the Superintendent reminded staff that security staff must conduct searches in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. It also affirms that male offenders may be pat searched by either male of female security staff however male offenders may strip searched only by male security staff, except under exigent circumstances. Exigent circumstances must be documented by an incident report. The facility provided 6 pages of training rosters documenting search training. The memo also requires an announcement to be made each time an opposite gender staff member enters the housing unit.

The auditor reviewed six (6) pages of training rosters documenting Day 1 of annual in-service training. Staff also affirmed in their interviews that they have been trained on how to conduct a proper pat search of detainees, to include transgender and intersex offenders. A memo from the Superintendent described the procedures for conducting cross-gender pat searches, using the back of the hands. Staff were asked to demonstrate the technique they were taught, and staff demonstrated how they would use the back of their hands to avoid an allegation of groping the detainee.

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. This was reaffirmed in a memo from the Superintendent to all staff in January 2018.

The auditor reviewed the Lesson Plan, revised 2017, SOSTC In-Service, PREA, Sexual Assault/Sexual Misconduct. The lesson plan teaches staff that they must conduct searches in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. It also affirms that male officers will strip search male offenders unless there are exigent circumstances, such as riot or escape. Female officers will search females and may pat search male offenders. Staff are taught to use the back of their hands.

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

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

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. Bacon staff allow offenders to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or during counts. Detainees are not permitted in the shower/restroom area during count time.

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.

Discussion of Interviews: The Bacon Probation Detention Center houses only male detainees/residents. All the thirteen (13) interviewed random staff confirmed that female staff are not permitted to conduct a strip search of a male detainee, unless there is an exigent circumstance. IF there were exigent circumstances, they are required to be documented on an Incident Report. 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. Female staff may conduct pat searches and have been trained to do so. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner. There are no transgender inmates in the ITF.

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

Interviews with 23 detainees confirmed that female staff do not conduct strip searches and while female staff, who have been trained, can conduct pat or frisk searches, female staff rarely put their hands on them while searching. Some LGBT offenders indicated they were asked whom they preferred to search them.

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

Interviews with 23 detainees representing every housing unit confirmed that detainees have privacy while using the restroom and while showering. They indicated they shower one at a time even though there are four shower heads in the shower. They indicated they do this out of respect for each other. Almost 100% of the detainees reported they are never naked in full view of staff while changing clothes, showering or using the restroom.

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; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Contract with Lion Bridge Interpretive Services (Medical); Bacon Probation Detention Center Memo from the Chief of Security, March 19, 2018, Interpreters PREA; Memo from the Chief of Security, March 19, 2018, Language Line Solutions; Memo from Chief of Security, June 4, 2018, LEP Plan

Interviews: Georgia Department of Corrections ADA Coordinator; Randomly selected staff (13); Specialized Staff (23); Randomly Selected and Targeted Inmates; One (1) Blind Offender

Observations: Posting of PREA Brochures in English and Spanish; Dialing instructions for Reporting to the PREA Unit: Observed Orientation provided by Sergeant

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

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

Georgia Department of Corrections facilities have a valuable resource when needing to access interpretive services. The agency ADA Coordinator has communicated information on how to access interpretive services via statewide contracts and when there is a need to secure an interpreter expeditiously, staff contact the ADA Coordinator who can expedite those services.

The facility has a GED teacher who can assist any literacy or cognitively challenged detainees in understanding the PREA information and how to report. Behavioral Health Counselors can assist any detainees with mental health issues. Language Line Solutions is available to staff working with limited English proficient detainees. American Sign Language is available on-site through contracted ADS interpreters and via video with a Language Line staff who is qualified in American Sign Language. Medical has a separate contract with Lionbridge, a telephone interpretive service.

Two memos from the Chief of Security in March 2018 reaffirmed that inmates who are limited English proficient will have access to all aspects of the agency's effort to prevent, detect, and respond to sexual abuse, including steps to provide interpreters without relying on inmate interpreters, except in limited circumstances. The same memo designates a Hispanic officer as an interpreter. Additionally, Language Line is identified as being available to ensure communication for inmates who are limited English proficient. He also discuses the Spanish Pamphlets to be given to Spanish speaking inmates who would also view the Spanish version of the PREA Video. A second memo dated the same date from the Chief of Security provided the three easy steps for contacting a professional interpreter using Language Line.

Prison Rape Elimination Act pamphlet will be provided to the offender in Spanish.

Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient detainee needing translation services the facility has access to Language Line and if on-site interpreters were needed she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide

signing and any other translation services needed. When asked about the PREA Video being available in Spanish and with either closed caption or with a “signer” in the lower portion of the video, she indicated the agency has a contract for that video to be “redone’ to provide the translations.

Interviews with eighteen (13) random staff, indicated that 100% of the staff would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent and emergency or exigent circumstance. Most of the staff were aware of Language Line services. The medical staff indicated they would use Lionbridge Interpretive Services, a telephonic interpretive service, for limited English proficient residents. A bind resident was interviewed and indicated they he listened to the information given him related to PREA and listened to the PREA Video.

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

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This standard is rated exceeds for the following reasons. The Georgia Department of Corrections hiring process includes the following: 1) Applicants responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form; 2) Applicants for Correctional Officers must pass an online "Integrity Test". This test places the applicant in situations requiring ethical judgments and gives the applicant choices of responses to those situations; 3) Correctional Staff must also submit to a social media check; 4) Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center; 5) Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC annually.

Policy and Documents Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for Ten (10) newly hired employees; Six (6) promoted staff; Twenty (20) Regular Employees Background Checks; Four (4) Vendor/ Contractor personnel records; Integrity Test Results. Social Media Checks

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

Observations: None that were applicable to this standard.

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

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

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

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired.

The GDC requires that all correction staff have an annual background check prior to going to the firing range, which is a requirement for corrections staff to maintain their certification as Correctional Officers through the Peace Officer's Standards Training council. Non-Uniformed staff are required to have a background check every five (5) years.

Thirty-Six (36) of Thirty-Six (36) of selected personnel files contained current background checks and the Employment Verification Forms, answering the PREA related questions asked of all applicants. Integrity tests and medical checks were in those files that were applicable. Professional reference

checks are made for newly hired employees who have worked in institutions formerly. These were documented on the Professional Reference Form used by the Georgia Department of Corrections.

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

Document Review: The auditor reviewed documentation to indicate that background checks were completed for Ten (10) of Ten (10) newly hired staff (in the last 12 months). Additionally, the auditor reviewed the files of Six (6) of Six (6) personnel files of staff promoted in the past 12 months contained the required background checks and Twenty (20) of Twenty (20) regular staff (Security and Non-Security staff. The Auditor also reviewed the files of Four (4) contractors. All the files contained the required background checks.

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

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

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

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

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

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

Observations: Not applicable

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: Superintendent, PREA Compliance Manager

Observations: None that were applicable to this standard.

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

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

Discussion of Interviews: An interview with the Assistant Superintendent and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA Audit nor have there been any upgrades to monitoring technology or additions to the video camera system.

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

Interviews: Assistant Superintendent; PREA Compliance Manager; Sexual Assault Response Team Members; One (1) SANE Nurse; One (1) Staff Advocate; Thirteen (13) Randomly selected staff; Twenty-Five (25) Specialized Staff; Interviews with Twenty (2) Randomly Selected Detainees Six (6) Special Category Detainees; One (1) Office of Professional Standards Special Agent. (previous interview); Facility-Based Investigator

Observations: None applicable to this standard.

Discussion of Policy and Document Review: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

The GDC Policy, IK-005, Crime Scene Preservation, establishes the agency's policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff are required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed

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

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

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

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

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. The facility provided documentation to confirm an agreement between the Satilla Advocacy Center and the Bacon PDC for the provision of advocacy services for any detainee or resident victim of sexual abuse. The Advocacy Center also mans a hotline 24/7 enabling anyone to contact them regarding any issues of sexual abuse. The agreement also indicated the Satilla Advocacy Center will provide an advocate to accompany a victim of sexual abuse during the forensic exam process and through any investigatory interviews, if requested.

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

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

This facility has a certified Sexual Assault Nurse Examiner on staff, however in the event of penetration, the other SANE from the Satilla Advocacy Center would be called to conduct the exam.

Reviewed documentation and interviews with the Assistant Superintendent, Facility-Based Investigator; PREA Compliance Manager as well as random and specialized staff and detainees, confirmed the facility had one (1) allegation during the past 12 months.

