

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

Interim       Final

Date of Report    February 23, 2018

### Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: February 19, 2018

### 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
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: <a href="http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS">http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS</a>			

### 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.atchinson@gdc.ga.gov	Telephone: 678 322 6066

<b>PREA Coordinator Reports to:</b> Office of Professional Standards, Director of Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 24
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**Facility Information**

**Name of Facility:** Baldwin State Prison

**Physical Address:** 140 Laying Farm Road Hardwick, GA 31034

**Mailing Address (if different than above):** P.O. BOX 218 Hardwick, GA 31034

**Telephone Number:** 478-445-5220

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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**Facility Mission:** To protect the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.

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

**Warden/Superintendent**

**Name:** Trevonza Bobbitt **Title:** Warden

**Email:** Trevonza.Bobbitt@gdc.ga.gov **Telephone (478)-445-5220**

<b>Name:</b>	
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

**Facility Health Service Administrator**

**Name:** Vernon Speight **Title:** Health Services Administrator

**Email:** Vernon.Speight@gdc.ga.gov **Telephone:** (478)-445-5089

**Facility Characteristics**

**Designated Facility Capacity:** 981 **Current Population of Facility:** 963

<b>Number of inmates admitted to facility during the past 12 months</b>	515
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	515
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<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	515
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<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>	515
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<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 18-81		
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months :</b> 0				N/A
<b>Average length of stay or time under supervision:</b>				2014-2yrs 137days;  2013-2yrs 114days;  2012-3yrs 169 days
<b>Facility security level/inmate custody levels:</b>				Minimum, Medium and Close
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>				335
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>				81
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>				17
<b>Physical Plant</b>				
<b>Number of Buildings:</b> 11		<b>Number of Single Cell Housing Units:</b> 3		
<b>Number of Multiple Occupancy Cell Housing Units:</b>		12		
<b>Number of Open Bay/Dorm Housing Units:</b>		8		
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		167		
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> .				
<b>Medical</b>				
<b>Type of Medical Facility:</b> 24 hours/ 7days a week		State Prison		
<b>Forensic sexual assault medical exams are conducted at:</b>		Emergency Room in Medical Unit		
<b>Other</b>				
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>				525
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>				5 Regional Criminal Investigations

# 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 Baldwin State Prison was forwarded to the Georgia Department of Corrections PREA Coordinator on December 1, 2017, seven weeks prior to the on-site audit, for posting in the Baldwin State Prison. The PREA Coordinator was asked via email to the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor received five (5) letters from inmates who wanted to talk with the auditor on-site. During the onsite PREA Audit, Notices of PREA Audit were observed posted everywhere in that facility; in every living unit and area of the prison, including the segregation units.

**Pre-Audit Questionnaire/ Flash Drive Review:** The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Baldwin State Prison, advised that the Pre-Audit Questionnaire and flash drive with Georgia Department of Corrections' policies and procedures, local operating procedures and directives, and other supporting documentation should be forwarded to the auditor not later than 30 days prior to the onsite audit. The reviewed flash drive did not contain much documentation to confirm practice but was replete with policies and procedures. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator and the PREA Compliance Manager and alternate PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available.

**Outreach to Outside Advocates:** The auditor contacted the Women's in Need of God's Shelter to determine the interactions, if any, the center has had with Baldwin State Prison. The Executive Director, was not in the office however the on-duty victim advocate was able to respond to the auditor's questions. The center has not received any calls or correspondence from any of the inmates at the prison. The advocate indicated the center provides 24/7 access to victim advocates and the advocates would be available to accompany the victim through the forensic exam process and the investigatory interviews if requested. There have been no occasions or reports from the prison related to sexual abuse.

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

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

The Agency's PREA Unit was asked to secure a report of disabilities from the Department's Technical staff. This report is multiple pages identifying disabled inmates and the nature of their disabilities. This enables the auditor to verify inmates who are hard of hearing, deaf, visually impaired or blind. The report was sent to the auditor to review. The auditor also requested a list of all inmates who had placed calls to the PREA Hotline during the past 12 months and one inmate, who had done so was still at the facility. This inmate was interviewed by the auditor.

### **On-Site Audit Activities**

The on-site audit of the Baldwin State Prison is conducted with two (2) certified PREA Auditors and the onsite audit covered three (3) days.

By prior arrangement the auditor arrived at the facility at 0830 in the morning on February 19, 2018. Processing through the main gate included providing identification, signing in, and going through the metal detector, while the auditor's equipment and belongings went through the x-ray machine. The other certified PREA Auditor arrived at 0900 by prior arrangement.

The auditor was met at the front gate by the Warden of the facility and the PREA Compliance Manager. Following a brief meeting then with the Warden of the facility and the PREA Compliance Manager to discuss the process. the auditor met with the following staff to conduct an "entrance briefing":

- Warden
- Deputy Warden of Care of Treatment/PREA Compliance Manager
- Mental Health Director/Unit Manager
- Health Services Administrator
- Medical Unit Manager
- Administrative Support Staff 2
- Deputy Warden of Administration
- Chief of Security
- Unit Manager
- Maintenance Engineer
- Administrative Assistant 2
- Operations Analyst 2
- Personnel Manager
- Chief Counselor

The audit process was explained and discussed. The auditor selected, from a list of security and non-security staff and a list of inmates, including the listing provided by the facility and the Department of Corrections PREA Unit, the staff and inmates to be interviewed.

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

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters and especially those providing reporting instructions, notices advising inmates that male staff routinely work in the facility, locations of showers and privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones, accessibility to KIOSKS and Tablets, instructions for using the phones to report sexual abuse. The facility has multiple cameras located throughout the facility and in every living unit. There are some areas without cameras and where cameras are absent, the facility has often supplemented viewing by adding mirrors. Too, keys to sensitive and vulnerable areas are either restricted or highly restricted meaning that staff have to secure the keys from the control room. Too, they are required to present the key to their administrative box to enable the control room staff to retrieve them.

### **Staff and Contractor Interviews**

#### **Randomly Selected Staff:**

The auditor, utilizing the staffing rosters provided, selected twenty (20) random staff to be interviewed. Care was taken to ensure a cross-section of staff were selected in order to assess the implementation of PREA, including their knowledge of the agency's zero tolerance policy and its prevention, detection, response and reporting processes. Staff selected for interviews included the following:

- One (1) Administrative Staff
- Nine (9) Correctional Staff
- One (1) Food Service Supervisor
- One (1) General Trades Craftsman
- One (1) Instructor 2
- One (1) Rehab Counselor
- One (1) Purchasing Assistant
- One (1) Behavioral Health Counselor
- One (1) Medical Unit Manager
- One (1) Counselor
- One (1) Practical Instructor Supervisor
- One (1) Correctional Unit Manager

#### **Informally Interviewed Staff:**

The auditor also informally interviewed numerous staff and contractors during the tour to assess such things as staff training, reporting allegations of sexual abuse and sexual harassment and first responding. Informal interviews included a cross section of staff and contractors, including food services staff, the psychiatrist, Director of Nursing, teachers, correctional officers, a maintenance staff, fire chief, and ten cadets (recently hired correctional officers).

#### **Specialized Staff: (25)**

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

- PREA Coordinator (Previous Interview)
- Assistant PREA Coordinator (Previous Interview)
- Agency ADA Coordinator
- Contract Manager Designee
- Agency Head Designee (Previous Interview)
- PREA Compliance Manager
- Intake Staff
- Staff Conducting Orientation
- Health Services Administrator
- Registered Nurse
- Mental Health Supervisor
- Staff supervising segregation
- Staff conducting the victim/aggressor assessments
- Facility Investigator
- Upper level staff conducting unannounced rounds
- Staff who notify inmates following investigations
- Incident Review Team Members
- Human Resources Manager (and staff) Day 3
- Volunteer Coordinator
- Grievance Officer
- Agency PREA Coordinator (previous interview)
- Chief of Security
- Chaplain (Volunteer Coordinator)
- WINGS Rape Crisis Center Advocate
- Warden (Day 3); Interacted with Warden on a daily basis, formal interview on Day 3

## **Inmate Interviews**

Based on the requirements of the PREA Auditor's Manual and the capacity of this facility, the auditors were required to minimally interview thirty (30) inmates; fifteen (15) of whom must be "special category" inmates.

The auditors interviewed Nineteen (19) randomly selected inmates and twenty-three (23) special category inmates.

The associate auditor randomly selected and interviewed nineteen (19) inmates from the facility's inmate alpha roster, by housing units. An additional twenty-two (22) special category inmates were interviewed. These included the following:

- Two (2) Limited English Proficient Inmates
- One (1) Hearing Impaired Inmate
- Two (2) Gay/Bisexual Inmates
- Seven (7) Transgender Inmates
- One (1) Intersex Inmate

- Eight (8) Inmates Reporting Sexual Abuse
- Two (2) Inmates Reporting Previous Sexual Abuse During the Intake Assessment
- There were no inmates in segregation as the result of either being a victim, a potential victim or at risk of imminent sexual abuse.
- There were no inmates who were youthful offenders. The Department's designated facility for housing youthful offenders is the Al Burrus Training Center in Forsyth, Georgia.

### **Inmate Correspondence (5)**

Five inmates who wrote the auditor were interviewed. Two had issues with what they described as inmates masturbating with little to no consequences. This information was communicated to the Warden who related he does not tolerate it and sanctions inmates in compliance with Georgia Department of Corrections Disciplinary Code. A specific incident was communicated to the Warden and Captain to review the cameras and take action as deemed appropriate if the cameras documented the alleged incident. The Warden was asked to reinforce to staff that they are required to discipline inmates who violate this rule.

The other correspondence primarily revolved around wanting transfers to other prisons for a variety of reasons. This information was communicated, with approval from the inmates to the PREA Compliance Manager.

### **Testing of Processes**

During a tour of the facility, the auditor asked the Assistant Agency PREA Coordinator to test a PREA phone. The call to the PREA unit was confirmed by the PREA Analyst providing a memo to the auditor stating the call on the PREA hotline was received.

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

### **Documents and Files Reviewed**

**Background Checks/PREA Related Questions/Professional References:** Fourteen (14) Newly Hired Staff; Fifteen (15) regular employees (for five year checks); Ten (10) Contractor Fil files; Ten (10) Volunteer Files; Twelve (12) Promoted Staff files; and Fifty-four (54) Social Media Checks.

### **Facility Staffing Plan Annual Review (2017)**

**Facility Log Books and Duty Officer Log Books :** 10 Pages

**Certificates of Training/PREA Acknowledgment Statements Staff:** The auditor reviewed 41 certificates documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training. Forty (40) of forty (40) reviewed personnel files contained 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 taken the on-line course through the National Institute of Corrections, "Communicating Effectively and Professionally with LGBTI Inmates". Fifty (50) certificates confirming that training were reviewed. All the staff interviewed stated they had completed this training and that it was a requirement for all staff.

**PREA Acknowledgment Statements Inmates:** Twenty-five (25) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Forty (40) Orientation Checklists were reviewed as well to document the PREA Training during Orientation.

### **Victimization/Aggressor Assessments 30**

### **Victimization/Aggressor Reassessments 30**

**Grievances:** The auditor reviewed forty (40) grievances selected at random by the auditor. None of the grievances alleged sexual abuse, sexual misconduct or sexual harassment. Most of the grievances were related to property and medical issues.

**Incident Reports/ Investigations:** 24 Investigation Packages were reviewed. (See 115.71)

**Notifications to Inmates:** 24 Notifications were reviewed.

**Incident Reviews:** Two (2) Investigation Packages alleging sexual abuse contained Incident Reviews.

**Coordinated Response Plan:** Reviewed plan.

**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 Section of this report.

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

#### **Informal Interviews and Observations/Process Checks**

During the site review process, the auditor interviewed informally, security staff as well as non-security staff, including maintenance; tested the PREA Phone; interviewed random staff, specialized staff, and observed the intake process from start to finish, observed the victim/aggressor process and observed mental health staff conducting their mental health assessment that is conducted on all inmates who are arriving from a county jail. Observed staff supervision of inmates and interactions between staff and inmates.

Following all the interviews, the auditor reviewed all the documentation requested in compliance with the PREA Auditor's Manual, including a review of grievances and investigation reports for the past twelve (12) months. Forty (40) inmate grievances, pulled at random, were reviewed. There were no additional PREA related grievances and the most frequent grievance topic was the result of property issues.

Twenty-four (24) investigation packets each containing the Investigative Summary, Witness Statements, Actions taken, Notification to Inmates of the outcome of the investigation, Incident Reviews following investigations and a host of other documents were reviewed.

