

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report November 24, 2017

Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: September 11-12, 2017

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: Same as above		City, State, Zip: Same as above	
Telephone: 478 992 5101		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

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

Agency Chief Executive Officer

Name: Gregory Dozier	DOC Commissioner
Email: greg.dozier@gdc.ga.gov	Telephone: 478 992 5374

Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: State Wide PREA Coordinator
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Email: grace.atchison@gdc.ga.gov	Telephone: 678 322 6066
PREA Coordinator Reports to: Sharon Shaver, Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator 87

Facility Information

Name of Facility: Columbus Transitional Center			
Physical Address:			
Mailing Address (if different than above):			
Telephone Number: 706 568 2169			
The Facility 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
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		
Facility Mission: Provide a community residential service to residents prior to discharge or parole from incarceration and to be employed, law abiding more educated and productive citizen.			
Facility Website with PREA Information: www.prearesourcecenter.org			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Director

Name: Gloria Turnage	Title: Superintendent
Email: gloria.turnage@gdc.ga.gov	Telephone: 706 565 3400

Facility PREA Compliance Manager

Name: Harry Grier	Title: Lieutenant
Email: harry.grier@gdc.ga.gov	Telephone: 706 289 6070

Facility Health Service Administrator

Name: Brenda Braswell	Title: Nurse
Email: Brenda.braswell@gdc.ga.gov	Telephone: 706 565 7852

Facility Characteristics

Designated Facility Capacity: 140		Current Population of Facility: 140	
Number of residents admitted to facility during the past 12 months			192
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			25
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			179
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			192
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 20-72 (range)	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			9 -12 months
Facility Security Level:			Minimum, Medium, Close
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			39
Number of staff hired by the facility during the past 12 months who may have contact with residents:			14
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			8
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		32	
Number of Open Bay/Dorm Housing Units:		0	
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.): Lobby area, classroom, visitation, medical hallway, C-wing hallway, kitchen. Outside: kitchen, A, B and C wings, maintenance shop, commercial laundry. Video surveillance covers all areas of the building exterior. Columbus TC employs a total of 16 video cameras. A 40" monitor and control module with a 45 X day recall is maintained in the Main Control Room.			
Medical			
Type of Medical Facility:		In House	
Forensic sexual assault medical exams are conducted at:		At the center by a SANE nurse or at Midtown Medical Center if necessary	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			8

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	81
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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.

The PREA Audit of Columbus Transitional Center was a comprehensive process beginning with communications via email with the Facility's PREA Compliance Manager/Alternate prior to the on-site audit. These communications included both phone calls and emails. The Notice of PREA Audit, to be conducted on November 1-2, 2017, was forwarded for posting in areas accessible to staff, residents, contractors, volunteers, and interns. The Facility provided documentation to confirm the Notices were posted in areas accessible to visitors, staff, residents, contractors and volunteers. The auditor did not receive any communication as a result of posting the Notice of PREA Audit. During the onsite PREA Audit, Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers.

Communications continued and the Pre-Audit Questionnaire and "flash drive" were provided thirty days prior to the on-site audit. The auditor began the review of the "flash drive" that contained agency policies and procedures. Policies, procedures and forms were printed out and the policies, procedures and forms and some supporting documentation were reviewed. The "flash drive" did not contain much documentation to confirm practice but was replete with policies and procedures. The auditor requested some documentation prior to the on-site audit and developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit. The PREA Coordinator and the PREA Compliance Manager, were always responsive to any request and assured the auditor the information would be made available.

The Columbus Transitional Center is an uncomplicated three-wing facility with an attached administrative area, medical section, security office classroom and a dining hall. The maximum capacity is 140 residents. Four beds are for long term maintenance and the other 136 for work release residents, remanded cases or those assigned to the MORE Program. There are 39 full time staff positions, an assigned parole officer and one part-time contract medical position. Twenty-nine (29) positions are security officer positions. Based on the population of the facility the auditor planned for two days at the facility including a 12- hour day and a 10- hour day. The auditor planned to arrive at 0530 in the morning to begin interviewing overnight shift staff. The auditor also planned to interview a minimum of twenty (20) residents, including the targeted population residents, if there were any. The facility was asked to identify these. Additionally, the auditor requested the facility provide all the documents required in the PREA Auditor's Manual.

On-site the auditor began the audit and by prior agreement arrived at 0530 AM to begin interviewing the overnight shift staff. Following those interviews the auditor continued to interview day shift randomly selected staff. When the Superintendent arrived, the auditor toured the entire facility, interviewed staff

and residents and reviewed all the requested documentation, including all of the incident reports for the past 12 months.