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

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Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

- 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.

The Georgia Department of Corrections (GDC) has established Sexual Assault Response Teams in each of the GDC facilities and programs. The SART Facility Based Investigator is required to complete the National Institute of Corrections Specialized Training (online) entitled: "PREA: Investigating Sexual Abuse Investigations in Confinement Settings." The SART is made up of a facility-based investigator, a nurse, a counselor, and a staff advocate. The SART's role is to conduct an initial investigation into the

allegation. If an allegation appears to be criminal in nature, the SART will notify the Shift Supervisor and Superintendent who will contact the applicable Regional Office. The Regional Office will then appoint or designate an Office of Professional Standards Investigator, a Special Agent, who has extensive investigative training through the Georgia Bureau of Investigation, to conduct the criminal investigation. Special Agents have been empowered to effect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it. The SART may also conduct administrative investigations, including allegations of sexual harassment. Staff misconduct is investigated by the Office of Professional Standards Special Agent.

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

Document Review: Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; Notes Confirming Retaliation Monitoring; GDC Incident Report; Six (6) NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings.

Interviews: 13 Randomly selected and 25 special category staff; informally interviewed staff during the audit; 23 randomly selected inmates and 6 special category inmates.

Discussion of Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a

polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

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

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

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

The auditor conducted previous interviews with one Office of Professional Standards (OPS) investigator as well as an interview with an OPS Special Agent on site and a previous on-site interview with a facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete 600 hours of training provided by the Georgia Bureau of Investigations. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. The agent related that once an allegation is made, the Regional Office Staff is notified, after which it goes to the Special Agent in Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

Facility-based investigations are conducted by a team of staff including a staff whose primary responsibility is to investigate, a staff whose primary role is mental health/staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

An interview with the facility-based investigator indicated he has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. In the interview he described the investigative process. He indicated that all allegations are treated the same and are investigated the same. He described the evidence he would collect, including taking witness statements from the alleged victim and alleged perpetrator as well as any witnesses to the alleged incident. He indicated that he would judge the credibility of the victim, alleged perpetrator or any witnesses, based soley on the evidence.

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

The facility had no allegations of sexual abuse during the past 12 months. Both allegations alleged sexual harassment however they did not meet the criteria for sexual harassment.re was one allegation of sexual abuse and one allegation of sexual harassment. Both allegations were determined by the Sexual Assault Response Team to be unfounded.

Interviews with SART Members indicated they would tell the detainee the results of the investigation and they would use the Georgia Department of Corrections Notification Form and are familiar with the requirements of policy related to notification to the detainee.

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

Discussion of Interviews: Interviews with Thirteen (13) Randomly selected staff, staff informally interviewed during the site review and (25) specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statemen or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. Most of them could name the members. A few staff stated they thought the PREA Compliance Manager would be the one to investigate. An interview with the SART Leader confirmed she is very knowledgeable of the investigation process and reviewed investigation packages indicated a thorough process.

Twenty-Three (23) Interviewed detainees, including those randomly selected, specialized as well as inmates informally interviewed during the site review and during the on-site audit period knew ways to report sexual abuse and sexual harassment. None of the interviewed detainees had reported sexual abuse while at this facility.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- 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.

Policy and Document Review: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2017 Lesson Plan for PREA; Reviewed Six (6) pages of training rosters documenting Day 1 of Annual In-Service Training ; 46 PREA Acknowledgment Statements; Reviewed 36 personnel files containing PREA Acknowledgment Statements; 36 NIC Certificates documenting completing "Communicating Effectively and Professionally with LGBTI Residents; Six (6) NIC PREA: Investigating Sexual Abuse in Confinement Settings; Rosters documenting Sexual Assault Response Team Training.

Interviews: Assistant Superintendent; PREA Compliance Manager; Agency PREA Coordinator, 13 Randomly selected staff, 25 Special Category Staff, Staff informally interviewed during the site review process.

Observations: None applicable for this audit.

Discussion of Policies and Documents: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires

annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

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

The auditor reviewed twenty-one (21) Certificates documenting 2018 Annual In-Service, Day 1, PREA training. Reviewed personnel files representing Newly Hired Staff and Regular Staff all contained PREA Acknowledgment Statements indicating staff are PREA Trained. An additional 43 PREA Acknowledgment Statements were reviewed, documenting PREA training indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of $100,000 or both.

All staff are required to have taken the National Institute of Corrections on-line course, "Communicating Effectively and Professionally with LGBTI Inmates". Thirty-Six (36) NIC certificates documenting completing that training were reviewed in 36 personnel files that were reviewed. 100% of the 13 randomly selected staff affirmed they had completed the NIC online training, Communicating Effectively and Professionally with LGBTI Inmates.

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

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

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. Five (5) other staff completed the NIC Training: Investigating Sexual Abuse in Confinement Settings. Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

Discussion of Interviews: Interviews with thirteen (13) random staff and twenty-five (25) specialized staff, confirmed they receive PREA Training annually during annual in-service training on Day 1. Newly hired employees, they indicated, attend new employee's orientation where they receive an introduction to PREA. They also indicated they receive additional PREA information during shift briefings and that PREA is discussed in shift briefings and posters throughout the facility keep PREA in the forefront.

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

Interviewed staff were knowledgeable of PREA, including the agency's zero tolerance for sexual abuse, sexual harassment and retaliation for reporting or cooperating with an investigation. Staff reported they are trained to take everything seriously and report even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before they left the shift. Staff explained their roles as first responders. This included both uniform and non-uniform staff. If an inmate reported being at risk of imminent sexual abuse staff stated, they would remove the detainee from the threat immediately and report it to their immediate supervisor. They also indicated that the detainee would be placed in another dorm but if he felt unsafe in this facility he could be transferred to another PDC.

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- 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; (16) PREA Acknowledgement Statements; Training Roster Documenting (4) Contractors being PREA Trained; Three (3) Volunteer PREA Acknowledgment Statements. 2017 PREA Lesson Plan.

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

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

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

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training previously was submitted to the facility. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from

sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; 4) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims;7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; and 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The trainer indicated they use the Power Point presentation provided by the agency PREA Coordinator. Regional Training is now being provided

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

The auditor reviewed a total of 19 PREA Acknowledgement Statements. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and it they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

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

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

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

Standard 115.33: Inmate education

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

This standard is rated exceeds for this facility because of the multiple ways the facility ensures detainees are informed about PREA. These ways include providing information upon intake on the zero- tolerance policy and how to report as well as providing the inmate the PREA Pamphlet. Detainees then sign an acknowledgment that they received that information. A seasoned and articulate Sergeant conducts orientation. The observed orientation was thorough, comprehensive, involved interaction with the detainees, and provided them information orally, through the video and in writing. In addition to acknowledging the information they received during orientation, the detainees sign a Superintendent's Orientation Summary, again confirming the detainee has received the PREA information. Interviews with 23 randomly selected detainees and 5 targeted detainees, as well as informal interviews with 13 detainees during the site review, confirmed receiving the information at intake and within a week during orientation. Georgia Department of Corrections appears to ensure inmates, residents, and detainees receive PREA information, upon admission and PREA Education during orientation, which is typically not later than 2-3 days following admission. This auditor has interviewed inmates, residents and detainees all over the state and they tell the auditor they have received this information at every facility they have ever been in and inmates in Georgia are transferred to other facilities a lot. The Bacon PDC provides information on the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. This information is provided verbally and in writing (the PREA Pamphlet) and detainees acknowledge in writing having received that information. Orientation is conducted on Tuesday or Wednesday each week and the observed orientation was comprehensive and thorough. In

addition to the PREA Video, the presenter, a seasoned and articulate Sergeant, presents information regarding the detainee's rights related to being free from sexual assault, sexual harassment and retaliation, as well as ways detainees may report. Documentation confirmed both information received upon admission and acknowledgments of receiving and understanding the information provided during orientation. Interviewed detainees confirmed receiving information during admission and during orientation. They also indicated the information is available on bulletin boards throughout 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; A review of documentation in 46 detainee files containing PREA Acknowledgment Forms and the GDC Orientation Checklist; 60 Superintendent's Orientation Summary; 51 PREA Acknowledgment Statements.

Interviews: Staff conducting intake; Staff conducting orientation (detainee education); PREA Compliance Manager; Twenty-Three (23) randomly selected detainees from every housing unit; and Five (5) targeted detainees.