An exit conference was conducted with the following present:

- Mental Health Unit Manager
- Medical Unit Manager
- Chief Counselor
- Captain
- Deputy Warden
- Two Unit Managers
- Deputy Warden of Care and Treatment/PREA Compliance Manager
- Administrative Assistant
- Senior Counselor
- File Room Clerk
- Warden

The Warden and staff were complimented on their ongoing efforts to provide a sexually safe environment. The PREA Compliance Manager and the entire executive team and staff were cooperative and forthcoming and provided the auditor access to anything he needed as well as to provide any documentation requested.

Issues requiring corrective action included implementing Five (5) Year Background Checks of non-security staff and contractors. While security staff are background checked every year prior to going to the firing range; staff were unaware of the requirement for five (5) year background checks for non-security staff and contractors.

Too, the facility staff were not complying with GDC Policy pertaining to completing the 30-day reassessments in SCRIBE using the same instrument as the assessment instrument. Staff were under the impression that a formal reassessment was not required but rather they were under the impression that at a reassessment at the end of 30 days was asking the inmate if anything had changed with them since the initial assessment and that they then would do a reassessment following any incident, a PREA related incident, or a movement outside of the facility and return.

The facility was clean and orderly. Inmates were courteous and under supervision. Inmates who were interviewed, both formally and informally, understood the agency and facility's zero-tolerance for sexual misconduct, sexual abuse and sexual harassment. Inmates are afforded multiple ways to report, including telling a staff, dropping a note, filing a grievance, emailing the PREA Unit any time day or night on their Tablets, calling the TIP line, emailing family members or friends on their approved list, writing the PREA Coordinator, telling a friend, telling their attorney's, and calling the PREA Hotline, writing the Ombudsman, having a family member contact the Ombudsman, write to victim services.

Staff were knowledgeable of PREA; indicated they were trained annually on it; and knew and understood their roles as first responders. They also indicated they would accept any report from any source, report it verbally to their supervisor and follow-up with either a written statement of an incident report prior to the end of the shift.

Following the onsite audit, the auditor made additional requests for additional information and documents. These requests are documented in emails back and two. The PREA Compliance Manger and the Agency's PREA Coordinator were very responsive to any request made by the auditor.

## Facility Characteristics

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

The Baldwin State Prison's mission is to house close security offenders. Other missions include Mental Health Level II services, including a Supportive Living Unit, nine (9) Acute Care beds and seven (7) Crisis Stabilization beds. Baldwin also provides Mental Health Evaluations and support services for three additional facilities. The facility has a 15 bed infirmary. The facility houses up to 981 adult male offenders that have been sentenced by the state of Georgia to a state penal system.

The facility has a total of 364 staff, including 283 security staff. These include the following:

- 1 Warden
- 1 Deputy Warden of Security
- 3 Unit Managers
- 1 Correctional Captain
- 14 Correctional Supervisors
- 20 Correctional Sergeants
- 1 Criminal Investigator 1
- 2 Canine Handlers
- 1 Administrative Support 2
- 29 Transfer Officers
- 206 Correctional Officers
- 4 Correctional Officers (Hourly only)

### **Administrative Staff consists of the following:**

- 1 Deputy Warden OF Security
- 1 Financial Ops Generalists 2
- 2 Admin Assistant 2
- 3 Financial Ops Generalist 2
- 1 Financial Clerk
- 1 Admin Support1 Clerk 1
- 3 Admin Support (Secretary 2 and Clerk 2)

**Food service has 11 employees including:**

- 1 Manager/ Food Services Director
- 2 Food Services Specialist2 (FS Manager)
- 6 Food Service Supervisors
- 2 Correctional Officer 2

**Plant Operations employees include:**

- 2 General Trades Techs
- 2 General Trades Tech 2
- 2 General Trades Tech Supervisor

**Mental Health Staff consists of the following:**

- 1 Behavioral Health Counselor Supervisor/MH/MR Director
- 1 Pharmacist Supervisor
- 2 Activity Therapist 2
- 1 Activity Therapist 3 (Supervisor)
- 5 Rehabilitation Counselor 3
- 5 Admin Support Staff

**Education**

- 4 Teachers
- 1 Education Clerk

**Counselor Services**

- 1 Deputy Warden Care and Treatment
- 1 Chief Counselor
- 10 Counselors
- 2 Admin Support 2

**Chaplain Services**

- 1 Chaplain

**Law Library**

- 1 Librarian

**Training Operations**

- 1 Public Safety Training

**Store Operations**

- 1 Supply/Warehouse Clerk

## Personnel Operations

2 HR Tech Supervisor  
1 HR Tach  
1 Admin Support

## Vocational Education

2 Practical Instructors

## Recreation Department

1 Recreation Director  
2 Recreation Supervisors

The site review of the Baldwin State Prison was conducted on Monday, February 19, 2018. The auditor was led on a complete site review of the entire compound by the Warden and accompanied by the Deputy Warden for Care and Treatment/PREA Compliance Manager; Georgia Department of Corrections Assistant PREA Coordinator; Sexual Assault Response Team Investigator; and members of the Certified Emergency Response Team.

There are total of 19 buildings on this compound. Staffing, deployment of staff and video surveillance is a part of the staffing plan.

**Front Entry:** This is a priority one post requiring 24/7 assignment. There are a total of four (4) cameras for this area that monitor the Front Entry and parking lot. Metal detectors and scanning equipment are located here. There is one entry point and one exit point from this building.

**A-Building – MEDICAL:** This area houses the medical area, offices, and an emergency room. Medical services area available 24/7. The medical unit is a clean, orderly, and complex unit housing, in addition to the normally expected offices and exam rooms, this unit operates 24/7 and houses a fifteen (15) bed infirmary in an open bay style and a Crisis Stabilization Unit consisting of seven (7) single occupancy cells. These cells contain a toilet and are monitored by staff but also by video camera in each cell. This unit is a “gender specific post”, manned by a male officer. A video monitor is at a raised desk and enables viewing in the cells, including the toilet. The Restroom and shower in the open bay area is behind a metal door, preventing viewing.

**Infirmary –** There are 15 infirmary beds in this area in an open bay style and 7 single cell/ bed Crisis Stabilization Unit beds. This is a 24/7 priority one post. There are ten (10) cameras located in this area. Mirrors also have been installed to facilitate viewing. The restrooms are behind a locked metal door and in the Crisis Stabilization Unit the restrooms are in the cells. There is a KIOSK here and a phone with instructions for dialing the PREA hotline.

**Administrative Area-** The admin area consist of 19 offices and a large conference room. Two (2) offenders perform janitorial duties in this area under the supervision of a correctional officer. There are four cameras in this area.

**B Building – (Multipurpose Area) –** This area houses Main Control Unit, Segregation Visitation/Briefing Unit and Mailroom. Main control is staffed with two correctional officers 24/7. Segregation Visitation is

a priority one post. The Briefing Unit area also has a staff barbershop, staffed by two (2) inmate barbers, Monday through Friday, 7:30M to 3:30PM. Inmates are under staff supervision at all times. There are total of four (4) cameras in this area.

**C-Building Multipurpose Area** – This area houses the Unit Manager Office, Visitation for General Population Offenders, Programs, Chaplain Office and Church Services, four (4) mental health offices, Certified Emergency Response Team and Shift OIC Office. There are a total of ten (10) cameras in this area and it is staffed with a correctional officer Monday through Sunday and Holidays.

**D-Building** – Houses Education, General Population, Counselors and Mental Health Counselors. Programs in this area included Adult Basic Education, General Equivalency Diploma, and Graphic Arts classes, programs, and office space for the mental health counselors. This area houses multiple classrooms and offices. Viewing into offices and classrooms is facilitated by large windows. Although there are no cameras in this area, staff have utilized mirrors to mitigate blind spots. Fourteen (14) inmates in the Graphic Arts class. All of them related they have been provided PREA related information and have seen the PREA video. Additionally, they named multiple ways to report, with the most frequently mentioned way to report being the “hotline”. There are no cameras for this area however three (3) mirrors have been strategically placed

**Kitchen Area - Kitchen** – There are approximately 19 inmates assigned to each of two (2) shifts; 2AM-10AM and 10AM-6PM. Inmates are supervised by a correctional officer and the Food Service Staff. The kitchen has a raised office with wrap around windows enabling staff in the office to observe a wide range of areas in the kitchen. Although there are no cameras in this area, again, mirrors are strategically placed to mitigate blind spots. Locked doors were found to be locked and secured. Staff indicated there have been no PREA allegations from the kitchen in the past twelve (12) months.

**E-Building** – Houses the dining hall, library and graphic arts classroom and work area. There are no cameras in this area but there are ten (10) mirrors strategically placed throughout the building.

**F-Building** – This area includes I.D., Count, laundry and sanitation area. There are no cameras in this area but a total of eight (8) mirrors facilitate viewing. The I.D. room contains the housing board. The board contains hooks representing every dorm/range and each hook represents the cells assignments. Inmate IDs are placed on the hooks assigned to each cell in the range. Color Coded Dots designate gang membership, potential victims and potential aggressors. The shower in the I.D. room/Intake area has two shower heads separated by  $\frac{3}{4}$  walls and afforded privacy with curtains. There is a PREA Phone with dialing instructions, PREA related posters and multiple mirrors. The Laundry area was staffed with one staff and nine (9) inmates. The space in the laundry was open. The laundry staff's office had windows enabling the staff to view the inmates from the office. To prevent inmates from getting behind the washers and dryers, the facility installed a bar gate what reached from the floor to the height of one of the dryers/washers. The Chemical Storage/Sanitation area was also staffed with one staff and on this date supervising five (5) inmates. There are no cameras, but mirrors are strategically placed to aid in viewing. The supplies are enclosed in a huge wire cage enabling viewing from outside the storage area.

**Housing Units:** Most of the buildings on the campus are similar in construction and configuration. These generally have four pods/ranges, each with an upper section/range and a lower range and with a capacity of 24 inmates housed in double occupancy cells on each range for a total of 96 inmates in the building.

**G-Building** is a General Population Dorm. There are two officers assigned, each one responsible for two (2) ranges or pods. The living unit consisted of four (4) pods/ranges, each with a maximum of 24 inmates housed in double occupancy cells. There are six (6) cells on the lower range and six (6) cells on the top range. Cameras are located in the unit to supplement staff supervision and monitoring. Each of the cells has a toilet and showers are located on the upper and lower ranges. There are two showers on each range, each separated with a full wall and privacy afforded through a shower curtain. Each range/pod had a KIOSK enabling inmates to email anyone on their approved list; video visit with family; and email the Georgia Department of Corrections PREA Unit. Additionally, inmates have tablets synched with the KIOSK, also enabling the inmates to email family and friends on their approved lists as well as to email the Georgia Department of Corrections PREA Unit. A variety of PREA Posters and prominently displayed on the Pod/Range bulletin board. The Notice of PREA Audit was observed posted as well. There were two video monitors, each streaming PREA related information on a continuous basis as well as other facility information that needed to be communicated to inmates. A PREA Phone with dialing instructions are located in each range. There are a total of thirty (30) cameras covering the entire dorms and are monitored in the control room 24/7.

**H-Building** is a Mental Health Level III dorm. also has four (4) pods/ranges, each with a maximum of 24 inmates housed in double occupancy cells. There are six (6) cells on the lower range and six (6) cells on the top range. Cameras are located in the unit to supplement staff supervision and monitoring. Each of the cells has a toilet and showers are located on the upper and lower ranges. There are two showers on each range, each separated with a full wall and privacy afforded through a shower curtain. Each range/pod had a KIOSK enabling inmates to email anyone on their approved list; video visit with family; and email the Georgia Department of Corrections PREA Unit. Additionally, inmates have tablets synched with the KIOSK, also enabling the inmates to email family and friends on their approved lists as well as to email the Georgia Department of Corrections PREA Unit. A variety of PREA Posters and prominently displayed on the Pod/Range bulletin board. The Notice of PREA Audit was observed posted as well. There were two video monitors, each streaming PREA related information on a continuous basis as well as other facility information that needed to be communicated to inmates. A PREA Phone with dialing instructions are located in each range. Informally interviewed inmates stated they were provided PREA related information on admission to the facility. One inmate said “they talk about it everyday”. Inmates named multiple ways they could report sexual abuse or sexual harassment. There are a total of thirty (30) cameras covering the entire dorms and are monitored in the control room 24/7.