The on-site audit consisted of the following: 1) Interviewing a total of 14 randomly selected staff; 2) Interviewing a total of 12 special category staff; 3) Interviewing a total of 4 staff at Rutledge State Prison (Human Resources, Mental Health and the Chaplain-Volunteer Coordinator); 4) Interviewing 20 residents including 10 randomly selected residents and 5 special category residents.

The auditor toured every area of the facility accompanied by the Superintendent, Assistant Superintendent, PREA Coordinator, PREA Compliance Manager/Chief of Security and the shift supervisor. Observations were made of Notices of PREA Audit posted in both English and Spanish, video cameras, mirrors used to mitigate blind spots, bedrooms, showers and restrooms, PREA Posters, access to phones, staffing levels, signs restricting access to authorized staff in storage rooms and outbuildings. The facility is covered with 16 video cameras. The control room is located in a fashion that enables the control room staff to observe two of the wings and a mirror was added to the third wing to facilitate viewing from the control room. PREA Posters were mounted and placed throughout the facility in multiple locations providing residents with on-going PREA education. These included posters reminding staff and residents, "See Something Say Something". Additionally, the posters reiterated multiple ways for residents to report allegations of sexual abuse and sexual harassment. During the tour the auditor tested the PREA Hotline Number by dialing the hotline. The auditor left a message explaining the auditor was testing the system. An email was received that afternoon confirming receipt of the test call. During the tour the auditor informally interacted with 10 residents and 4 staff, all of whom confirmed receiving PREA Training, including zero tolerance and how to report allegations of sexual abuse and sexual harassment.

Following all the interviews, the auditor reviewed all the documentation requested in compliance with the PREA Auditor's Manual, including a review of every incident report for the past 12 months (none of which contained any PREA related incidents). Documentation also included memos designating facility staff in various roles including PREA Compliance Manager, Alternate PREA Compliance Manager, Organizational Chart, Sexual Assault Response Team, personnel records with PREA Questions, Background Checks and Professional References; PREA Acknowledgment Statements for staff, contractors, volunteers and residents; training rosters for staff and residents; NIC Certificates documenting specialized training, victimization assessments, agreements for SANEs, and other documentation. The coordinated response plan, sexual assault response checklist, local operating directives, and other forms and checklists were reviewed. Staff rosters and resident rosters as well as a list of targeted residents was provided and reviewed. Because there were no allegations of either sexual assault or sexual harassment made during the past 12 months and longer, the auditor interviewed staff to determine the practice to determine if it was consistent with GDC Policy and the PREA Standards. The PREA Compliance Manager provided the auditor with a large notebook binder containing documentation to support each of the PREA Standards.

An exit conference was conducted with the PREA Coordinator, Superintendent, PREA Compliance Manager, Assistant Superintendent and the Shift Supervisor/SART Leader. Staff were informed that there was only one area identified in the resident interviews that needed to be addressed prior to the issuing of a final report. Residents were knowledgeable of PREA, said they received required PREA information on arrival and during orientation, were asked the questions associated with risk screening and had multiple ways to report (including on their own cell phones or in the community while working) however they were not aware of the availability of the outside advocacy organization, what services they would provide, how to contact them and the limits of confidentiality in communications with that agency. This information was available on posters and through a brochure. Residents did not deny

receiving the information but just did not know about who they were, how to contact them etc. The Superintendent agreed to refresh the residents and provide documentation to confirm the refresher has occurred. Too this information will be reinforced during orientation.

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

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 mission of the Columbus Transitional Center(CTC) is "to protect society by providing community residential services to residents prior to their discharge from incarceration. The primary goals are to develop self-discipline and promote skills required for positive re-entry into the community. Located near Rutledge State Prison, the Columbus Transitional Center benefits from some of the services provided at the larger prison. These minimally included mental health and human resources. Residents assigned to the CTC are in the process of transitioning back into the community and work release is a significant part of the program. Some of the residents are assigned to long term maintenance and work in and around the transitional center.

The maximum capacity of residents is 140, four of whom are long term maintenance. The other 136 beds are for "work release" residents, remanded cases or those assigned to M.O.R.E. Program. The breakdown with regard to race is approximately 63% African American, 36% Caucasian, and 1% other.

The security levels of residents at the center range from minimum, to medium and close.

This facility has been allocated thirty-nine (39) full time staff positions, an assigned parole officer and one (1) part-time contract medical position (a Registered Nurse). Twenty-nine (29) of the allocated positions are security positions.

There are normally six (6) security staff assigned to each of the 2 Keys on both shifts (6AM-6PM and 6PM to 6AM). Four (4) staff are assigned to a split shift supplementing other staff and performing other essential functions. Typically, there are six security staff assigned to work each shift however the shift can be operated with a minimum of four staff.