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

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

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

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

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

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

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

Residents confirm their orientation on several documents

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

If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If a detainee requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator. One of the targeted detainees to be interviewed was a deaf resident. The staff contacted the ADA Coordinator who expeditiously facilitated a video interview with an interpreter using American Sign Language. The facility has a contract with Language Line for interpretive services for the deaf and detainees who are limited English proficient. Residents who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill detainees have two mental health counselors who can assist them in understanding PREA and how to report. PREA Videos have closed caption and there is also a Spanish version of the video.

At intake, detainees are reportedly given the PREA Pamphlet and an explanation of the zero-tolerance policy and how detainees may report sexual abuse and sexual harassment. PREA information is also available in the resident handbook.

In this facility orientation/PREA education conducted on Tuesday or Wednesday each week. The auditor observed the orientation process. Orientation is conducted in a large multipurpose room with detainees sitting at tables. In addition to showing and discussing the PREA Video, the presenter explained PREA, how it came about, what it is, as well as detainees rights, and ways to report. The explanations were made in language the detainees could understand. There were no detainees with any disabilities or conditions that would cause them not to be able to understand the information being presented. The facility does have access to a GED teacher for any detainee with limited skills or literacy issues, counselors for detainees who may be cognitively challenged or having mental issues, and Language Line interpretive services for detainees who may be limited English proficient.

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

The auditor reviewed 46 Offender Orientation Checklists, 51 PREA Acknowledgment Statements, and 60 Superintendent Orientation Summaries. Orientation Checklist documenting viewing the PREA Video. It also affirms the detainee has been given a formal orientation and has been given the opportunity to ask questions.

Discussion of Interviews: Staff conducting the victim/aggressor assessments, during the intake process provide detainees with PREA information. This includes zero tolerance and how to report allegations of sexual abuse and sexual harassment. An experienced and seasoned Sergeant conducts orientation. He explained how he presents information through lecture, discussion, and the PREA Video.

Interviewed detainees confirmed receiving PREA Information on admission and during orientation by watching the video. They indicated they received the PREA video within a week. Detainees could name multiple ways to report. Additionally, detainees indicated they had seen the PREA video before but were required to see it again.

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.

This standard is rated exceeds. The agency conducts its own investigations of allegations of sexual assault, sexual harassment or retaliation. Allegations that appear criminal are investigated by a Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by a GDC Regional Office. Special Agents receive extensive investigatory training through the Georgia Bureau of Investigations Training Academy and through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings. If the allegation is not criminal, the facility's Sexual Abuse Response Team (SART), composed of a facility-based investigator, a representative from medical, and someone from counseling. The PREA Compliance Manger required six (6) staff to take the on-line specialized training provided by the National Institute of Corrections to ensure that a facility-based trained investigator would be available in the event the principal investigator was not available. The auditor reviewed six (6) certificates confirming the specialized training. Too, the agency has implemented a computer- based system in which the facility-based investigator inputs the components of the investigation for review by the Agency's PREA Coordinator and/or Assistant PREA Coordinator. If they believe additional information is needed, they inform the facility-based investigator and will not authorize the close-out of the investigation until the PREA Unit approves the investigation. Interviews with the Facility-Based Investigator, PREA Compliance Manager (also trained to conduct investigations in confinement settings), Agency PREA Coordinator and a Special Agent (previous interview) confirmed the investigative process and the fact that the investigators have all completed specialized training in conducting sexual abuse investigations in confinement settings.

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; Six (6) Certificates documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Training Rosters for SART Training.

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

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

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

Six staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificates documenting the specialized training and through interviews with the investigators. The PREA Compliance Manager wanted to ensure there would always be a “trained” investigator to conduct the facility-based investigations.

In addition to the NIC Specialized Training and attending the same PREA training that all staff attend, Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were provided documenting the SART attendance at the training.

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

The facility-based investigator confirmed receiving the NIC training and SART Training. Six (6) Certificates were provided documenting other staff completing the NIC specialized training. Additionally, he related Sexual Assault Response Team training is held a couple of times a year.

The investigator was knowledgeable of the investigation process and described it in detail. He confirmed the time frames for initiating an investigation, the process, evidence he would consider, that he would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or a detainee would not stop the investigation and that

he would judge the credibility of a witness based soley on the evidence. He would not be biased but would consider previous allegations made by the victim.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- 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.

Georgia Department of Corrections (GDC) Policy requires healthcare and mental health staff to complete specialized training in addition to the regular PREA Training all staff receive. The Lead Nurse is a Sexual Assault Nurse examiner and has completed the on-line specialized training, PREA 201 for Medical and Mental Health Practitioners. The other nurse has completed that as well. There are no mental health counselors at the facility. The host facility, Ware State Prison, would offer mental health counseling for victims of sexual assault. Two staff, including a general population counselor has completed the NIC specialized training course: Behavioral Healthcare for Victims of Sexual Assault in a Confinement Setting. The agency, in addition to this specialized training, provides training for members of the Sexual Assault Response Team (SART) members, that include the Lead Nurse and the General Population Counselor who serves as the staff advocate for victims of sexual abuse. The counselor has completed all the modules of that online training and provided certificates from the Georgia Network on Sexual Assault confirming that training. Interviews also confirmed the training provided and completed, including the regular PREA training required of all staff on an annual basis.

Policy and Documents Reviewed: Pre-Audit Questionnaire**,** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (2); Behavioral Health Care for Sexual Assault Victims in Confinement Settings (2); PREA 201 for Medical and Mental Health Practitioners; Advocate Training Certificate; SANE Certificate of Continuing Education

Interviews: Previous interview with the Agency PREA Coordinator; PREA Compliance Manager; Lead Nurse; Regional Manager, Augusta University (Contract Healthcare Providers);

Observations: None applicable at this time to this standard.

Discussions of Policy and Documents: The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C.

Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHG staff are trained using the NIC Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training.

The facility does not conduct forensic examinations. The lead nurse is a Sexual Assault Nurse Examiner however if there was a sexual assault at this facility, the lead nurse would not conduct the forensic exam. That would he conducted by another SANE from the Satilla Advocacy Center in Waycross, Georgia.

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

Discussion of Interviews: An interview with the lead nurse at the facility indicated that all health care staff and mental health staff are required to and have completed the NIC Specialized Training provided online by the NIC. The lead nurse is a Sexual Assault Nurse Examiner and described the training that he and his staff receive in addition to the regular PREA Training they received during annual in-service and refreshers. He is also a member of the Sexual Assault Response Team and attends the Department's SART Training as well. The General Population Counselor indicated he completed the specialized training, Behavioral Healthcare for Victims of Sexual Assault in a Confinement Setting as well as the Training for serving as a staff victim advocate.

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, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments- PREA Sexual Victim/Sexual Aggressor Classification Screening (40); Victim/Aggressor Reassessments (40).

Interviews: PREA Compliance Manager; Assistant Superintendent; General Population Counselors who conduct victim/aggressor assessments; Interviews with twenty-three (23) detainees

Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

This instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. All the reviewed assessments were completed within 24 hours of admission. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.

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

- Offender is a former victim of institutional rape or sexual assault
- Offender is 25 years old or younger or 60 years or older
- Offender is small in physical stature
- Offender has a developmental disability/mental illness/physical disability

- Offender's first incarceration
- Offender is perceived to be gay/lesbian/bisexual transgender/intersex or gender non-conforming
- Offender has a history of prior sexual victimization
- Offender's own perception is that of being vulnerable
- Offender has a criminal history that is exclusively non-violent
- Offender has a conviction(s) for sex offense against adult and/or child?

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

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

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

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

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

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

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

Policy requires that any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education and programming assignments.

The information from the risk screening is required to be used to determine housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

The Bacon Probation Detention Center will make individualized determinations about how to ensure the safety of each offender.

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

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

Counselors at Bacon PDC conduct the victim/aggressor assessments as a part of the intake process unless the detainee comes in after hours, in which case, he would be assessed the next day. Staff reportedly get the referrals a week in advance giving them time to get ready to assess the detainee when they come in. The interviewed counselor indicated she looks in SCRIBE, the offender database, to review his violence history, disciplinary report history, as well as any flags as either a potential or actual victim or aggressor. The information in SCRIBE is also used to cross reference and serve as a check on the detainee's responses. Thirty-day reassessments are conducted by the PREA Compliance Manager and the same instrument is used to document that. Offenders are also reassessed after having been absent from the facility for appointments, court etc.