**I Building** is configured the same as G and H Buildings. It has four (4) pods, each with six (6) double occupancy cells on the lower range and six (6) cells on the higher range. Showers were separated by full walls and privacy afforded through curtains for each shower. PREA related posters are prominently displayed on the pod’s bulletin boards. A PREA phone with dialing instructions were observed. Each pod had a KIOSK and inmates had tablets enabling them to make PREA related reports via email directly to the PREA Unit. Tablets also enable inmates to email family and friends via email. Two video monitors were observed streaming PREA related information to inmates. Showers are configured like the other units and are equipped with shower curtains.

**J Building** is a Mental Health Level III dorm. It has four (4) Pods and a total capacity of 96. Every pod in this building contained the same PREA related posters. PREA phones were observed with dialing instructions over the phone. A KIOSK was observed. The KIOSK enables inmates to email family, friends and the PREA Unit. It also contains the Inmate Handbook. Inmates have tablets also enabling

them to report and communicate with family, friends and the PREA Unit at any time, day or night. Cameras were observed in each pod, supplementing staffing and aiding in supervision of the inmates. There are a total of thirty (30) cameras covering the entire dorms and are monitored in the control room 24/7.

**K Building** – K1, K2, K3 – This unit houses isolation/segregation. This is a gender specific post. K2 houses the Acute Care Unit and Mental Health Level III Supportive Living Unit. K1 houses a total of 33 offenders with bed 1-9 being a double occupancy cell. Cells 10-24 are single occupancy cells. K2 houses a total of 34 offenders with beds 1-9 designated as Acute Care Unit cells. Cells 10-16 (Supportive Living) are single occupancy cells and 17-25 are double occupancy cells. K3 houses a total of 50 offenders consisting all of double occupancy cells. There are 8 cameras providing coverage in K1-K3. K4 houses a total of 48 offenders in double occupancy cells. A total of 3 cameras cover K4.

**L Building** (L1,2,3,4) – houses lower level inmates in an open bay style. Each range houses a total of 50 offenders. There is a KIOSK, PREA Phone with dialing instructions, Notice of PREA Audit, and PREA related posters. There are four (4) toilets separated by ½ walls and four (4) shower heads separated by ¾ walls and shower curtains to provide a degree of privacy. There are three (3) cameras for the entire dorm.

**M Building** – (M1,2,3,4) – Pod M3 houses the Faith and Character and Pod M1 houses the Integrity Program Unit inmates. There are 52 inmates in each of the open bay ranges. There are five (5) showers with curtains and seven (7) toilets separated by half walls.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 03

115.11; 115.17, 115.51

**Number of Standards Met:** 42

115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403



**Number of Standards Not Met:** 0

0

### Summary of Corrective Action (if any)

1. **Issue #1** - The facility Crisis Stabilization Unit has seven (7) single occupancy cells equipped with a toilet. Offenders in this unit may be there as a result of an overdose, suicide potential or other condition requiring Crisis Stabilization. The cells have cameras in them. These may be monitored at a desk however the security post in this unit is gender specific and requires a male officer to supervise the inmates in this unit. The facility is consulting the with mental health professionals to determine if the toilet seat can be blacked out still allowing staff viewing the monitor to see the inmate from just above the knees down to the floor and just above the waist.

Corrective Action: The Warden, after consultation with his mental health professionals determined that the risk for these inmates to cut and commit suicide is too high to consider blacking out the commode seat. They contend that screening out the seat, the inmate could use that screened area to cut or perpetrate self-harm.

2. **Issue # 2** –There is a problem of public masturbation by inmates in the presence of staff and other inmates. Interviewed inmates indicated the problem has increased as a result of what they said was a lowering of the sanction for masturbating. An interview with the Warden indicated he has a zero tolerance for the public masturbation and wanted the inmates sanctioned for it. Although this is not a PREA related issue, the Warden and PREA Compliance Manager agreed to stress, during staff briefings, that inmates performing public masturbation are to be written up so they can be appropriately sanctioned.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; PREA Brochures; Resident Handbook; Training Reports documenting PREA Training on Day 1 In-Service; Forty (40) Acknowledgment Statements (Staff, Inmates, Contractors); Organizational Chart; Zero Tolerance Posters located throughout the facility; Viewed the streaming Video with PREA related information.

**Interviews:** Warden; PREA Coordinator, PREA Compliance Manager, 17 Random Staff; 23 Specialized Staff; 27 Random Inmates; 16 Special Category Inmates; 31 Inmates Informally during the on-site review.

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

It appears that the Georgia Department of Corrections takes sexual safety seriously. This is based on a number of factors. The GDC appointed a Director of Compliance who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the GDC facilities. The Statewide PREA Coordinator has responsibility for the entire state. An interview with the PREA Coordinator confirmed an Assistant PREA Coordinator has been hired.

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often. Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. A previous interview with the PREA Coordinator and the newly appointed Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. The PREA Coordinator indicated that meetings/training with facility PREA compliance managers occurs at least twice a year.

In addition to the Agency Compliance Director, Statewide PREA Coordinator and Assistant PREA Coordinator, the agency also has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates on the Department of Corrections PREA Hotline. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He keeps statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA.

The Georgia Department of Corrections has an Americans with Disabilities Coordinator who, according to an interview, is available to assist facilities in securing an appropriate interpreter when needed to ensure a disabled or limited English proficient has access to all aspects of the agency's PREA

prevention, detection, reporting and responding program. The State has multiple contracts with interpretive services for an array of disabilities.

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

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

The Warden of the Baldwin State Prison designated a higher-level staff; the Deputy Warden for Care and Treatment. She reports directly to the Warden and reportedly has his complete support in implementing the PREA Standards. This is confirmed by interviews with the Warden, REA Coordinator and the PREA Compliance Manager as well as reviewed Annual Reports and the Pre-Audit Questionnaire.

This agency is committed to sexual safety. Evidence to support that is their proactive approach described by the PREA Coordinator and the fact that they are working with Just Detention International in seeing how offenders might be used to conduct PREA Classes; working with statewide advocate groups in recruiting advocates; through trauma response training, by having the Moss Group review their PREA Policy and by providing 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; ie., Medical and mental health.

**Interviews:** The PREA Compliance Manager/Deputy Warden of Care and Treatment, related she has enough time to perform her duties as Deputy Warden and her PREA related duties. She indicated in an interview that it takes a team to implement and maintain the PREA Standards and she has that team.

Fifteen (15) randomly selected staff were interviewed. One-hundred percent (100%) of the interviewed staff were all aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Staff indicated if they failed to report there would be sanctions. Allegations and reports, regardless of the source, are required to be documented and investigated. They affirmed they receive training annually during in-service training (Day 1) and also during shift briefings periodically.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. All 43 Interviewed residents, including the 27 interviewed informally during the site review, indicated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity. Inmates said they have posters all over the facility and 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. Streaming video on monitors observed in each dorm contained PREA related information.

**Other:** Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters were observed in every building, every living unit and in areas like the barbershop, kitchen, education, the gym, medical, segregation and in the fire department and others. The facility has also attractively painted PREA related information on multiple walls throughout the facility. Posters were observed throughout this facility continuously remind staff and inmates of the agency's zero tolerance for sexual abuse, sexual harassment, or sexual misconduct. Streaming video is a constant reminder to inmates and staff of zero tolerance and how to report.

The facility provided forty (40) PREA Acknowledgment Statements confirming staff have been trained in PREA. The PREA Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution. The auditor also reviewed personnel files of newly hired staff, staff who were promoted, regular staff, contractors and volunteers and each of the pulled files contained the signed PREA Acknowledgement Statements.

An additional forty (40) PREA Acknowledgment Statements and forty (40) Orientation Checklists for inmates were asked for and provided to the auditor.

This standard is rated "exceeds" because of the agency's and the agency and this facility's commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. Observations of the work of the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of "analyst" who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Warden demonstrated a commitment to PREA by designating his Deputy Warden of Care and Treatment, someone with multiple years of prison experience. She is a knowledgeable PREA Compliance Manager and reports directly to the Warden. Staff and inmates are aware of the zero-tolerance policy and of the agency's approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation.

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

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

### 115.12 (a)

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

### 115.12 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) contracts promulgated by the GDC for the confinement of inmates; Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manager; PREA Coordinator

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

contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

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

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

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)



- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Baldwin State Prison 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; Reviewed Staffing Plan; Log Book pages documenting unannounced rounds

**Interviews:** Warden, PREA Coordinator, PREA Compliance Manager, Leader of Sexual Assault Response Team, 15 Randomly selected staff; 20 Special Category Staff; 17 Informally Interviewed Staff; 27 Randomly selected inmates; 16 Special Category Inmates; and 31 Informally Interviewed Inmates.

**Other:** Observations made during the site review and onsite audit of Baldwin State Prison; reviewed logbooks during the site review; reviewed Duty Officer Logs.

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

### **Staffing Plan Review:**

The staffing plan for the Baldwin State Prison is addressed in their local operating procedure. PREA Standard 115.13, Staffing Plan, updated 11.1.2017. The staffing plan is predicated upon an operational capacity of 980 offenders. There are nineteen (19) Buildings on the compound. Dormitories include the following: G, H, I, J, K, L and M Buildings. Most of the dorms are designed with the same configuration (see facility characteristics). These have four (4) ranges or pods, with double occupancy in each. 9 Those with this configuration are G, H, I, and J. K -1 has 24 double occupancy cells and 9 single occupancy cells. K-2 has 18 double occupancy cells and 16 single occupancy cells. K-3 and K-4 have a capacity of 50 inmates in double occupancy cells. M-1 – M-4 are open bay ranges/pods with a capacity of 52 each. The infirmary has 15 open bay beds while the Crisis Stabilization Unit has 9 single cells.

The staffing plan documented a total of 364 allotted positions. These include Security, Care and Treatment, Administration, Food Service and Plant Operations. .

The staffing roster indicates there is a Warden, 3 Unit Managers, 1 Correctional Captain, 14 Correctional Lieutenants, 20 Correctional Sergeants, 1 Criminal Investigator, 2 Canine Handlers, 29 Transport Officers, 200 Correctional Officers and 4 Correctional Officer Hourly employees.

The facility is a mental health facility and is staffed with mental health professionals as well as general population counselors. An education program is offered and includes Adult Basic Education and GED preparation. Medical staff are provided through contract.

The Warden indicated the staffing is adequate to cover all mandatory/Priority One Posts. These are posts that require 24/7 coverage. There is no deviation from the staffing plan with regard to Priority One posts.

Documentation and interviews with the Warden and PREA Compliance Manager indicated all items are covered in consideration of the staffing plan.

Unannounced rounds are part of the staffing plan. Unannounced rounds are required to be conducted weekly by supervisory staff, including Sergeants, Lieutenants, Captain, Institutional Duty Officers, and Warden. Staff are prohibited from alerting staff when they arrive at the facility for duty rounds. In addition to reviewed unannounced rounds conducted by supervisory staff while on duty, the auditor reviewed pages from the Duty Officer's Log confirming unannounced rounds being conducted.

The staffing plan includes the use of video monitoring and this facility has approximately 30 cameras in each building housing inmates, with the exception of medical. living units and other cameras.

The staffing plan asserts that in the event of "post deviations" (none for any priority one post), Coastal has a staff backlog" which Shift Supervisors would use to staff the posts.

**Interviews:** The Warden, in an interview advised that the minimum staffing to cover all of the priority one posts is 27 officers. He related he has the vacancies down to about 20 vacancies in security. He related there is never a time a priority one post is not staffed. He related his facility has been approved for overtime and if someone had to remain over to cover a post he would try to use overtime and could also use staff from the split shift and if needed, CERT Team members to cover posts until someone could come in. The challenge, he indicated, are hospitalized inmates requiring “round the clock” supervision by a same sex officer. The Captain related she generally has 29 correctional staff on 1<sup>st</sup> shift and 31 on the night shift with a split shift of about 17. She also stated the facility operates with one correctional officer for a building, consisting of four pods each but she prefers two and even with one, she stated it is adequate.

Interviews with the Warden, PREA Compliance Manager, Captain (Chief of Security); and random staff confirmed the staffing at the Baldwin State Prison. The agency determines the numbers of positions to be allocated and the Warden and his staff have the responsibility to deploy those staff based on their identified posts, including Priority One Posts, for which there is no deviation. Priority One posts must be manned at all times.

## 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, Baldwin State Prison Pre-Audit Questionnaire, Reviewed Description of Burrus Training Center, where youthful inmates are housed; Memo from Warden, "Youthful Offenders" dated January 8, 2018; Memo from Warden, Youthful Inmates, Dated December 5, 2017.