The Columbus Transitional Center is housed in an attractive complex consisting of three wings, and an administrative area, medical section, security office, classroom for General Education Diploma candidates and Adult Basic Education, and dining hall. Outside the facility are smaller storage buildings.

The facility is covered with 16 video cameras that are strategically located to eliminate and/or mitigate blind spots. The construction of this facility is efficient in that the control room is located in a fashion that enables the control room staff to observe two of the wings and a mirror was added to the third wing to facilitate viewing from the control room. PREA Posters were mounted and placed throughout the facility in multiple locations providing residents with on-going PREA education. These included posters reminding staff and residents, "See Something Say Something". Additionally, the posters reiterated multiple ways for residents to report allegations of sexual abuse and sexual harassment. During the tour the auditor tested the PREA Hotline Number by dialing the hotline. The auditor left a message explaining the auditor was testing the system. An email was received that afternoon confirming receipt of the test call. During the tour the auditor informally interacted with 10 residents

and 4 staff, all of whom confirmed receiving PREA Training, including zero tolerance and how to report allegations of sexual abuse and sexual harassment.

A tour of the facility and interviews with staff confirmed that residents have privacy while changing clothing, using the restroom and showering. Restroom/showers are located between two bedrooms with each sharing the restroom/shower area. There is a restroom between two bedrooms on the “A” wing. The restroom and shower are behind closed doors. The toilet has a closed door and single occupancy showers have curtains. “C” wing consists of six (6) men bedrooms with restrooms and showers. There are two showers, each with curtains and two toilets with doors. The “B” wing has a safe room that is single occupancy with a “stand alone” shower.

Programs offered at the facility included the following programs:

- 1) Education – General Education Diploma and Workforce Readiness
- 2) Counseling – Individual Counseling, Re-Entry, Moral Recognition Therapy, Matrix Model Early Recovery, and Father Initiative.
- 3) Recreation – General Recreation
- 4) Vocational/OJT – Re-Entry, Job Readiness, World of Work, Vocational Rehabilitation Services, Veterans Administration and Department of Labor

The facility is covered with 16 video cameras that are strategically located to eliminate and/or mitigate blind spots. The construction of this facility is efficient in that the control room is located in a fashion that enables the control room staff to observe two of the wings and a mirror was added to the third wing to facilitate viewing from the control room. PREA Posters were mounted and placed throughout the facility in multiple locations providing residents with on-going PREA education. These included posters reminding staff and residents, “See Something Say Something”. Additionally, the posters reiterated multiple ways for residents to report allegations of sexual abuse and sexual harassment. During the tour the auditor tested the PREA Hotline Number by dialing the hotline. The auditor left a message explaining the auditor was testing the system. An email was received that afternoon confirming receipt of the test call. During the tour the auditor informally interacted with 10 residents and 4 staff, all of whom confirmed receiving PREA Training, including zero tolerance and how to report allegations of sexual abuse and sexual harassment.

Programs offered at the facility included the following programs:

- 5) Education – General Education Diploma and Workforce Readiness
- 6) Counseling – Individual Counseling, Re-Entry, Moral Recognition Therapy, Matrix Model Early Recovery, and Father Initiative.
- 7) Recreation – General Recreation
- 8) Vocational/OJT – Re-Entry, Job Readiness, World of Work, Vocational Rehabilitation Services, Veterans Administration and Department of Labor

Residents assigned to the Columbus Transitional Center are generally glad to be at this facility where they can prepare themselves for re-entry into the community following the completion of their sentence. Too, residents consistently reported to the auditor that “sexual assaults and sexual harassment” are not occurring in this kind of program. They frequently related that no one wants to be terminated from this program.

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: 5

115.211, 115.217, 115.234, 115.235. 115.251

Number of Standards Met: 36

115.212, 115.213, 115.215, 115.216, 115.218,, 115.221, 115.222, 115.231, 115.232, 115.233, 115.241, 115.242, 115.252, 115.253, 115.254, 115.261, 115.262, 115. 263, 115.264, 115.265, 115.266, 115.267 115.271, 115.272, 115.273, 115.276 115.277 115.278 115.282, 115.283, 115. 286, 115.287, 115.288 115.289 115.401, 115.403,

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Although information was provided to residents in multiple ways regarding the outside advocacy organization, residents were not knowledgeable of it. The facility was asked to provide refresher training for the residents. This was documented and provided to the auditor within a few days of the request.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is comprehensive and 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 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 is evident that the Georgia Department of Corrections takes sexual safety seriously. The Georgia Department of Corrections appointed a Director of Compliance who is ultimately responsible for the Department's compliance with PREA, ADA and ACA. Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the DOC facilities. The Statewide PREA

Coordinator has responsibility for the entire state. The previous assistant PREA Coordinator was promoted and another staff selected to serve in this capacity and until that staff is ready to begin work, the PREA Coordinator is overseeing all the facilities.