The auditor reviewed 40 Victim/Aggressor Assessments and 40 Reassessments conducted by the PREA Compliance Manager and General Population Counselor.

Discussion of Interviews:

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

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

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

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

Standard 115.42: Use of screening information

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

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.

Policy and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; (20) Reviewed Assessments; (20) Reviewed Re-Assessments; Assessments for two bunks from each dorm.

Interviews: Assistant Superintendent; PREA Compliance Manager; General Population Counselor; Intake Officer

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

management or security problems. Placement and program assignments for each transgender or intersex inmate is to be reassessed at least twice a year.

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

The facility's living units are all open bay style. Residents are assigned to the dorms based on their security levels and the details they are assigned to. The Intake Officer assigns detainees on admission. The Intake Officer related she checks SCRIBE for any alerts and assigns detainees primarily based on their detail assignment but also on bed space availability. The victim/aggressor assessment is administered during the intake process unless the resident is a transfer coming in late/after hours. If that assessment identifies a detainee as either a potential victim or potential aggressor, the counselor notifies the intake staff who will make the dorm change.

Potential victims are assigned to general population dorms but are placed in top bunks that are nearest to the control room. The open bay dorms have glass windows from top to bottom enabling the control room staff to observe the dorm, providing an additional measure supplementing supervision.

The classification committee meets weekly and reviews the detainees record and file and if they determine a resident needs to be moved, he will be moved. They also consider the detainee's safety in making assignments to details and programs, although programs are very limited.

Discussion of Interviews: General Population Counselors conduct the victim/aggressor assessments during the admission process unless the detainee comes on after hours in which case he will be assessed not later than the next day. The Intake Staff described her process for assigning detainees to housing. She indicated she checks SCRIBE for any flags, criminal history, or disciplinary issues. When the victim/aggressor assessment is competed, if the detainee scores out as either a potential victim or potential aggressor, the counselors stated they inform the intake officer who makes dorms and bunk changes. The counselors indicated they would place potential victims in general population but in a bunk that is closer in proximity to the control room and on a top bunk. This enables the control room to provide additional viewing of the detainee.

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 Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Coordinated Response Plan.

Interviews: Assistant Superintendent, PREA Compliance Manager; Staff supervising segregation; Randomly selected staff (13); Randomly selected and special category detainees (23).

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

Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation, requires that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.

Inmates at high risk for sexual victimization are housed in the general population. They are not placed in segregated housing and would not be placed there unless there were no other options for safely

housing the detainee/resident. The facility has not designated a safe dorm to keep from placing potential victims all together, segregating them from the general population. However, they are placed in bunks close to the control room and on the top bunk facilitating viewing by staff manning the control room.

If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the segregation area but would be expeditiously transferred to another facility or placed in protective custody at Ware State Prison, the host facility for the Probation Detention Center.

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

	☐ ☐	

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

Interviews with the Assistant Superintendent and PREA Compliance Staff indicated that detainees at risk or potential or actual victims would be considered first for placement in another dorm; a SAFE DORM and if that would not provide safe housing for the detainee and it would not be feasible to keep the detainee safe in any of those alternative areas, he could be transferred or placed in Protective Custody until an alternative housing arrangement could be considered. If a detainee were placed in segregated housing for his safety, he would have access to programs and services, similar to those of the general population insofar as possible, consistent with security needs.

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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☐ **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 Georgia Department of Corrections and the Bacon Probation Detention provide multiple ways for detainees to report allegations of sexual abuse, sexual harassment, retaliation, and staff neglect that may have resulted in a sexual abuse. For example, to report outside the facility detainees can call the

PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator. Within the facility they can report to a staff member, write a note, send a request, tell medical, file a grievance, tell a family member by phone, letter or during visitation or report while on detail and report to their attorney's either via phone, in person or via letter.

A Memo from the PREA Compliance Manager, dated August 14, 2018 reaffirmed that detainees can report allegations of sexual abuse, sexual harassment or retaliation in the following ways:

- PREA Hotline
- Third Parties
- Ombudsman's Office
- Report to staff
- Email the PREA Coordinator
- Report to family who can report by calling the PREA Hotline or emailing the GDC PREA Unit
- Report to Satilla Advocacy

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;. Report from the PREA Analyst documenting there were no calls to the PREA Hotline in the past 12 months.

Interviews: Twenty-Three (23) detainees, both randomly selected and special category; Thirteen (13) randomly selected staff representing a cross section of positions; and Twenty-Five (25) specialized staff.

Observations: Phones in each dorm with dialing instructions; Testing two (2) PREA Phones; Observations of PREA Posters all over the facility and accessible to staff, detainees, volunteers and visitors

Discussion of Policy and Documents: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting, provides multiple ways for inmates to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Inmates are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided inmates a sexual abuse hotline enabling inmates to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity.

Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is

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

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

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

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

The auditor reviewed the only two (2) allegations made during the past 12 months. Both were reported to a staff member. These were all taken seriously, and all were fully and thoroughly investigated.

Additionally, the auditor received a report from the GDC PREA Analyst. The report documented that there were no calls placed on the PREA Hotline during the past 12 months.

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

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

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

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

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

Discussion of Interviews: Interviews with 23 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. 85% of those interviewed stated they would either report via the PREA Hotline, to a family member or through a staff member. Staff related multiple ways detainees could report and stated they would take every allegation seriously regardless of the source of the allegation.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☐ No ☒ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ 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 Bacon Probation Detention Center 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, Two (2) Detainee Grievances filed in 2017-18; representing 100% of the filed grievances, There were no allegations of either sexual abuse or sexual harassment made in 2017-18

Interviews: Grievance Officer; Thirteen (13) Randomly selected staff; Twenty-Three (23) detainees; PREA Compliance Manager.

Observations: Not applicable for this standard.

Discussion of Policies and Documents: 208.6, E.3, Offender Grievances, states that all allegations of sexual abuse and sexual harassment are not grievable issues. There should be reported in accordance with methods outlined in the policy.

Prior to the change in the policy, with an effective date of March 2,2018, inmates did file grievances and those reviewed by the auditor were responded to by immediately turning them over to the Sexual Assault Response Team for investigation.

The policy changed effective March 2018 when this revision was included. \

The auditor reviewed 03 grievances, representing 100% of the total number of grievances filed in one year. None of the grievances contained any allegations of either sexual abuse or sexual harassment.

Discussion of Interviews: An interview with the grievance officer confirmed that allegations of sexual abuse and sexual harassment are not to be handled through the grievance process to ensure the allegations are addressed expeditiously and without delay. Policy states that allegations of sexual abuse and sexual harassment are not grievable issues. In the event a detainee did file a grievance, staff related the grievance would immediately be turned over to the SART for investigation and would not be processed as a grievance.

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.

The facility has a Sexual Assault Nurse Examiner (SANE) who is employed by Augusta University, the health care service providers who contract with the Georgia Department of Corrections. He serves as

the lead nurse at Bacon Probation Detention Center. He also is associated with the contracted Sexual Assault Nurse Examiners services who conduct forensic exams for the Department. The Satilla Advocacy Services in Waycross, Georgia provide victims of sexual abuse with victim advocates who will meet the victim and accompany them through the forensic exam process and any investigation interviews. Their role is to provide emotional support to victim of sexual abuse. The facility has a memo from the Satilla Advocacy Center confirming those services. The Center is a part of the Georgia Network Against Sexual Assault. Contact information, including the phone number and mailing address is provided to the detainee and is posted on the walls in each dormitory next to the telephones. Interviews with detainees indicated that although detainees said they had not needed those services, they knew the services were available but were unsure as to who could provide them. The facility agreed to hold dorm meetings to advice the detainees of the availability of the services, how to contact them and the limits of confidentiality when calling or corresponding with them. Documentation in the form of a Memo from the PREA Compliance Manager confirming having the dorm meetings and copies of each dorm's log books documenting the dorm meetings providing that information. That information was provided October 31, 2018.

Policy and Documents Reviewed: GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification; PREA Related Posters; Training Certificate: Georgia Network to End Sexual Assaults; Memo from the PREA Compliance Manager; copies of post logbooks documenting dorm meetings about the outside advocacy organization.

Interviews: PREA Compliance Manager, PREA Coordinator, Superintendent's Designee, Twenty (20) detainees; A staff advocate.