**Interviews:** Warden, Baldwin State Prison, PREA Compliance Manager, PREA Coordinator, Interviews with inmates (random and specialized); Interviews with fifteen (15) randomly selected staff; seventeen (17) special category/specialized staff.

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

**Document Reviews:** The Pre-Audit Questionnaire documented that youthful offenders are not housed at Baldwin State Prison. Information provided related to Mission of Burrus Correctional Training Center on the GDC website affirms that Burrus has a housing capacity for 94 offenders sentenced as adults between the ages of 14-16 years of age. The Burrus Correctional Training Center also houses "At Risk Youthful Offenders between the ages of 17-24.

The Warden provided the auditor with two memos affirming the facility does not have any youthful offenders. The second memo states that if the facility ever receives a youthful offender the youthful offender will be handled in compliance with the policy governing youthful offenders.

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

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

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017;56 2017 In-Service Training Records Documenting PREA Training (to include search procedures); Pre-Audit Questionnaire.

**Interviews:** Randomly selected staff, Randomly selected inmates, Special Category Inmates.

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

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

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

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

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

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

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

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

### **Documents Review:**

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

Transgender and intersex offenders' gender designation will coincide with the prison assignment made during classification. Pat search techniques are then discussed and the use of the back of the hand are described for the trainee.

Staff are trained to conduct cross-gender searches in exigent circumstances. The auditor reviewed training rosters and an excel spreadsheet documenting Day I In-Service Training.

### **Interviews:**

The Baldwin State Prison houses adult male offenders only. One-hundred percent (100%) of the interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it and if no other male staff were available. These searches would require the Warden's approval and would be documented. One-hundred percent (100%) of the interviewed random staff confirmed that female staff may conduct a pat search of a male inmate. All the staff indicated they have been trained to conduct cross-gender pat searches and that this training is conducted in a variety of venues including Field Training at the facility, at Basic Correctional Officer Training (new employees), in annual in-service and through reviewing GDC Policy and in-house training, including during shift briefing. The auditor asked the female officers to demonstrate the techniques they were trained in and all of them demonstrated the back of the hand techniques. They also said they were trained to conduct pat searches of transgender and intersex inmates in a professional and respectful manner.

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.

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

Interviews with 43 inmates representing every housing unit, including segregation confirmed they have never been strip searched by a female staff. They indicated females can conduct pat searches but most commonly it is a male conducting the search. Forty-three (43) of forty-three (43) interviewed inmates, as well as a number of informally interviewed inmates during the tour confirmed they have privacy while showering.

### **Observations:**

Almost 100 percent of the interviewed inmates said female staff do not come in the shower/restroom area and when conducting count will ask the offender to raise his hand or stick his head out where she can count.

Living units in this prison are similarly constructed. The auditor visited each one of the living units as well as each pod/range in each living unit. The prototype for each range in the most commonly configured dorms include two showers on each range, upper and lower. These showers are constructed with whole wall separation and shower curtains. The "open bay" dorms had four toilets and four shower heads. Toilets were separated into stalls with ½ walls enabling staff to view the heads of



the inmates sitting on the toilets. Curtains provided privacy for the showers. Although there were four shower heads, inmates stated they shower one at a time. Segregation has two showers on the upper range and two on the lower range. Whole walls separate the two showers and recently installed steel doors with a small window, provide privacy for showering inmates.

Signs alerting inmates that female staff work in the facility were observed at the entrance to living units.

Too, during the site visit review, staff consistently were observed making announcements that male staff were coming into the unit.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **Policies and Documents Reviewed:**

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Language Line Solutions; Instructions for Accessing Language Line; and PREA Brochures in English and Spanish.

**Interviews:** Randomly selected staff (20); Specialized Staff (18); Randomly Selected Inmates (19); Special Category Inmates (22). State ADA Coordinator.

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

### **Policy Review:**

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

### **Document Review:**

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

### **Interviews:**

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

issued “Statewide” Contracts for interpretive services, the turn-around time may be longer than acceptable, so the facility can contact the ADA Coordinator to expedite those services.

Interviews with twenty (20) random staff, indicated they would not rely on an inmate to provide interpretive services in assisting an inmate in making an allegation of sexual abuse. Staff were mostly aware that the facility had access to an outside telephone interpretive service. The hearing-impaired inmates could hear enough to respond to questions and the LEP inmates understood enough English they were able to explain PREA and how they were made aware of it and how to report.

## 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 polices addresses the requirements of the PREA standards. Correctional Officer staff are Peace Office Standards Training certified. To obtain and maintain that certification, which is required to maintain employment as a correctional officer, staff are required to have an initial background check (Georgia Crime Information Center and National Crime Information Center) and a fingerprint check. Additionally, correctional staff are required to have a background check annually prior to their annual weapons qualification. Staff who are promoted have a background check as well in addition to any prior checks. Although non-security staff are required to have five-year background checks, this facility has opted to conduct background checks of all employees annually. Contractors likewise have to have an annual background check as well. The hiring process includes applicants completing the Employment Verification Form answering the PREA related questions and signing the PREA Acknowledgment Statement. Professional reference checks are documented as well. One-hundred percent (100%) of the sampled personnel files contained Applicant Verification Forms, Background Checks, and, where applicable professional reference checks.

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Reviewed Applicant Verification Forms; Reviewed Background checks for fourteen (14) newly hired staff; twelve (12) promoted staff; and fifteen (15) regular employees (for five-year checks); and ten (10) contractors; reported speeding tickets.

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

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

**Policy Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone

or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Prior to hiring someone, the PREA Questions (as documented on the Employee Verification Form), asking prospective applicants the three PREA Questions, is required. Criminal History Record Checks are conducted on all employees prior to hire. Security Staff in Georgia are Peace Officers Standards Trained and Certified and to maintain that certification, they are required to qualify in firearms annually. Prior to being certified, each officer is required to have another background check.

Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

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

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

### **Document Review:**

The auditor reviewed the files of fourteen (14) newly hired staff. One-hundred percent (100%) of the files contained background checks, Employment Verification Forms, Integrity Testing (Verensics), completed background checks and professional reference checks, where applicable. 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.

Professional Reference Checks are conducted as well. In addition to the PREA questions asked of applicants prior to hire and completed background checks, the Baldwin State Prison HR attempts to secure information from former employees related to the applicant. The form entitled, "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5. After advising the former employer about the requirements to conduct background checks, the employer is asked to answer the following: 1) Are you aware of your employee of being involved in any allegation of sexual abuse that was found to be true or resigning during a pending investigation of any allegation of sexual abuse of sexual abuse before the investigation was finished? Multiple Professional Reference Checks were reviewed by the auditor confirming the attempt by the facility to inquire about an applicant's involvement in sexual abuse or resigning during a pending investigation. There were obviously occasions in which the organization did not return the Professional Reference Checks Form. Professional references were documented when applicable

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

The Agency's Criminal Intelligence Division conducts a check of social media as a part of the hiring process for all newly hired employees.

The auditor reviewed Twelve (12) Files for promoted staff. Twelve (12) of twelve (12) files contained the Applicant Verification forms, PREA Acknowledgment Forms, Professional Reference Checks and Background Checks.

Fifteen (15) "regular/non-security staff" files were reviewed. These also included the Applicant Verification Forms, PREA Acknowledgment Forms, Professional Reference Checks, where applicable, and background checks.

A review of ten (10) contractor files revealed that they all contained the required background checks and PREA Acknowledgment Statements.

Ten (10) volunteer files also contained the required PREA Acknowledgement Statements and background checks.

Fifty-four (54) Social Media Checks, for newly hired staff, were reviewed documenting that the Georgia Department of Corrections Criminal Intelligence Unit checked social media for concerns relative to the prospective employee.

Documentation was provided in the form of a report for the last three years confirming annual checks of all security staff.

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.



The agency requires employees to report all arrests, including traffic violations. During the inspection of the personnel files, the auditor observed two occasions in which two separate staff reported speeding tickets, and documented turning in to the personnel department, a copy of the traffic citations.

**Interviews:**

Interviews with the Human Resources Manager and two of her staff confirmed a thorough hiring process, including completing a consent to have a criminal records check and background investigation conducted, verifying they have not been involved in any PREA related incident as asked on the Applicant Verification Form, having a background check through the Georgia Crime Information Center and the National Crime Information Center, having a “social media” check conducted by the Criminal Intelligence Division, taking the newly implemented, “Integrity test” and completing and reviewing the returned Professional Reference Checks, where applicable.

**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:** Warden, 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:** None applicable at this time.

### Interviews:

An interview with the Warden confirmed that there have been no modifications or expansions to this facility during the past 12 months or since the last audit. Nor have there been any additional cameras or monitoring technology added since the last audit.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Memorandum of Understanding from the Women In Need of God's Shelter (WINGS) Sexual Assault Nurse Examiner's Protocol; SANE Call Roster/List;

**Interviews:** Sexual Assault Response Team Members; Health Services Administrator, Medical Staff; PREA Compliance Manger; Mental Health Director; WINGS Advocate; Facility Advocate, Warden; SANE; Special Agent, Office of Professional Standards.

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

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

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

The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the 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.

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

The facility has talked with the Rape Crisis Center, Women In Need of God's Shelter (WINGS) in Dublin, Georgia. This agency provides a hotline for inmates to call to speak to an advocate or to report a sexual assault. Advocates would respond to the hospital emergency room to accompany an inmate through the forensic exam process and any additional investigative interviews. The services were confirmed through a telephone interview with the Crisis Center. The facility does not have a memorandum of agreement, but they received a memo documenting the services WINGS would

provide inmates of the Baldwin State Prison. These services were confirmed through an interview with the advocate at WINGS.

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. Multiple staff are educationally and professionally qualified to serve as a qualified staff advocate. The Mental Health Director is professionally licensed.

**Interviews:** Interviews with the Warden, PREA Compliance Manager, the facility-based investigator, SART Members and a Special Agent, Office of Professional Standards confirmed that the initial investigations conducted at this facility are conducted by the Sexual Assault Response Team Members. Upon determining that a potentially criminal act has occurred, the Warden refers the investigation to the Office of Professional Standards Investigators who have arrest powers and conduct criminal investigations. An interview with an Office of Professional Standards Special Agent confirmed the investigative process as well. Once the OPS investigators become involved, the role of the SART is supportive. Interviews with medical staff confirmed that if an inmate alleges sexual assault he will be brought to medical for initial assessment. If there were serious injuries, the inmate will be taken to the hospital for treatment and the forensic exam will be conducted at the hospital. Medical will send a rape kit along with the transporting officer. Medical staff indicated the forensic exam at the hospital would be conducted by the doctor on duty. If there are no serious injuries, the inmate will be examined at the facility. The Sexual Assault Nurse Examiners will respond to the facility where the exam will be conducted. An interview with the Sexual Assault Nurse Examiner confirmed the forensic exam is conducted in private, most often with two SANEs, one of whom serves as an advocate for the inmate, explaining the process and providing emotional support. The inmate is interviewed and then examined with evidence collected and documented. The Rape Kit is then turned over either to the Special Agent, if he has arrived, or to the staff, with a chain of custody started. An interview with the facility-based advocate indicated his role would be to provide emotional support to the inmate during the forensic exam if requested. Documentation confirmed that he completed on-line training provided by the Office of Victim Services Training and Technical Assistance Center.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy Review:** 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;

**Document Review:** Pre-Audit Questionnaire; Reviewed Twenty-four (24) Investigation Packages; PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Form; GDC 90 Day Offender Sexual Abuse Review Checklist; GDC Incident Report; NIC Certificates.

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

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

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



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

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

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

The reviewed investigation packages consistently contained the following:

- 1) PREA Investigation Summary
- 2) Notification of Results of Investigation
- 3) Referrals to Mental Health
- 4) GDC 90 Day Offender Sexual Abuse Review Checklist
- 5) GDC Incident Report
- 6) Witness Statements
- 7) Inmate Movements
- 8) Inmate History

The 24 reviewed investigation packages documented allegations being reported in a number of ways. These included five (5) via grievances; four (4) calls/emails to the hotline identifying the callers; eight (8) by JPAY Email to the PREA Unit; five (5) to staff (mostly mental health), one (1) letter to the Warden; and one (1) note. Sixteen (16) alleged comments made by either staff or inmates to the inmate that were inappropriate or represented alleged misconduct, but not repeated. Two alleged penetration; one reporting penetration months after the alleged sexual assault. Others included issues such as allegations that seemed to indicate mental illness, including “the Georgia Department of Corrections is using telepathy to punish the inmate causing inmates and staff to call him a prostitute.”