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

The agency provided a Memorandum acknowledging the services that the Satilla Advocacy Center agreed to provide including a victim advocate to meet the detainee victim of sexual abuse and accompany him through the forensic process and any investigation interviews. The contact information

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

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

Discussion of Interviews: The PREA Compliance Manager confirmed the facility has worked with Satilla Advocacy Center to enter into a MOU with the local rape crisis center, Satilla Advocacy Center,

in Waycross, Georgia. A previous interview with the Director of Satilla Advocacy Center confirmed that victim advocates are provided to any detainee who is the victim of sexual abuse.

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 Bacon Probation Detention Center Pre-Audit Questionnaire**;** GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; One (1) Reviewed Investigation Package; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures (An Overview for Offenders – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Report of Calls to the PREA Hotline in the past 12 months

Interviews: Twenty-Three (23) detainees, randomly selected and special category; Thirteen (13) Randomly Selected Staff; Twenty-Five (25) Special Category Staff, PREA Compliance Manager; Superintendent's Designee

Observations: Review of the Agency's Website (Georgia Department of Corrections)

Discussion of Policy and Documents: The Georgia Department of Corrections and the Appling Integrated Treatment Facility provides multiple way for inmates to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling Third Party reports may be

made to the GDC Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to inmates that allows them to call or write the Ombudsman's Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It" provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate's pin is not required to place a call using the "hotline". The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

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

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

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

Family members, friends and other residents, may make a report for a resident.

Discussion of Interviews: Staff are asked to name ways detainees can make reports or allegation of sexual abuse or sexual harassment. They consistently could name multiple ways and when asked if an inmate could report anonymously and through a third party, 100% of the staff said detainees could get a third party to report for them and that they would take that report seriously and act immediately. They also affirmed they would document the allegation in writing and they would have to do that prior to the end of the shift.

Interviewed detainees were aware they could have a third party, including a parent, relative or another detainee report for them.

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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The Georgia Department of Corrections mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault.

The Department appears serious about Zero Tolerance and preventing sexual assault and sexual harassment and retaliation. This is reflected in the structure of the Department where the PREA Coordinator, reports to the Director of Compliance, who reports to the Director of the Office of Professional Standards yet allows the PREA Coordinator direct access to the Commissioner should she need it regarding any PREA related issue. The agency has an ADA Coordinator who serves actively as a resource person for securing interpretive services for limited English proficient inmates/detainees and for disabled detainees/inmates who may be hearing or visually impaired to enable them to make reports of sexual abuse or sexual harassment and to participate fully in the agency's prevention, detection, responding and reporting program.

The training component for PREA also engages all staff, with correctional staff receiving PREA education during Basic Correctional Officer's Training while attending the Peace Officers Standards BCOT Academy. Staff are trained to report all allegations regardless of how those allegations came to light and to report them immediately to a designated shift supervisor. They may also report to any member of the Sexual Assault Response Team. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed prior to the end of the shift (or leaving the shift). Policy requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the detainee to the Supervisor's Office.

Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; and investigation reports for 2017-18

Interviews: Assistant Superintendent; PREA Coordinator; PREA Compliance Manager; SART Leader; Thirteen (13) randomly selected staff; Twenty-Five (25) special category staff; Facility Based Investigator

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

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

This facility does house youthful offenders; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

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

Discussion of Interviews: All the interviewed staff, both those randomly selected and special category staff stated they are trained to and required to report everything, including anonymous reports and reports received from third parties. They said they would report it to their shift supervisor or Officer in Charge. Non-Uniform staff said they would report it to the first security staff they saw and to the shift supervisor. All of them said they would also have to complete a witness statement or an incident report. When asked about observing staff negligence resulting in a sexual assault, if they would have to report that, they said it is mandatory and they would do it anyway. The auditor asked staff if they would be expected to report something they suspected. 100% of them said they would report that, as well, to their immediate supervisor. The auditor asked if a staff received a third-party report or an anonymous report, as well as reports made verbally and in writing, would they report those and the all said yes. When asked about whether a written statement or report would be required, they said they would have to put all verbal reports in a written statement that would have to be completed before they left their shift. When asked what would happen if they failed to report they indicated there would be an investigation and they would be fired.

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.

The Pre-Audit Questionnaire reviewed monthly PREA Reports, and interviews with staff confirmed there have been no detainees at risk of imminent sexual abuse during the past 12 months. None of the 23 interviewed detainees indicated they had ever been at risk of imminent sexual abuse. Staff consistently, in their interviews, affirmed they take any information related to a detainee being threatened or at risk seriously and they would act immediately to remove the detainee from the potential threat and keep him with the staff until the shift supervisor and other supervisors made a decision about where to house the detainee. Staff consistently indicated the detainee could possibly be placed in another dorm, temporarily placed in protective custody until he could be transferred to another Probation Detention Center.

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

Interviews: Assistant Superintendent; Chief of Security; Grievance Officer; PREA Compliance Manager; Thirteen (13) randomly selected staff; Twenty-Five (25) Special Category Staff; Twenty (23) Inmates, random and special category.

Discussion of Policy and Documents: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in

administrative segregation, a note is paced in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are 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 Assistant Superintendent, Chief of Security, and PREA Compliance Manager indicated the facility does not place potential victims automatically in a separate dorm but has assigned aggressors primarily to one dorm. Detainees scoring high for potential for victimization are placed in general population but are placed on top bunks of bunks that are closest to the front, so the control room can monitor the dorm, insofar as possible.

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 Assistant Superintendent, Chief of Security, PREA Compliance Manager, random and special category staff and detainees, and reviewed incident reports (10%) for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months.

100% of the randomly selected staff who were interviewed related if they became aware that a detainee was subject to a substantial risk of imminent sexual abuse, the first thing they would do is remove that detainee immediately from the alleged threat and notify their supervisor. When asked where they would place the detainee or where they thought the detainee would be placed, they indicated the detainee would be probably be moved to another dormitory and if the detainee could not be placed in another dorm safely he may be placed temporarily in protective custody until he could be transferred to a facility where he might feel safer. If the detainee needed protective custody he would be transferred to Ware State Prison, the facility's host facility. When asked when they would take the action to remove the detainee from the potential threat, 100% said they would take the allegation seriously and act on it immediately. They also consistently said they would take the detainee to the shift supervisor's office

and/or keep the detainee +for safe keeping until a decision could be made about where best to safely keep the detainee.

Other interviewed staff, including the Superintendent's Designee, the Assistant Superintendent, Chief of Security and PREA Compliance Manager, stated they have not received any reports or grievances alleging a detainee was at risk of imminent sexual abuse.

The auditor reviewed two of two grievances filed during the past 12 months and neither alleged any PREA related issue, including reporting being at risk of imminent sexual abuse.

None of the interviewed detainees alleged any form of sexual abuse at the facility. They also stated they had never been at risk of imminent sexual abuse and 100% of those interviewed stated that they felt safe at this facility.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- 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.

The facility's Pre-Audit Questionnaire documented that the facility has not received any allegations from another facility that a detainee at Bacon PDC was sexually abused or sexually harassed while at the Bacon PDC. Nor were there any allegations made by a detainee of the Bacon PDC that they were sexually abused or sexually harassed while at another facility. Interviews with staff confirmed they understand Georgia Department of Corrections Policy and the PREA Standards with regard to responding to such allegations. The Assistant Superintendent and PREA Compliance Manager indicated in their interviews that they have not had any detainee alleging abuse at another facility nor have they had a detainee alleging sexual abuse at another facility that they were sexually abused or sexually harassed at Bacon PDC. They did state their role would be to initiate an investigation immediately of any allegation received from another facility and if they received an allegation that an offender was abused at another facility, the Assistant Superintendent, in the absence of a Superintendent, would contact the sending facility to determine if the incident had been reported and if not to ensure an investigation was initiated and to cooperate with the investigation.

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

Interviews: Assistant Superintendent; PREA Compliance Manager, SART Members

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

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

Although there have been no allegations received from another facility or from a detainee at the PDC that he was abused elsewhere, staff articulated the steps they would take in reporting to the sending facility and ensuring that if an investigation had not been initiated, starting an investigation. They also indicated if they received an allegation from another facility that a detainee had been sexual abused

while at this facility, they would cooperate with an investigation and conduct interviews or provide any additional information they might have.

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

Standard 115.64: Staff first responder duties

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

115.64 (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

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.

Staff at the Bacon PDC, including office staff, food service staff, medical staff, counseling as well as uniformed staff attend Annual In-Service Training and Day 1 of that training includes PREA. Policy and the Sexual Assault Response Plan for the Bacon PDC identifies the actions required of first responders. That response includes separating the alleged victim from the alleged aggressor and keeping the alleged victim safe. Staff are required to notify the shift supervisor and secure the scene, not allowing anyone in or out until investigators arrive on the scene. Additionally, it requires requesting the victim not eat, drink, shower, take a bath, brush their teeth, or change clothing or take any action that might destroy or contaminate the evidence. It requires instructing the alleged aggressor not to eat, drink change clothes, shower, take a bath or brush their teeth. If there is a dry cell available, the aggressor may be placed in that cell to prevent evidence destruction. Staff carry a first responder card to refresh them if they need it in responding to an allegation or incident of sexual assault. The agency initiates a Sexual Assault Response Protocol serving as a checklist of actions to take. The facility also has a Sexual Assault Response Plan, acting as coordinated response plan. Interviewed staff, including non-uniformed staff articulated the steps required as a first responder. Medical explained they would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to assess the detainee but taking all precautions to protect evidence that may be on the person or his clothing. The Sexual Assault Nurse Examiner would be called to conduct the forensic exam, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, who would in turn, turn it over to the GDC Office of Professional Standards, Special Agent.

Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; PREA Local Procedure Directive. Sexual Assault Response Protocol/List; Bacon Probation Detention Center Sexual Assault Response Plan; Monthly PREA Reports to the PREA Unit.

Interviews: Two (2) SART Members; Thirteen (13) randomly selected staff; Twenty-Five (25) specialized staff; Facility-Based Investigator; Special Agent (Previous Interview) and PREA Compliance Manager. Informal Interviews with staff randomly selected during the site review.; 1 of 1 Reviewed Investigation Package

Discussion of Policy and Documents: Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that a resident has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve

and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately.

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

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

Staff are trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings.

Non-custody staff have been trained in first responding. They could describe the steps they would take in response to being informed a resident had been sexually assaulted. They were able to articulate step by step the same procedures as correctional staff. The nurse did indicate her role, in addition to conducting an assessment on the alleged victim would be to attempt to protect the evidence. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

There were no allegations of any form of penetration during the past 12 months.

Discussion of Interviews: Interviews with 13 randomly selected staff, including both uniformed and non-uniformed staff, confirmed they are knowledgeable of their roles as first responders. They detailed the steps they would take if they were the first person to be alerted that a detainee had been sexually assaulted/abused. Non-security staff, including medical, food services, and administrative staff, who were interviewed, were knowledgeable of the actions of a first responder, to ensure the alleged victim and alleged abuser are separated; that the potential crime scene is secured; that they would ask the victim not to shower, eat, drink, brush their teeth, or change clothing; and that they would tell the alleged abuser not to do those things as well. All of them stated they would get the alleged victim to medical as well and medical would preserve the evidence as well.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive; PREA Medical Log; Bacon PDC Sexual Assault Response Plan

Interviews: Thirteen (13) randomly selected from a staff roster and representing a cross section of employees, both security and non-security including the Assistant Superintendent; PREA Compliance Manager, SART Leader, Member of the SART; Twenty-Five (25) Specialized Staff

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

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

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

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

This facility is small, compact, with offices very close to each other and communication is not an issue here.

Discussion of Interviews: The auditor interviewed a total of thirty-eight (38) staff, randomly selected from a staff roster and representing a cross section of employees, both security and non-security and specialized staff; two (2) members of the SART. All the interviewed staff articulated their roles in responding to an allegation of sexual assault.

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

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

115.66 (a)

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

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

The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining.

Interviews: Superintendent; Statewide PREA Coordinator; Statewide Assistant PREA Coordinator; PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).

Discussion of interviews: Interviews with the Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, Superintendent; PREA Compliance Manager 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 Superintendent 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

☐ **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 Georgia Department of Corrections has a zero tolerance toward retaliation against any inmate/detainee or staff who report an allegation of sexual abuse or sexual harassment. This is documented in GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program. The Superintendent has designated a general population counselor as the Retaliation Monitor. In fact, at Bacon Probation Detention Center there are two staff responsible for monitoring retaliation and they have a unique approach to that. One monitor meets with the detainee as soon as an allegation is made to explain that he may be contacted during the investigation phase if the detainee or staff experience any form of retaliation while the investigation is underway. Once the investigation is completed the monitoring is transferred to the general population counselor. There was only one case requiring retaliation monitoring and a case note documented initial contact and the GDC's Retaliation Monitoring Form documented the contacts by the retaliation monitor.

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

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

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

initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.

The PREA Compliance Manager indicated that she contacts the detainee at the beginning of the investigation process to let him know if he is experiencing any retaliation as the result of reporting an allegation of sexual abuse or for participating and cooperating in the investigation.

Discussion of Interviews: The Retaliation Monitor contacts the detainee involved in the allegation and explains her role. She then monitors using the GDC Retaliation Form that documents checking things like DRs, Dorm Changes, Work Detail Changes etc. Monitoring occurs every 30, 60, and 90 days and is documented on the GDC Retaliation Monitoring Form.

The monitor indicated that any alleged victim will be immediately removed and separated from the alleged perpetrator and placed in a safe environment. Initially, she indicated, the detainee would be taken to an office “up front” where there is also privacy. She indicated the resident may be placed in another dorm if that can be safely accomplished and if not, the resident can be transferred to another facility. If protective custody is needed, that is available at the host facility. Ware State Prison. If an officer was involved in an allegation, the officer would be placed on “no contact” and depending on the nature of the allegation, would be placed on a post away from contact with the detainee.

The monitor would be reviewing things like Disciplinary Reports, grievances, movements and details and these would be monitored, and the detainee contacted every 30 days, 60 days, 90 days and more if needed. The monitoring would be documented on the GDC Retaliation Form.

The monitor indicated she would monitor Disciplinary Reports, Changes of details and any changes of dorms. If a staff was being monitored she would review any write-ups, changes in shifts or details, and performance reports.

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

Standard 115.68: Post-allegation protective custody

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

☐ **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, 3. Protective Custody;

Interviews: Assistant Superintendent; PREA Compliance Manager; Chief of Security; Staff Supervising Segregation; Randomly Selected and Special Category Staff (38); Randomly Selected and Special Category Inmates (23).

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

The reviewed Pre-Audit Questionnaire, the reviewed investigation package, and interviews with staff documented that there were no detainees placed in involuntary segregation during the past 12 months.

Discussion of Interviews: Interviews with the Assistant Superintendent, Chief of Security, and PREA Compliance Manager indicated that placing someone in involuntary protective custody would be a last resort. It would be, according to staff, used only in the absence of any other safe place to house the resident. Potential Victims of sexual abuse are not housed in a dorm designated soley for potential or actual victims. The facility does not discriminate and houses them in general population dorms but assigns them to the top bunk in bunks closer to the front of the dorm, enabling the rear control room staff to observe what is going on the dorms, providing supplemental supervision.

If the detainee could not be safely housed in the facility, the detainee could be transferred to another probation detention center.

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

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

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- 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

☐ **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.

Georgia Department of Corrections Policy requires that all investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.

Investigations are initiated by the Sexual Assault Response Team. The Facility-Based Investigator and five (5) other staff who may serve as "back-ups" to the primary investigator, have completed the on-line training provided through the National Institute of Corrections entitled: "PREA: Investigating Sexual Abuse in Confinement Settings". This was confirmed through the reviewed training certificates. If there is an allegation of sexual abuse, staff trained as first responders separate the alleged victim and alleged aggressors and ensure that the crime scene, including the bodies of the alleged victim and perpetrator as well as the area where the alleged offense occurred, are treated as crime scenes and actions are taken to protect the evidence that may be on them. If during the initial investigation by the SART, the allegation appears to be criminal in nature, the Superintendent or designee will contact the Regional Office to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy. If a detainee at another facility alleges sexual abuse at Bacon PDC, the administration from that facility notifies the administration of the Bacon PDC and in investigation is undertaken expeditiously. Likewise, if a detainee at Bacon PDC alleges sexual abuse that occurred at another facility the administration of Bacon notifies the administration of the holding facility to determine if an investigation has been initiated.

There were two (2) allegations of sexual abuse or sexual harassment during the past 12 months.