Allegations made through the grievance process were turned over to the SART for investigation and not processed through the regular grievance process.

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

### **Discussion of Interviews:**

An interview with the Warden confirmed he expects and requires staff to report all allegations of sexual abuse or sexual harassment. He indicated if they fail to report they will be terminated. The Sexual Assault Response Team will initiate the investigation and once it becomes apparent the incident is potentially criminal, the case is referred to the Office of Professional Standards PREA Investigator. An interview with a Special Agent confirmed the process for conducting investigations and his role in

responding after receiving a report of sexual abuse. This investigator is a veteran investigator and confirmed that investigations continue regardless of whether a staff member terminates their employment prior to a completed investigation or if an inmate leaves the facility. He talked about collecting evidence and “Mirandizing” potential abusers and referring cases to the prosecutor for a determination as to whether they will prosecute or not.

An interview with the facility- based investigator confirmed he has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. Eight (8) certificates documenting completion of the on-line training Conducting Sexual Abuse Investigations in confinement settings.

He described the SART’s investigative process and responsibilities and indicated that when a sexual assault is substantiated, the case is referred to Office of Professional Standards (OPS) investigators. The lieutenant also related if the incident involves a staff member, OPS takes over the investigation. In describing the investigative process, he explained he would look in SCRIBE to see the history of both victim and alleged abuser. He stated he will talk with the victim, making them comfortable, to ask about the who, what, when, where and asks about any witnesses. The same is done with the alleged abuser. He related he would talk with all the witnesses, secure statements and take pictures.

The auditor conducted previous interviews with an Office of Professional Standards (OPS) investigator and an on-site interview with a facility based Sexual Assault Response Team Investigator. The OPS Investigator, who has had extensive investigating experience as a former law enforcement officer and Chief of Police. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. He related that once an allegation is made, the Regional Officer 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.

Randomly selected staff, staff informally interviewed during the tour, and 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 statement 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. Staff were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment.

) interviewed residents, including those randomly selected, specialized as well as inmates informally interviewed during the site review and during the on-site audit period.

How many?

## 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 (56) 2017 In-Service Training Records documenting PREA Training; Reviewed the Training Lesson Plan for PREA for Annual-In-Service; Reviewed personnel files containing PREA Acknowledgment Statements.

**Interviews:** Warden; PREA Compliance Manager; Field Training Officer; (20) Randomly selected staff, (19) Special category staff; Facility-Based Investigator; Special Agent.

**Observations:** None applicable for this audit.

### Discussion of Policies and Documents:

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's

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

The facility provided the training curriculum/lesson plan for annual in-service 2017, covering the topics required by the PREA Standards and more.

The auditor reviewed forty-one (41) In-Service Training Records documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training.

Forty-one (41) out of forty-one (41) reviewed personnel files contained PREA Acknowledgment Statements also indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. An additional forty-two (42) PREA Acknowledgment Statements for staff and ten (10) for volunteers and contractors were also reviewed. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

All staff are required to have completed the National Institute of Corrections On-Line Training entitled: Communicating Effectively and Professionally with LGBTI Inmates. Every interviewed staff (42) related that in addition to annual in-service and Basic Correctional Officers Training they took the on-line NIC training "Communicating Effectively and Professionally with LGBTI Inmates.

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

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

### **Interviews:**

Interviews with twenty (20) random staff; Nineteen (19) special category staff and sixteen (16) informally interviewed staff confirmed they receive PREA Training annually during annual in-service training. They also stated that as newly hired employees they received PREA Training at the facility prior to Basic Correctional Officers Training and also at Basic Correctional Officers Training. Staff indicated they received PREA training at the facility during "pre-service orientation" and also as a part of their curriculum at the academy. Staff have been trained in PREA through multiple venues including pre-service training, BCOT, annual in-service training, through information provided during shift briefings as refreshers and through multiple posters throughout the facility. This training stresses the requirement of staff to report all allegations from all sources to their immediate supervisor for

investigation. Staff were aware that the initial investigating body at the prison is the Sexual Assault Response Team.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

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

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; memo from the GDC Transitional Services Coordinator; eighty-five (85) PREA

Acknowledgement Statements “Acknowledgment Statement for Supervised Visitors/Contractors/Volunteers.

**Interviews:** Volunteer Coordinator; Contracted Employees, Warden; 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.

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

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

The auditor reviewed eighty-five (85) PREA Acknowledgment Statements. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and if they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency’s PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if

someone reports such conduct to the them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Additionally, the auditor reviewed ten files for an additional ten (10) volunteer packages including the signed PREA Acknowledgement Statement and documentation of a completed background check.

### **Discussion of Interviews:**

The Volunteer Coordinator is the Chaplain. She related that the volunteer training has now been centralized to ensure consistency and also because many of the volunteers serve as volunteers in multiple Georgia prisons. Centralized training and background checks eliminates these same processes being done in all of the facilities they go to. Anyone wishing to become a volunteer must attend training at the Georgia Department of Corrections where the state office is located or must attend a training at a regional location. Four (4) hours of training is provided, including PREA. The prospective volunteer must also undergo a background check. The training the volunteer receives is put into SCRIBE, the GDC database/computer system. Upon completion of the training and a successful background check the volunteer is issued a "badge" that identifies him/her as having been cleared to come into a facility as a volunteer. The coordinator related the volunteer must undergo a background check annually and complete a new PREA Acknowledgment Statement.

## **Standard 115.33: Inmate education**

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

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### **115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### **115.33 (c)**



- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDC PREA pamphlet; Forty (50) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (50) Orientation Checklists; PREA Acknowledgment Sheet (Acknowledging receipt of the PREA Brochure during intake); Posters throughout the facility; PREA related information painted on walls; PREA Acknowledgment sheet (documenting receipt of PREA Brochure/Pamphlet on

**Interviews:** One (1) Staff conducting intake; One (1) staff conducting orientation (inmate education); PREA Compliance Manager; Nineteen (19) randomly selected inmates from every housing unit; Twenty-two (22) special category inmates; and Inmates Informally Interviewed.

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

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

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

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

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

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

Education, according to GDC policy requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely

working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Residents confirm their orientation on several documents

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

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

Residents are provided PREA information on a continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. Too, the facility has PREA information painted on the walls in vivid colors and continuously in view of inmates and staff.

During the intake process inmates are exposed to the streaming PREA video and are given a PREA brochure and told about the zero-tolerance policy and how to report allegations of sexual abuse, sexual harassment and retaliation. After receiving the PREA related brochure, the inmates sign the PREA Acknowledgment Sheet documenting receipt of the brochure.

Fifty (50) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and fifty (50) Orientation Checklists, confirming once again that the inmate received the PREA education, were reviewed. The Acknowledgment Statements documented that the inmate viewed the PREA Video and that the inmate understands how to report. The auditor reviewed fifty (50) Counseling Orientation Checklists confirming receipt of the PREA Information including receipt of the inmate handbook. The handbook is located on the inmate's tablet and KIOSK and accessible to the inmate at any time.

**Interviews:** The staff responsible for providing the initial PREA information to inmates upon arrival at the facility and upon transfer from another facility or program is an intake Correctional Officer. The intake staff as well as the ID staff stated arriving inmates view a streaming PREA Video while they await processing into the prison. In an interview, staff related they give the inmates the PREA brochure and allows them to ask questions. The PREA brochure contains information about the agency's zero tolerance policy and provides inmates multiple ways to report. This information is provided on admission and just prior to the victimization/aggressor assessment. Inmates sign a PREA Acknowledgment Sheet documenting receipt of the PREA brochure.

The Georgia Department of Corrections, Baldwin State Prison Behavioral Counselor, stated, in an interview, that orientation is conducted on Wednesday for inmates arriving on Tues and on Friday for

inmates arriving on Thursday. Staff related inmates watch the PREA Video and are not allowed to be doing paperwork or other activities while viewing the video (which all of the inmates said they have seen multiple times in multiple facilities in the Georgia Corrections System. The counselor related she goes over the PREA brochure with the inmates and reads to them about Zero Tolerance and how to report it if they see it or know about it.

Most of the 41 interviewed inmates stated they received information about the facility's rules against sexual abuse on admission. Inmates indicated they have seen the PREA Video many times as they transferred around the system. Inmates stated they were given a PREA "pamphlet" when at intake when they arrived and told there is zero tolerance for sexual abuse and sexual harassment and how to report it. Most of them confirmed they watched a PREA Video that was playing while they were awaiting processing. The interviewed inmates stated staff explained "things" to them and that they were provided PREA Information through the video, the PREA brochure, and through posters throughout the facility. They also stated the counselor explained information to them instead of telling them just to read it.

Interviews with a hard of hearing inmates and one limited English proficient inmate confirmed they had fully understood their rights to be free from sexual abuse and sexual harassment and that they understood the PREA information they were given during intake and orientation

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

**Observations:** N/A

**Discussion of Policies and Documents:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity

Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

The facility investigator completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. A certificate was provided to confirm that training. In addition to the facility-based investigator completing the training, the PREA Compliance Manager completed it and provided a certificate confirming that. Lastly six (6) additional staff Lieutenants completed the training so that if something happened on their shifts in the absence of the facility-based investigator they could work with the SART to conduct the investigations.

**Discussion of interviews:** The facility-based investigator is the Unit Manager for Segregated housing. The interview indicated he is very knowledgeable and experienced in conducting investigations. The PREA Compliance Manger, who also completed the training is knowledgeable of the process as well.

An interview with a Special Agent for the Office of Professional Standards confirmed he and other Special Agents completed the specialized training in conducting sexual abuse investigations. These investigators complete training provided by the Georgia Bureau of Investigations.

a Lieutenant. He indicated during an interview that he has completed the NIC Specialized Training for conducting sexual abuse investigations in confinement settings. He related he had also completed the online training entitled: Communicating Effectively with LGBTI Inmates, also provided on-line by the National Institute of Corrections. Further training, he said is secured through trainings for Sexual Assault Response Teams, which covers investigations as well. The Lieutenant was very knowledgeable of the investigative process and described the steps he would take in conducting the investigations. Interestingly, some of the interviewed inmates stated they trusted the investigator and in reviewing the investigation reports, the auditor saw that four (4) allegations of sexual abuse or sexual harassment were reported to the investigator by the inmate.

## **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

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**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C.

Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; (22) National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings; (22 ) Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings;

**Interviews:** Health Services Administrator; Nurse; Nurse Practitioner; PREA Compliance Manager, Warden, Chief Counselor, Licensed Professional Counselor (Director of Mental Health).

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

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

An interview with the Health Services Administration indicated the following constitutes the medical staffing at Baldwin State Prison:

- Health Services Administrator
- Two (2) Full Time Medical Doctors
- One (1) Full Time Nurse Practitioner
- Thirty (30) Registered and Licensed Practical Nurses
- Clerical Staff.
- Mental Health Nurse Coordinator
- Two (2) Mental Health Registered Nurses
- One LPN Mental Health Nurse
- Mental Health Director
- Psychiatrist
- Two (2) Psychologists
- Forensic Peer Mentor
- One Mental Health Nurse
- Three (3) Activity Therapists
- Nine (9) Clinicians (Licensed Professional Counselors and a Licensed Masters of Social Work)

The medical section contains an open bay infirmary capable of housing 15 inmates 24/7. There is also a Crisis Stabilization Unit, housing inmates who are unstable, including cutters, overdoses and hanging gestures.

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



The auditor requested and received a list of mental health staff at the facility as well as the NIC Certificates to document the specialized training. That information was provided expeditiously and confirmed the staff completed the specialized training.

Certificates documenting completion of the Specialized Training provided by the National Institute of Corrections were provided when requested. Additionally, twenty-two certificates documenting completion of the NIC On-Line Course, Professional Communications with LGBT Inmates.

**Discussion of Interviews:**

The Health Services Administrator is an experienced administrator. He related the facility is accredited by the Medical Association of Georgia as meeting the standards promulgated by the National Commission on Correctional Healthcare. Accreditation Certificates are prominently displayed on the walls in the administration areas. He acknowledged the specialized training required for both medical and mental health staff and affirmed that one-hundred percent (100%) of his staff have completed the specialized on-line training provided by the National Institute of Corrections; "Healthcare for Victims of Sexual Abuse in Confinement Settings.