The reviewed investigations were initiated expeditiously. Both reports were made to the GDC Tip Line. One allegation was anonymous and alleged that an officer had made sexual comments in a disparaging manner to detainees in the dorm. The investigation was conducted as any other investigation and determined to be unfounded. The PREA Compliance Manager sill required the officer be counseled and all security employees required to complete the NIC online training, Communicating Effectively and Professionally with LGBTI detainees. The other allegation came from another facility that a detainee who had resided at Bacon had alleged and officer threatened to get in bed with him because he would not get out of the bunk. This allegation was determined to be unfounded. The content of the investigation packages included the notifications that an incident has been alleged, Sexual Assault Response and other PREA Checklists, incident reports, witness statements; investigation summaries, supplemental reports and notifications to detainees of the results of the investigation. The Agency's PREA Coordinator and Assistant PREA Coordinator review the investigations in a computer-based program. Investigators upload their investigation packages into the program where they can be viewed and reviewed. If additional information should have been looked at the PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that they investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC Incident Report; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire; Two (2) reviewed investigation packages representing 100% of the allegations made during the 12 months prior to the audit.

Interviews: Assistant Superintendent, Agency PREA Coordinator; PREA Compliance Manager; SART Members; Special Agent; Facility-Based Investigator; 38 Staff, including Random and Specialized; Twenty-Three (23) detainees, both randomly selected and targeted.

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for

obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

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

There were two (2) allegations made during the past 12 months and the auditor reviewed all of them. The results were unfounded. These allegations were discussed earlier in this standard.

Investigation packages contained the following:

- Sexual Abuse Response Checklist
- PREA Incident Review Checklist
- Incident Report
- Supplemental Report
- Witness Statements (multiple pages of statements)
- Investigation Report
- Notification to the Detainee

Discussion of Interviews: An interview with the facility -based investigator indicated he knows how to conduct an investigation. He has completed the NIC training, “Conducting Sexual Abuse Investigations in Confinement Settings”. An additional five staff have completed the training as well and serve as back-up investigators as needed. He described most of the content of the course and with additional prompting responded to the other topics. In initiating an investigation, he indicated he would start the investigation as soon as he received the report. If the alleged incident appeared criminal, he indicated he would turn it over to the Office of Professional Standards for investigations. He related he would believe the victim unless the evidence proved otherwise in considering credibility he would review DR history, allegation history, other witness statements, camera footage and ultimately credibility would be based on the evidence. He described evidence he would be responsible for looking at and collecting. This would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. He indicated he would look at staff rosters, assignments for that shift, and review any camera footage that may be available. He also stated the SART decision would be based on a preponderance of the evidence and the incident and investigation would be reviewed during the monthly SART PREA Meeting. Interviews with the members of SART confirmed the investigatory process.

Interviews with facility staff, both those randomly selected and special category, confirmed they all knew the SART conducts sexual abuse investigations in this facility and could name each member of the SART and their specific roles.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14.

Interviews: Superintendent's Designee, PREA Compliance Manager; SART Leader.

Discussion of Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14, requires that there shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Facility-Based Investigator affirmed that the standard of evidence to substantiate an allegation of sexual abuse is "the preponderance of the evidence".

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in 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*)

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

Interviews: Assistant Superintendent, PREA Compliance Manager; Chief of Security; Facility-Based Investigator; Sexual Assault Response Team Leader

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

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

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

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

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

One attempt to notify the detainee was included and documented in the investigation package. The detainee had been released from the custody of the GDC. A second detainee who had made an unfounded allegation was released from GDC Custody prior to the conclusion of the investigation.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ 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*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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There have been no substantiated allegations against any staff or contractor at the Bacon Probation Detention Center. The two allegations made during the past 12 months involved alleged inappropriate comments to a detainee or to detainees. Both investigations determined the allegations were unfounded. Witness statements seemed to corroborate the officer's statements. However, the PREA Compliance Manager, who appears to be proactive, required the officer to be counseled and all security staff were required to retake the NIC On-Line Course, "Communicating Effectively and Professionally with LGBTI Inmates".

The Georgia Department of Corrections has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from

employment and possible referral for prosecution. The Department requires each facility to have a “Wall of Shame” that contains the photos of staff who have been arrested for issues including contraband and staff misconduct, including staff misconduct with an inmate. Staff acknowledge in the PREA Acknowledgment the potential sanctions, including arrest and referral for prosecution and the punishment if found guilty. Staff also sign a Code of Conduct/Ethics Acknowledgement as well. In an effort to screen rogue applicants out, the Department has initiated an Integrity Test required of all security staff. Applicants are placed in situations involving character and ethics and asked to endorse how they would respond.

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; 2 of 2 Reviewed Grievances filed during the past twelve months; 10% of the Incident Reports filed in the past 12 months

Interviews: PREA Compliance Manager; Superintendent’s Designee

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 40 PREA Acknowledgment Statements signed by employees and contractors.

There were two (2) allegations of sexual harassment made during the past 12 months. Both alleged staffs making inappropriate comments of a sexual nature to detainees. Both allegations were investigated and determined to be unfounded.

Discussion of Interviews: Interviews with the Assistant Superintendent, Chief of Security, and the PREA Compliance Manager indicated that 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. Referral for prosecution was also likely depending on the outcome of the OPS investigation.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ 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*)

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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: 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 2 of 2 Investigation Packages

Interviews: PREA Compliance Manager; Assistant Superintendent Designee; Chief of Security; SART Members

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 through reviewing incident reports from the past 12 months; monthly PREA reports; Monthly Medical PREA Logs, monthly report from the PREA Unit Analyst, 2 of 2 grievances from the past 12 months, and interviews with the Assistant Superintendent, Chief of Security; PREA Compliance Manager and SART Team Members.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

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

115.78 (d)

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

115.78 (e)

- 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; Resident Handbook; Reviewed 2 of 2 Investigation Reports.

Interviews: Assistant Superintendent; PREA Compliance Manager; Chief of Security; SART Leader; SART Members;

Discussion of Policy and Documents Reviewed: GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but it is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

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

Policy affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

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

There were no allegations of sexual abuse or sexual harassment during the past twelve months. This was confirmed through review of multiple sources, including the Monthly PREA Report, Monthly Medical PREA Log, Reports from the PREA Unit Analyst, 2 of 2 reviewed grievances, 10% of all incident reports for the past twelve months and interviews with the Superintendent's Designee, PREA Compliance Manager, and random and specialized staff, and random and special category detainees. The Pre-Audit Questionnaire documented there were no detainees subject to disciplinary action during the past twelve (12) months.

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- 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 Questionnaire; Victim/Aggressor Assessment; Health Screening Form; Mental Health Consent Forms; Mental Health Referrals; Documentation of Mental Health Assessments/Evaluation; Receiving Health Screening Form; Mental Health Reception Screening Form; Reception Screening Summary; Diagnostic Referral Log

Interviews: Lead Nurse; Clinical Programs Coordinator; Augusta University (Contract Provider Regional Manager); PREA Compliance Manager, Staff who administer the Victim/Aggressor Assessments; Randomly Selected and Targeted Detainees,

Observations: Intake Process; Victim/Aggressor Assessment Process

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

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

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

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

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

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

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

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

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

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

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

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

Interviews with medical and the General Population Counselors who conduct the Victim/Aggressor Assessment indicated they know to refer any detainee who makes a report of prior victimization during

the intake assessment. Because this small minimum-security facility does not have mental health services, the detainee, according to staff would be referred to Rogers State Prison and would be seen the next day at Rogers.

Discussion of Interviews: Interviews with medical, counseling staff, and the PREA Compliance Manager and general population counselor who conducts the victim/aggressor assessments of incoming detainees confirmed that each of them conducts a screening that asks the detainees about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. The PREA Compliance Manager makes referrals of inmates disclosing prior victimization or prior abusiveness. Detainees can refuse the referral. Interviewed detainees who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up.

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.

GDC Policy and Practice ensures that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed policies and procedures, reviewed monthly PREA reports, Monthly PREA Meeting Minutes; Interviews with staff, detainees, the Augusta University Regional Program Coordinator, and the facility's Lead Nurse, who is also a Sexual Assault Nurse Examiner

Medical care on site is limited to approximately 5AM to 5PM. Monday through Thursday. The health care staff consists of two (2) full time registered nurses and one (1) part time licensed practical nurse. A doctor is on-call and comes on site once a week. Saturday, Sunday, Holidays and after hours, detainees may be taken to the host facility, which is Ware State Prison where there are health care staff on duty.