The Mental Health Director, also in an interview, stated all of her staff have completed the on-line training for Behavioral Health Staff. This training is also provided by the National Institute of Corrections on-line. The Mental Health Director is a Licensed Marriage and Family Therapist. She also stated she is Clinically Certified in Trauma by the International Association of Trauma professionals. In addition to her staff completing the NIC On-Line training for Behavioral Health Staff, she related her staff completed the NIC On-Line training, Communicating Effectively and Professionally with LGBTI Inmates.

**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**

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**Policy and Documents Reviewed:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness; GDC Policy 208.06, Attachment 4; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9; (40) Victim/Aggressor Instruments; (40) Victim/Aggressor Reassessment Instrument; Pre-Audit Questionnaire.

**Interviews:** Licensed Professional Marriage and Family Therapist; two (2) mental health staff who conducts victim/aggressor assessments; ID Staff and Classifications Staff who make housing assignments; Warden; PREA Compliance Manager; Interviewed inmates (43)

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

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

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

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

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

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

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

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

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

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

The auditor reviewed 40 Victim/Aggressor Assessments and Reassessments. These were documented and put into SCRIBE as required. The instrument used was the GDC's Victim/Aggressor Survey.

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 Baldwin State Prison 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.

Reassessments, according to staff, are completed within 30 days of the first victim/aggressor assessment and they are done in SCRIBE as required. Additionally, staff related that a reassessment will be conducted when a significant event occurs, including a PREA incident and when an inmates leaves the facility for an appointment or comes back after having an appointment at another prison.

Forty (40) reassessments were provided for review.

### **Discussion of Interviews:**

The staff conducting the victim/aggressor assessments related that before she begins the assessment she brings the inmate into a private office in intake (with a large window, enabling viewing) and gives the inmate a PREA Brochure, tells them about the zero-tolerance policy and how to report sexual abuse or sexual harassment.

With regard to conducting the victim/aggressor assessments she related they are done the same day the inmate is admitted to the facility. She related she would have already seen the bussing list and would have gone into the offender database to review the inmate's history as well as any flags for any reason as well as any prior assessments to see what the inmate was identified as in those assessments. She said she considers the following in her assessment: age; weight; height; charges; prior victimization; first incarceration; how they identify or perceive themselves; vulnerability; and prior

sex offenses. If an inmate discloses prior victimization, she would refer the inmate to other mental health counselors.

Most of the interviewed inmates remembered being asked the questions in the victim/aggressor assessment indicating they were asked the questions that comprise the victim/aggressor assessment.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

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



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

### Instructions for Overall Compliance Determination Narrative

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

**Policies and Documents Reviewed:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Reviewed assessments (40); Reviewed reassessment (40); Memo from Warden designating safe housing; Pre-Audit Questionnaire.

**Interviews:** Mental Health Licensed Professional Counselor; ID Staff; Classification Staff; Warden; PREA Compliance Manager; Chief Counselor.

**Policy and Documents Review:** DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information, requires that information from the risk screening is used to inform housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens 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.

That facility provided documentation to confirm that safe housing is provided in Supportive Living Units; Mental Health Level III, Dorms J-4 and H-4 and General Population Dorms M-4, G-4 and I -4.. Too, based on investigation findings and/or recommendations, Inmate Affairs and the PREA Coordinator, inmates may be transferred to alternate facilities.

Transgender or intersex inmates are not housed in a specific area designed for transgenders or intersex. They are housed, as other inmates are and those decisions are based, according the PREA Compliance Manager, on the following considerations: 1) PREA Issues; 2) The inmate's security level; 3) Mental Health Status and 4) Any disability.

**Discussion of Interviews:** Mental Health Staff and the ID Officer described the housing assignment process to ensure victims are not housed in cells with potential aggressors. ID maintains a board of all inmates housed at the prison. An ID card is placed on each cell assignment. Color coded dots document whether an inmate has been identified as a victim/potential victim or a predator/potential predator or aggressor. The ID Staff, in an interview, stated they also have to consider gang related information Staff confirmed, in separate interviews, that the victim/aggressor assessment is administered during intake. Because the victim/aggressor assessment is done in the computerized data base, tD officer can go into the offender database and see if there is documentation to confirm the inmate is assessed as either a potential victim or a potential aggressor and based on that assessment, is housed appropriately to ensure that a potential victim is not housed in a cell with an aggressor or potential aggressor. ID also has to make housing decisions based on the security level of the inmate and specific program assignment, if any. Classification staff meet on Friday and look at the offender's history in more depth, to make informed decisions about not only housing but, program and work assignments with the goal of placing potential victims in the safest work assignments and programs apart from potential aggressors insofar as possible. The inmate is reportedly brought in on the first classification and can register any concerns for safety during this meeting and afterwards to his counselor.

## **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

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

**Policy and Document Review:** Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Reviewed (24) Investigation Packages; Local Operative Directive;

Coordinated Response Plan; Warden's Email confirming there were no inmates placed in involuntary segregation during the past 12 months; Memo from the Warden attesting that there have been no inmates involuntarily placed in Protective Custody as the result of being a victim or at risk of imminent sexual abuse in the past 12 months.

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

**Discussion of Policy and Documents:** The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternate placement.

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

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

The auditor reviewed twenty-four (24) investigation packages. None of the packages documented any inmate being placed in involuntary segregated housing for protection. Inmates were separated but not placed in involuntary segregated housing.

### **Discussion of Interviews**

The Warden indicated that he does not automatically place a victim or potential victim in administrative segregation (Protective Custody). He indicated he has identified safe housing and if at all

possible that is where a victim or potential victim could be housed. If there were no other available alternatives that are available that would keep the inmate safe, he indicated he would put him in protective custody, never as punishment, but only for protection until some other arrangement could be made, and usually that includes a transfer to a facility where the inmate might feel safer.

The staff supervising segregation is the Unit Manager, who also serves as the facility-based investigator. When posed with the question about placing victims or potential victims in segregated housing, he said “why would I lock up a victim?” He said it would only be for that inmate’s protection. He also said that ninety percent (90%) of the protective custody placements are voluntary. If someone is placed there, he said it could be overnight or for a week, and only until the investigator was completed so the leadership would know how best to safely house the inmate. He said it would be only until he and the classification committee believed there would be no issues in the housing unit. Classification, consisting of himself, a representative of security and a representative of the counseling staff would meet, as the classification committee and evaluate how best to keep him safe. He said the committee’s decision may be appealed by the inmate. He did say inmates in involuntary protective custody would have access to the following; 1) Programs: Education – the teacher would bring the materials to the inmate to complete ( this was confirmed by an adult basic education teacher, in an interview).2) Counselors, he said, could bring him programmatic information to work on 3) Access to the phone’ 4) Access to a KIOSK; 5) Access to the “store” ; 6) Access to showers; 7) Access to exercise; 8) Access to visitation; and 8) They are allowed to keep their tablets from which they can send emails to their families and friends and email the PREA Unit.

## 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

- 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 the Georgia Department of Corrections(GDC) provides not only multiple ways to report but allows residents of the Baldwin State Prison to have personal Tablets enabling them to report allegations of sexual abuse with privacy and anytime they decided to without anyone knowing. They can do this by emailing the PREA Unit with one click and sending an email to family or others and requests to staff. Inmates may also report outside the facility to the PREA Unit via

the PREA Hotline; the PREA Unit Via JPAY email; the Ombudsman; Victim Services; the TIP Line; and to WINGS, the outside advocacy center. The inmate has access to phones to call friends and family; as well as visitation with family. Inmates may file a grievance (that becomes an emergency grievance and is turned over to the Sexual Assault Response Team).

**Policy and Documents Reviewed:** Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Twenty-four (24) Investigation Packages.

**Interviews:** Forty-one (41) inmates, both randomly selected and special category; Staff interviewed informally during the site reviews; Twenty (20) randomly selected staff representing a cross section of positions.; Warden; PREA Compliance Manager.

**Observations:** Kiosks in each dormitory (some with two KIOSKS); Phones in each dorm with dialing instructions; Testing a PREA Phone, Inmates with Tablets; Multiple Posters related to PREA, including how to and to whom to report allegations of sexual abuse; mobile phone and kiosk for inmates in segregation; Reviewed Notice of PREA Audit enabling inmates to correspond with the PREA Auditor (observed through the campus but observed in each pod of every unit in the prison).

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

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

The GDC policy (208.06, 2. Offender Grievances), requires that the facility allow offenders a full and fair opportunity to file grievances regarding sexual abuse to as to preserve their ability to seek judicial

redress after exhausting administrative remedies. The procedures governing grievances are addressed in Standard Operating Procedure 227.02, Statewide Grievance Procedures. All grievances received are to be forwarded to the local SART for handling in accordance with the local response protocol.

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

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

Twenty-four (24) reviewed investigation packages confirmed that eight (8) were reported via JPAY Email; Five (5) Via Grievances; Four (4) via the PREA Hotline to the PREA Unit; One (1) via a letter to the Warden; and One (1) via a Note.

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

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

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

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



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

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

- Call the PREA Hotline 7732
- Report to any staff, volunteer, contractor or medical staff
- Submit a grievance or sick call slip
- Report to the PREA Coordinator or PREA Compliance Manager
- Tell a family member, friend, legal counsel or anyone else outside the facility
- Submit a report on someone else's behalf or someone at the facility can report for you (the resident)
- Victim Support Services for emotional support and to report (contact information provided)

Inmates are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided). Reviewed investigation packets indicated inmates were well aware of how to use the PREA Hotline for reporting. Inmates confirmed receiving the PREA Pamphlets.

The auditor observed the streaming PREA information, including how to report, on the streaming video monitor in each dorm.

### **Discussion of Interviews:**

Interviews with 41 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named 2-3 ways to report. They most often mentioned they would report using the phone (hotline) or tell as staff. They did acknowledge they have access to the KIOSK for reporting and that they have tablets that they can use to email family and friends on their approved list as well as sending an email to the GDC PREA Unit.

## 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 Baldwin State Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, Twenty-four (24) investigation packages for investigations from 2017; reviewed forty (40) grievances.

**Interviews:** Grievance Officer; Randomly selected staff; Randomly selected inmates; PREA Compliance Manager, Warden, PREA Compliance Manager.

**Observations:** Not applicable for this standard.

### Discussion of Policies and Documents:

There were no grievances alleging either sexual abuse or sexual harassment during the past twelve (12) months; therefore, there were no grievances requiring a final decision within 90 days (115.52 (d)-3) nor were there any grievances involving extensions because a decision was not reached within 90 days. If a grievance alleged sexual abuse or sexual harassment it is turned over to the Sexual Assault Response Team for investigation and ceases being processed as a grievance.

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

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

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

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

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

In doing due diligence to determine if any of the regularly filed grievances met the criteria for an allegation of sexual abuse or sexual harassment, the auditor randomly pulled and reviewed forty (40) grievances filed in the facility's grievance files to determine if any were PREA related and if so to determine if they were referred as an emergency grievance. After examining each of the forty (40) reviewed grievances, the auditor found no PREA related grievances.

### **Discussion of Interviews:**

An interview with the grievance officer confirmed that an inmate may file a grievance alleging sexual abuse and that upon receipt of such a grievance, the staff is required to immediately refer the grievance to the Sexual Assault Response Team (SART) for investigation. Three interviewed members of the SART confirmed that process. None of the SART could recall any grievances alleging sexual abuse or sexual harassment during the past twelve (12) months. Staff were aware that inmates could report sexual abuse or sexual harassment through the grievance process. They indicated that if they received a grievance they would turn it over to the inmate's counselor. Interviewed inmates, when asked,

indicated, they could file a grievance to report sexual abuse or sexual harassment however most preferred the option of telling a staff or calling the PREA Hotline or emailing the GDC PREA Unit on their tablet or on the KIOSK.

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

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Description of Services between the Baldwin State Prison and the WINGS (Rape Crisis Center); Baldwin State Prison Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification.

**Interviews:** PREA Compliance Manager, PREA Coordinator, Mental Health Licensed Professional Counselor, Forty-one (41) interviewed inmates; Staff Advocate at the Women in Need of God's Shelter (WINGS).

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.

GDC Prisons are often located in areas with limited or non-existent resources, including outside confidential support services. In response to that need the facility asked Just Detention International to help develop and secure these services for a number of prisons experiencing that issue. Just Detention International, according to interviews with the Agency's PREA Coordinator, brought together the PREA Compliance Staff and Rape Crisis Centers and Outside Advocacy Organizations throughout the state to attempt to pair specific prisons up with an outside agency.