Security and non-security staff are trained as first responders and their roles are to separate the alleged victims from alleged perpetrators, try to protect any evidence, suggesting the victim not eat, drink, use the restroom or change clothes, and require the alleged perpetrator not do those things as well that could destroy evidence. Interviewed staff articulated their roles as first responders and non-uniform staff responded with all the elements of first responding just as the uniformed staff did.

If a detainee does not have life threatening injuries, the detainee will be transported to the Ware State Prison, the host facility for the Bacon Probation Detention Center, where medical staff are on duty 24/7 and the Sexual Assault Nurse Examiner will report to Ware State Prison to conduct the Forensic Examination. Previous interviews with the Contracted Sexual Assault Nurse Examiner indicated she would recommend STI prophylaxis and write and order that must be approved by the physician. This information was confirmed by the lead nurse at Bacon PDC who is also a SANE. However, in the event of a sexual assault at Bacon PDC, the lead nurse (SANE) would not be permitted to conduct the Sexual Assault Forensic Exam.

Policy requires that the Forensic Exam is provided at no cost at all to the victim. Interviews confirmed that as well.

The Bacon PDC has not had any allegations during the past 12 months of any form of penetration or sexual assault. This is confirmed through reviewed Monthly PREA Reports to the PREA Unit and interviews with staff and detainees.

The facility does not have a mental health counselor or mental health staff, so the detainee victim of sexual assault would be seen at either Ware State Prison or Rogers State Prison. Ware State Prison is the host facility for Bacon PDC.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; Reviewed Investigation Packages;

Interviews: The Assistant Superintendent; Chief of Security; Facility-Based Investigator; PREA Compliance Manager; Registered Nurse (Lead Nurse and Sexual Assault Nurse Examiner); Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders; Prior interview with the Satilla Sexual Assault Nurse Examiner who would conduct the forensic exam if there was a sexual assault with penetration of any form of a detainee at Bacon PDC

Discussion of Reviewed Policies and Documents:

Inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Health care services at the facility are available during essentially normal duty hours, 5AM to 5PM, Monday through Thursday. A medical doctor is on call 24/7 and on site once a week. After hours health care is available 24/7 at the host facility, Ware State Prison. After hours emergencies would go to the emergency room at the Bacon County Hospital located close to the facility. When medical staff are not on duty, PREA protocols and Sexual Abuse Checklists require staff to notify medical and take steps to protect the detainee. Mental health is notified as well however there are no mental health counselors or mental health professionals at Bacon Probation Detention Center. Mental Health staff would be accessed at either Ware State Prison or Rogers State Prison.

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.

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

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

Discussion of Interviews: The lead nurse stated the facility does not perform forensic exams and is not equipped to do so. He also is a Sexual Assault Nurse Examiner and conducts forensic exams for the Department of Corrections however he would be unable to conduct a forensic exam of any detainee or resident of the Bacon Probation Detention Center. The detainee would be taken to Ware State Prison and the contracted Sexual Assault Nurse Examiner, contracted by the Georgia Department of Corrections, would conduct the exam.

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

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

Interviews: Lead Nurse (SANE); Augusta University Regional Programs Coordinator; Previous interview with the Sexual Assault Nurse Examiner; Assistant Superintendent; PREA Compliance Manager; SART Team

Discussion of Policy and Documents Reviewed: The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive) that specifies the actions for first responders; Sexual Assault Response Team, Medical and Mental Health. GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff. GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

If a detainee had to go to the hospital for a forensic exam, the hospital would offer the detainee STI prophylaxis. If the detainee went to Ware State Prison, the inmate would be offered STI prophylaxis based on the recommendation of the Sexual Assault Nurse Examiner. The facility's MD would then issue an order and the Nurses could provide it. Any follow-up as the result of a sexual assault would be provided by the facility.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- 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*)

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Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Two (2) of Two (2) Reviewed Investigation Packages; Pre-Audit Questionnaire

Interviews: Assistant Superintendent; Chief of Security; PREA Compliance Manager; SART Members

Discussion of Policies and Documents: The facility documented two (2) allegations of sexual harassment. Both were investigated, and both were determined by the SART to be unfounded. There were no allegations of sexual abuse during the past 12 months.

GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review, affirms and requires that each facility meet once per month to review and assess the facility's PREA prevention, detection, and response efforts. During that meeting, policy requires an incident review to be conducted for each sexual abuse allegation that has been concluded within the past 30 days. This review is to be conducted on all abuse allegations deemed to be substantiated and unsubstantiated. Reviews of unfounded allegations are not necessary.

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

Team Members for the Bacon Probation Detention Center include the PREA Compliance Manager, Facility-Based Investigator, Lead Nurse, General Population Counselor.

GDC Facilities and the Bacon Probation Detention Center conduct monthly PREA Meetings. This is when sexual assault incidents are reviewed. Team members use the GDC Incident Review Form that requires the team document consideration of each item for review required by the policy and PREA Standards. Reports will be forwarded to Superintendent and the Compliance Manager, if they cannot be present.

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

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Warden or PREA Compliance Manager.

The reviews are conducted at the end of the investigation, as required. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it

happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

Discussion of Interviews: Interviews with the PREA Compliance Manager, Assistant Superintendent; Chief of Security, Lead Nurse, General Population Counselor and members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation and the interviewed staff could articulate the process. That process articulated by the SART members was in compliance with GDC Policy. The PREA Compliance Manager described the membership of the team as well as the things the team would be looking at in that review.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ 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; Assistant 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 30th.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3, requires each facility to submit to the Department's PREA Analyst, each

month, a report, using the electronic spreadsheet provided from the PREA Coordinator's office. The form is submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2017 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page 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 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant and an increase in the total number of allegations is influenced by process improvements and prevention training.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2018 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module.

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 auditor reviewed all twelve months of reports to the PREA Unit.

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 (2 of 2); Incident Reviews; Georgia Department of Corrections 2017 Annual Report; Agency Website.

Interviews: Assistant Superintendent**;** PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator and Agency Assistant 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 two (2) of two (2) investigation packages. Neither of the allegations involved an allegation of sexual abuse. Both alleged sexual harassments however neither really met the criteria for sexual harassment.

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 2017 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 2017 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. Initiatives for the Department as well as the facilities were documented.

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

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

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

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

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

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

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

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

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

Prior to the on-site audit, the auditor and PREA Compliance Manager communicated via email and phone. The auditor received information on the flash drive prior to the on-site audit. The information contained on the flash drive indicated the PREA Compliance Manager had put a lot of time into

providing information enabling the auditor to understand the mission of the facility and the facility's approach to PREA, including prevention, detection, responding and reporting. The drive contained information including GDC Policies and Procedures, local operating procedures, as well as documentation indicating the facility's practices relative to the GDC Policies and the PREA Standards. The Pre-Audit questionnaire was completed and was informative as well. Communications between the auditor and the PREA Compliance Manager were effective and productive. When additional information was requested, the information was provided expeditiously.

The on-site audit of the Bacon Probation Detention Center was conducted by two (2) certified PREA Auditors. During the on-site audit, the auditors were provided complete and unfettered access to all areas of the facility and to all the detainees. The auditors were free to move about the facility any time they needed to. Space in two offices were provided for the auditors to conduct interviews with complete privacy. When one of the auditors needed to interview a deaf detainee, the facility expeditiously contacted the Agency's ADA Coordinator to arrange a video interpretive interview using Language Line Solutions. When additional documentation was requested it was provided expeditiously. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff and probationers.

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

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

The auditor thoroughly reviewed large samples of documentation and interviewed staff, contractors and detainees. Multiple personnel files were reviewed to assess the hiring process and background checks. Too, processes were tested during the on-site audit. The auditor tested two phones by calling the PREA Hotline and leaving messages for the PREA Unit to email the auditor when they received the message. Too, the auditor tested the Victim/Aggressor Assessments of detainees in each dormitory by randomly selecting beds in close proximity to the other to determine if a potential aggressor was bedded close to a potential victim. During the exit briefing, the PREA Compliance Manager preliminary findings were discussed and corrective actions were identified. The facility was asked to document that detainees had been trained, in dorm meetings, to understand the outside advocacy services available through the Satilla Advocacy Center in Waycross, Georgia. That information included the services available, contact information including phone numbers and mailing addresses, and the limits of confidentiality when calling the Advocacy Center. The facility, on November 1, 2018, provided documentation that the dorm meetings were completed and photos to confirm the contact information was posted in all the dormitories of the facility.

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

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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*)

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

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

AUDITOR CERTIFICATION

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

Robert Lanier November 12, 2018

Auditor Signature **Date**

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

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