In response to the lack of resources, the GDC trained a staff advocate(s) to accompany inmates during forensic exams if requested. The Victim Advocate sometimes serves as a member of the Sexual Assault Response Team. Documentation was provided to confirm the advocate for Baldwin State Prison is a counselor and has completed the Specialized Training provided by the Office of Victim Services Training and Technical Assistance Center.

The facility has an agreement memo from the WINGS Rape Crisis Center in Dublin, GA. The auditor suggested the facility contact the Lily Pad Rape Crisis Center in Albany, Georgia to see if they would agree to provide a hotline number, 24/7, for inmates to call to report sexual abuse and/or to talk with an advocate. The facility made contact and posted the contact information for the Lily Pad.

The SART Leader is a Licensed Marital and Family Therapist and credentialed for her Trauma training by the International Association of Trauma Professionals is therefore imminently qualified to serve as an advocate as needed.

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

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

### Discussion of Interviews:

Some of the inmates were aware of the outside advocacy organization, WINGS and others were aware of it. The contact information is prominently posted in the following manner on the Poster "Rape Outreach Center; WINGS/Victim's Advocacy, with phone and mailing address. The poster is in vivid colors and draws attention to its posting.

## 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

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**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, PREA; The Pulaski State Prison 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?"; Twenty-four (24) Reviewed Investigation Packages; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

**Interviews:** Forty-one (41) inmates, randomly selected and special category; Twenty (20) Randomly Selected Staff; PREA Compliance Manager; Warden; PREA Compliance Manger.

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

**Discussion of Policy and Documents:** The Georgia Department of Corrections and the Pulaski State Prison provide 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](mailto:PREA.report@gdc.gov); Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided. The agency also has a TIP Line accessible to third parties.

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

The auditor reviewed twenty-four (24) of the incident and investigation reports for 2017. Eight (8) allegations were made via JPAY Email to the PREA Unit; Five (5) were via grievances; Five (5) were to a staff member (twice to the Unit Manger/Facility-Based Investigator); Four via the PREA Hotline; One (1) via letter to the Warden and One (1) via a note. None were made by third parties.

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

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

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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**Policy and Document Review:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; and twenty-four (24) investigation reports for 2017;

**Interviews:** Warden; PREA Coordinator; PREA Compliance Manager; SART Leader; Mental Health Provider; Twenty (20) randomly selected staff; Health Services Administrator; Two (2) Counselors, Two (2) Investigators.

**Discussion of Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of

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

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

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

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

**Discussion of Interviews:** Interviewed staff confirmed that the expectation is that they are to report "anything", including a something they suspected. Staff, when asked about their duty to report, stated they are required to report anything, including any knowledge, suspicion, or information regarding an allegation of sexual abuse. All of them stated they have to report it verbally to their supervisor, either via phone or radio. If by radio they do not compromise confidentiality, and use a "10 Code". They also stated they are required to complete a report or a statement. All affirmed the report has to be completed before they leave the shift.

Staff acknowledged that inmates could report verbally, in writing and via a third party. Asked if they would accept a report from another inmate about an inmate, they said they would. Likewise, when asked if they'd take a report from a family member, they affirmed that they would.

The Warden related that if a staff did not report, the staff would be recommended for disciplinary action, up to and including dismissal. Staff, when asked what the sanction would be if they failed to report, they said they would be terminated.

## **Standard 115.62: Agency protection duties**

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Memo from the Warden asserting that there have been no inmates placed in involuntary segregation or protective custody or for being at risk of imminent sexual abuse.

**Interviews:** Warden; Grievance Officer; PREA Compliance Manager; Twenty (20) randomly selected staff; Nineteen (19) Special Category Staff; Forty-one (41) Inmates.

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

documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information. The Warden identified safe housing for inmates. The safe housing for victims or potential victims is E-7 A/B.

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

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

Staff consistently stated they would take immediate action, upon learning that a resident was at risk. Staff stated they would keep the resident with them, notify their immediate supervisor and keep the resident with them until the supervisor decided about where to house the resident.

An interview with the Grievance Officer confirmed there were no grievances alleging imminent sexual abuse during the past twelve months. The auditor reviewed forty (40) grievances. None of the reviewed grievances alleged that an inmate was at risk of imminent sexual abuse.

None of the 41 interviewed residents stated they had ever been at risk of imminent sexual abuse or placed in involuntary segregation or protective custody for being a victim or at risk.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire;

**Interviews:** Warden; Deputy Warden/PREA Compliance Manager, SART Members

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

The Pre-Audit Questionnaire and interviews with the Warden, Deputy Warden, and PREA Compliance Manager confirmed there were no allegations received from other facilities that an inmate was sexual abused or sexually harassed while at Baldwin State Prison.

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

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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



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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Review:** Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Eleven (11) Investigations 2-16-2017; Mem from Warden Designating SART Members; Certificates of Completion, "Evaluation and Treatment of Sexual Assault".

**Interviews:** Two (2) SART Members; Fifteen (15) randomly selected staff (cross section of employees including administration, food services, counselors, teacher, and maintenance staff) Health Services Administrator; Investigator; PREA Compliance Manager. Informal Interviews with 16 staff selected during the site review.

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

The Sexual Assault Response Team will be notified and will implement the local protocol.

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

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

## Discussion of Interviews:

All staff, including the non-security staff, are potential first responders. Interviewed security staff articulated without hesitation, their roles as first responders. They consistently reported they would report to their shift supervisor, ensure the safety of the alleged victim by separating the alleged victim from the alleged perpetrator (probably place him in intake in a cell or the sally port); secure the scene and log all coming in and going out; advise the victim not to drink, shower, use the restroom or take any action that could destroy evidence. The perpetrator, they said would be told the same and if a dry cell was available, put him there and tell him not to bathe, shower, change clothes, brush his teeth or take any action to destroy evidence; then get the alleged victim to medical and, if indicated, call the Sexual Assault Nurse Examiner.

All the interviewed staff, including nine (9) security/correctional staff; one (1) instructor; one (1) correctional unit manager; one (1) rehab counselor; one(1) behavioral health counselor; one (1) food service supervisor; one (1) general trades craftsman; one (1) counselor; and one (1) medical unit manager; one (1) purchasing assistant; one (1) practical instructor; and one (1) administrative staff could also describe the actions they would take in response to a sexual assault. Additionally, special category staff representing both security and non-security could articulate their roles in responding to an allegation of sexual abuse. They consistently they reported they would first separate the victim from the alleged aggressor and keep the victim safe. They would report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Twenty-four (34) reviewed investigation packages, PREA Medical Log.

**Interviews:** Twenty (20) random staff; staff informally interviewed; Registered Nurse, Health Services Administrator; Facility -Based Investigator; PREA Compliance Manager; Warden.

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

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

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

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

The SART Leader or Investigator arranges for immediate medical examination. Medical conducts an initial assessment to determine if the inmate needs immediate medical intervention and to treat these. Medical staff contact the SANE if needed. Again, specific duties of each of the SART members are

described. These include the specific responsibilities for the SART Team Leader, Counselor and Health Services.

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

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

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

**Discussion of Interviews:** All the interviewed staff articulated their roles in responding to an allegation of sexual assault. Staff named each step without hesitation, indicating they understood their roles as first responders. These included security and non-security potential first responders.

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

**Discussion of interviews:**

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

## **Standard 115.67: Agency protection against retaliation**

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

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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**Policy and Documents Reviewed:** DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Twenty-four (24) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form)

**Interviews:** Retaliation Monitor; Warden; PREA Compliance Manager

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

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

The auditor reviewed twenty-four (24) investigation packages. Packages consistently contained the GDC Retaliation Monitoring Sheets. In addition to the retaliation sheets for the reviewed investigations the facility provided after being asked for more samples. These were provided as requested.

### **Discussion of Interviews:**

The auditor interviewed the facility's Retaliation Monitor. She told the auditor she would meet with the offender as soon as she learned that an allegation has been made. She related that she will meet with the inmate and explain who she is and what she does as retaliation monitor. She states she advises the

inmate if he feels he is being retaliated against in any manner to contact her. She also stated she tells the inmate she will be meeting with him every 30 days up to 90 and beyond if needed.

The retaliation monitor indicated and documented on numerous reviewed investigation packages that if the victim was an inmate she would monitor a number of things including the following: 1) Offender Disciplinary Report(s) History Review; 2) Offender Housing Unit Placement Reviews; 3) Offender Transfer(s) Placement Reviews; 4) Offender Work Performance Review; 5) Offender Schedule Review; and 6) Offender Case Note(s) Review. Personal contact is made at 30 days, 60 days and 90 days. These checks are documented on the 90 Day Offender Sexual Abuse Review Checklist (GDC Form) In addition to initialing each item checked the monitor documents by signature, title and date the 30, 60 and 90- day checks. The Retaliation Monitor also documents the inmate's comments after contacting him on the GDC Monitoring Form, documenting 30,60 and 90 -day checks. The auditor reviewed 33 investigations conducted in 2017. The GDC 90 Day Offender Sexual Abuse Review Checklist was documented in all the applicable cases. There were no cases in which a staff member was involved in the need for retaliation monitoring.

The Warden related that he has a zero tolerance for any form of retaliation and any staff or inmate involved in any retaliatory behavior would be disciplined and if it was a staff involved in retaliation the presumptive discipline would be termination.

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

**Interviews:** Warden, PREA Compliance Manager; Mental Health Staff; Randomly Selected and Special Category Inmates

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

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

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

Interviews with the Warden, PREA Compliance Manager, and staff, including the staff supervising segregation indicated that involuntary protective custody or the use of administrative segregation to house and protect a victim of sexual abuse would be a last resort and lessor options would be tried, if the inmate could be safely housed and there. The Warden designated a safe dorm, a dorm housing primarily medically challenged inmates. The Warden indicated the perpetrator would be placed in segregation if necessary to protect the inmate; the victim would be placed there during the investigation but would be removed as soon as the investigation is concluded, and the inmate can be safely placed elsewhere. The Warden issued a memo stating there have been no inmate victims placed in involuntary segregation during the past twelve (12) months.

If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, including education, visits from medical and mental health, recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the logbook. Staff also stated they would have access to the KIOSK in the unit. They would also be allowed to keep their tablets, enabling them to report allegations of sexual abuse at any time.

## **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**

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**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; Twenty-four (24) Investigation Packets, PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; Referrals to Medical and Mental Health (including the statements made by medical and counseling staff); PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; GDC Incident Report; Memo from Warden designating SART members; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manager; Facility-Based Investigator, Office of Professional Standards Investigator; Special Agent, Office of Professional Standards; SART Members; Special Category Inmates reporting sexual abuse and sexual harassment.

**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 Warden provided the auditor with a memo designating the members of the prisons' Sexual Assault Response Team. The team consists of a lead member who is the facility's Mental Health Director, a Facility -Based Investigator who initiates the investigation and a medical staff. A counselor serves as the facility-based advocate.

A review of 24 investigations conducted in 2017 indicated that reports or allegations of either sexual abuse or sexual assault contained the following:

- PREA Investigation Summary
- Witness Statements
- Notification of Results of Investigation
- Referrals to Mental Health (including the statements made by medical and counseling staff)
- GDC 90 Day Offender Sexual Abuse Review Checklist
- GDC Incident Reports
- Movement Rosters
- Disciplinary History of the Inmate Victim and alleged aggressors.

There were 66 allegations made in 2017. The auditor reviewed 24 of those (a little over 1/3 of them)

Reports were made in the following ways;

- Eight (8) Through JPAY Email
- Four (4) through the PREA Hotline
- Five (5) through grievances
- Five (5) through reporting to staff (two or three to the Unit Director of Segregated Housing)
- One (1) letter to the Warden
- One (1) by a note

Results of the reviewed investigations were as follows:

- Two Unfounded
- Twenty Unsubstantiated
- Two referred to OPS

A review of the PREA related grievances indicated there were seven total sexual abuse allegations made through grievances during 2017 and documentation indicated all of the seven (7) were referred up to the Office of Professional Standards.

**Discussion of Interviews:** The Sexual Assault Response Team conducts the initial investigation into allegations of sexual abuse. The staff member charged with the initial inquiry into the allegation is the Unit Manager for Segregated Housing. The lead Sexual Assault Response Team Member is the Mental Health Director. An interview with the lead SART Member indicated that the investigation is a collaborative effort during which the evidence is collected and a decision made as to whether the

allegations are substantiated, unsubstantiated or unfounded. The investigation is conducted without bias. She also related her role is to ensure mental health involvement immediately with a victim of sexual abuse. The facility-based investigator stated a Lieutenant serves as his back-up and additional Lieutenants have completed the Specialized Training provided by the National Institute of Corrections. He related the alleged victim is immediately separated from the alleged aggressor. He interviews the victim first and quickly. The crime scene is protected. He gave an example in which the crime scene was sealed off. The alleged victim related his abuser had used a shank to coerce him. The Office of Professional Standards came into the facility and searched the room and found the shank. He also stated that in addition to the inmate being taken to medical but also mental health sees the victim. When there is penetration, the Special Agent assigned by the Georgia Department of Corrections Regional Office, would take charge of the investigation and the SART would be in a supportive role.

The auditor also interviewed a Special Agent for the Office of Professional Standards who is called in when the allegation indicates that the incident appears to be criminal. He related he receives a call from the Regional Director and he may be sent out the same day/night. He indicated he checks SCRIBE for any previous investigations and checks the backgrounds of both the alleged victim and alleged aggressor. His process, he related is to interview the victim first. Interviews are recorded. Then he Mirandizes the "subject" and interviews him. Evidence is collected and may have been collected by the SART and when the Sexual Assault Nurse Examiner completes the forensic exam he stated he talks with her and accepts the "Rape Kit" and turns it over to the Georgia Bureau of Investigation (GBI). He indicated the GBI may take 2-3 months to provide the results. He related, he takes every PREA Case to the District Attorney and based on what he has collected, the DA decides if additional information is needed and if he has enough evidence that he will prosecute.

.The facility-based investigator and the Special Agent related that investigations continue even if a staff terminates employment prior to the investigation being over and also continues if the inmate moves to another facility or leaves this facility.

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

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14; Twenty-four (24) Investigation Packages.

**Interviews:** Warden, PREA Compliance Manager; Special Agent for Office of Professional Standards; Facility-Based Investigator; SART Members.

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

The Unit Manager for Segregated Housing is a facility-based investigator, along with his counterparts on the Sexual Assault Response Team. He has completed the NIC On-Line Training, PREA” Investigating Sexual Abuse in Confinement Settings”.

**Discussion of Interviews:** The SART Investigator related that the standard of investigation used to substantiate an allegation of sexual abuse is the preponderance of the evidence.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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



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

### **Instructions for Overall Compliance Determination Narrative**

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed 24 investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manager; Sexual Assault Response Team Leader; Randomly selected and targeted inmates (19/22)

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

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

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

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

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

The auditor reviewed 24 investigation packages. Notifications were provide as required.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Reviewed Twenty-four (24) Incident reports and investigation reports.

**Interviews:** PREA Compliance Manager; Warden; Twenty (20) Randomly Selected Staff

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

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

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

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

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

The auditor reviewed 24 Investigation Packages. None of the reviewed packages contained allegations of sexual activity/misconduct between an inmate and a GDC Staff member. There were allegations of inappropriate comments and harassment by staff. The reviewed investigation packages indicated these were investigated however because of a lack of evidence, the cases were found to be unsubstantiated.

The auditor asked the facility to refresh staff in communicating effectively and professionally with inmates. The facility stated they would do that in the shift briefings and provide documentation.

**Discussion of Interviews:** Interviews with the Warden, PREA Compliance Manager, and other randomly selected and specialized staff indicated that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. If a staff was involved in an allegation of sexual abuse the Warden related the staff would be placed on no-contact with that resident or placed on administrative leave. If the allegations were substantiated, the presumptive disciplinary action is termination.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire; Reviewed twenty-four (24) Incident Reports and Investigation Packages.

**Interviews:** PREA Compliance Manager; Warden; SART Leader; Volunteer Coordinator.

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

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

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

than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed as well through interviews with the Warden, PREA Compliance Manager, and SART Leader. Twenty-four (24) investigation packages documenting allegations made during 2017 were reviewed. None of the reviewed investigation packages contained any allegations against a contractor or a volunteer.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager; SART Leader and Warden indicated that they have not had any allegations made against a volunteer of a contractor in the past twelve (12) months. The Warden said, in an interview if they did have a volunteer or contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the prison and would have no contact at all with any inmate. If the investigation substantiated the allegation, the contractor or volunteer would be referred for prosecution by the Special Agent for the Office of Professional Standards.

## 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; (24) Reviewed Investigation Reports.

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

**Discussion of Policy and Documents Reviewed:** GDC Policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse, but, is considered a disciplinary

issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

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

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

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

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

**Discussion of Interviews:** Interviews 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 take into account past history as well as any mental or developmental issues. Sanctions would be imposed based on the inmate's disciplinary code.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)



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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Policy and Documents Reviewed:** GDC Policy 208.06, Sexually Abusive Behavior Prevention and Intervention Program, I., Medical and Mental Health Care; Pre-Audit Questionnaire; Victim/Aggressor Assessment; Referrals to Mental Health.

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

**Discussion of Reviewed Policy and Documents:** GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures. The auditor reviewed 30 referrals to mental health for inmates alleging sexual abuse or sexual harassment, including prior victimization. The referral process is expedited by the fact the mental health staff conduct the victim/aggressor assessments during the intake process. Prior to the provision of services, based on referrals, documentation, including Informed Consent/Confidentiality Forms, are explained and signed by inmates. Case notes were provided documenting the inmates who were referred were offered follow-up mental health services. Two of the reviewed referrals and follow-up case notes documented that the inmate refused the services indicating they did not need counseling for their reported or prior victimization.

If the screening process indicates an offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Reviewed investigation files consistently had documented referrals to mental health at Central State Prison.

The Pre-Audit Questionnaire and interviews with staff confirmed there were no inmates who disclosed prior abusiveness. 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.

Interviews with medical and mental health staff indicated that they obtain and document informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. None of the interviewed inmates reported prior victimization.

Documentation to confirm referrals to mental health were provided. Also, inmates have the right to refuse the follow-up. Documentation in the form of "refusal" forms were provided documenting that mental health follow-up had been offered and rejected by the inmate, who signs the refusal. This facility is a mental health facility and inmates abused previously as well as inmates reporting abuse at the facility, are already on the mental health caseloads.

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

Interviews with assessment staff confirmed that if an inmate discloses previous sexual abuse, the inmate is offered a referral to mental health for a follow-up, if needed. The inmate has the right to refuse the referral and follow-up. Referrals were provided documenting that inmates disclosing or alleging victimization are offered a follow-up. During the victim/aggressor assessment at intake, the mental health staff are there. They conduct the assessment and offer further follow-up if requested.

## Standard 115.82: Access to emergency medical and mental health services

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; 24 Reviewed Investigation Packages.

**Interviews:** Health Services Administrator; Facility Physician's Assistant; Facility Nurse; Mental Health Director; Counselors; Interviews with Randomly Selected Staff; Security and Non-Security First Responders and Interviews with Inmates who reported prior sexual abuse.

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

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

Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

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

The Baldwin State Prison has mental health staff, including licensed professional counselors and Masters' level Social Work Staff, who can serve as a victim advocate in the absence of an outside advocate or who can accompany the resident during any forensic exam, if requested. The facility also has a general population counselor who has been trained to serve as a victim advocate. Documentation was provided confirming his on-line training.

### **Discussion of Interviews:**

Interviews with health care staff indicated their responsibility if an inmate is sexually assaulted is to treat any emergency once an inmate is brought to medical following a sexual assault. After conducting an initial exam or assessment for any emergent injuries the Sexual Assault Nursing Protocol is initiated. The Satilla Sexual Assault Response Team is contacted and typically they arrive within 6-8 hours to conduct the examination. The rape kit is turned over to security and the chain of evidence is documented on a log chain of custody.

Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Baldwin State Prison has medical staff on duty 24/7.

A previous interview with the Sexual Assault Nurse Examiner confirmed that she and another SANE comes to the facility and conducts the forensic exam. The alternate SANE who comes with her serves as victim advocate and explains the process to the inmate providing emotional support. The evidences is collected and the "rape kit" turned over to security starting the chain of evidence.

## **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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**Policies and Documents Reviewed:** Procedure for Sane Nurse Evaluation/Forensic Collection; facility specific coordinated response plan (Local Procedure Directive); Pre-Audit Questionnaire

**Interviews:** Health Services Administrator; Physician's Assistant; Facility Nurse; Mental Health Director; Counselor.

**Policy and Document Review:** The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has a facility specific coordinated response plan (Local Procedure Directive). This plan requires each victim receive a mental health evaluation within 24 hours.

GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

GDC Policy requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the GDC PREA Policy as well as interviews with medical staff.

Twenty-four (24) reviewed investigation packages confirmed that only two alleged sexual abuse with some form of penetration, One of the allegations was made months later following the alleged incident. The auditor requested, and the facility provided documentation to confirm the inmates as well as a sample of those reporting prior sexual victimization during intake were referred to mental health as required. Inmates have the option to refuse the follow-up and if so they sign the refusal form. The facility provided documentation confirming that they offered a follow-up with mental health and it was refused. Many of the inmates at this facility are already on the mental health caseload.

**Discussion of Interviews:** Medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination was explained by the Health Services Administrator; Physician's Assistant; Nurse and the Mental Health Director. Medical assess the victim and if there are no emergent conditions requiring outside treatment in the emergency room, medical's role is to protect the evidence. Following the forensic exam, the Sexual Assault Nurse Examiner, recommends the medications needed, including STI prophylaxis.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)



- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Policy and Document Review:** GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; GDC Incident Review Forms; Investigation Packages (24); Pre-Audit Questionnaire.

**Interviews:** Warden, PREA Compliance Manger; SART Leader/Mental Health Director, Facility-Based Investigator; Medical staff.

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

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

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether

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

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

The auditor reviewed twenty-four (24) investigation packages. Incident reviews are documented as required. Only two (2) of the reviewed investigation files alleged sexual abuse. The other reports alleged staff misconduct (allegations of inappropriate comments but not repeated) and sexual harassment. The sexual harassment incidents were most often verbal comments that were disrespectful or threatening.

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

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

## Standard 115.87: Data collection

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

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the wide variety of data collected by the Department enabling staff to generate reports to facilitate evaluation and planning. In addition to monthly PREA reports the agency collects data on inmate disabilities and can identify them for the auditor. Also, the reports enable the auditor to identify inmates who have been assessed as potential victims. Monthly

PREA reports identify the incidents reported during a given month. PREA Logs document the dates, times and specific actions medical takes in response to an incident of sexual abuse. A monthly COMSTAT report also identifies the major incidents occurring at the facility during a given month. This include PREA related information. Too, the PREA Unit has a dedicated staff, a PREA Analyst, who collects data and generates reports. These reports are also provided to the auditor enabling him to identify sexual abuse incidents, calls from the PREA Hotline, identification of disabled inmates and other valuable data.

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Pre-Audit Questionnaire; Georgia Department of Corrections Annual Report; Inmate Report from PREA Unit Analyst; Monthly PREA Report to the PREA Unit; Monthly COMSTAT report; computer generated reports of potential victims; reports identifying disabled inmates; Report of all calls to the PREA Hotline in the past 12 months.

**Interviews:** Warden; PREA Coordinator; PREA Compliance Manager; SART Leader

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

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

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

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

## 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

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**Policy and Documents Reviewed:** Investigation Packages (24); Incident Reviews ; Georgia Department of Corrections 2016 Annual Report; Agency Website.

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

**Policy and Document Review:** The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed twenty-four (24) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

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

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

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

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

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

### 115.89 (a)

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

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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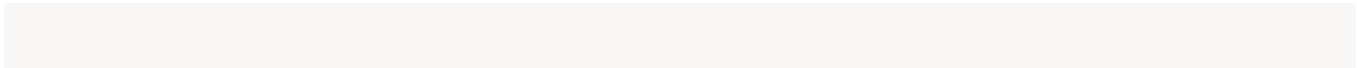
**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy; Pre-Audit Questionnaire.

**Interviews:** Previous Interview with Agency’s Statewide PREA Coordinator; PREA Compliance Manager

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

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

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



## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes    No    NA

#### 115.401 (b)



- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits, asserts that the Department will conduct audits pursuant to 28 C.F.R./

114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator.

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

The auditor observed the notices of PREA Audit posted in virtually every area of the prison. This included every pod of every dorm. As a result of that posting the auditor received five (5) letters from inmates. The auditor met with each of the inmates some complaining of inmates masturbating and others wanting to be moved to another housing unit.

The auditor was provided complete and unfettered access to all areas of the facility. Staff appeared forthcoming and credible. Space, in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously.

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier  
**Auditor Signature**

February 23, 2018  
**Date**

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

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