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience 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 visits her facilities often and those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. An interview with the PREA Coordinator confirmed that she has sufficient time with the assistance of her assistant PREA Coordinator, to perform her PREA related duties.

The agency has also has an analyst assigned to the PREA Unit whose job is to collect and analyze the data submitted on a monthly basis by each facility is also assigned to the PREA Unit. This staff also receives the calls from inmates on the Department of Correction Hotline. He keeps excellent statistics that are used by the Department in analyzing issues related to PREA.

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

Wardens/Superintendents also are required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. The PREA Compliance Manager at the Columbus Transitional Center is the Chief of Security. The Superintendent designated the Chief of Security as PREA Compliance Manager in a memo. He is an experienced and level-headed individual who, after serving as PREA Compliance Manager for years and as Chief of Security, has been in the unique position of ensuring the culture of the facility among correctional staff is sensitive to all safety for residents, including sexual safety. In short, he is in a position to implement PREA and ensure that the PREA standards and Agency's policies related to PREA are institutionalized in this facility. The reviewed organizational chart depicted the Chief of Security's position as reporting directly to the Superintendent and interviews indicated he has the complete support of the Superintendent.

An additional measure the Superintendent has taken in support of PREA in her facility has been to designate one of the case managers as the alternate PREA Compliance Manager. A memo from the Superintendent documented the appointment of the alternate PREA Compliance Manager. Interviews with the PREA Compliance Manager and the Alternate PREA Compliance Manager confirmed they are both dedicated to the implementation and maintaining the PREA standards in this facility. They know and understand PREA and the standards.

An interview with the Superintendent indicated that she is committed to zero-tolerance and that she is "hands-on" in the operation of this center and that she and the Chief of Security communicate almost continuously. The shift supervisor too, was obviously a part of this team and was knowledgeable of PREA and committed to zero-tolerance. The team work in this facility was obvious. An indication of the "hands on" approach of the Superintendent was confirmed during an interview with a transgender resident who "heaped" praise on the

Superintendent for being so sensitive to her needs. The resident said the Superintendent has enabled her to be herself by providing items that females need.

This agency is committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included 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 training for PREA Compliance Managers. The Agency also requires all staff to complete the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates."

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters in this facility are neatly displayed behind frames and on attractive and orderly bulletin boards.

The Resident Handbook advises offenders that the Department of Corrections has a zero-tolerance policy toward the sexual abuse of offenders and is committed to the prevention, detection and punishment of sexual abuse. Signs posted throughout the facility again, emphasize the agency's zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment or retaliation for reporting or cooperating with an investigation.

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. They all also 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.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided multiple training rosters and PREA Acknowledgment Statements confirming staff have been trained in PREA. Interviewed residents stated they are aware the facility has a zero tolerance for all forms of sexual activity.

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 DOC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. Observations of the work the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. The Superintendent's commitment to PREA is reflected in her appointment of the Chief of Security as the PREA Compliance Manager. Too she has gone a step further and designated a very motivated and competent alternate PREA Compliance Manager. Staff and residents 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.

The auditor relied on the following to determine compliance:

- Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program
- Memo from Superintendent designating the Chief of Security as the PREA Compliance Manager and a Case Manager as the alternate
- Facility Organization Chart depicting the position of the PREA Compliance Manager
- Resident Handbook
- PREA Acknowledgment Statements
- Interviews with staff
- Interviews with residents
- Observed and Reviewed Zero-Tolerance Posters throughout the facility

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (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 residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections Policy, 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 PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

The Columbus Transitional Center 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 DOC has the right to monitor for compliance.

The auditor relied on the following in determining a rating for this standard:

- Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2,
- Interview with the PREA Coordinator
- Reviewed contracts DOC has entered into.
- Interview with the Superintendent
- Reviewed Pre-Audit Questionnaire

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility 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 resident 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 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

115.213 (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

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The 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 and document unannounced rounds and these rounds are required to be documented in the Duty Officer Log book.

The annual staffing plan review for the Columbus Transitional Center is documented in a memo to the Statewide PREA Coordinator. The physical plant is described. Designated safe rooms are identified. The maximum capacity of the center is 140; four of which are described as long-term maintenance. One hundred thirty-six (136) beds are for work release residents, remanded cases or those assigned to the MORE program. The racial composition of the facility is 63% black, 36% white and 1% other. Security classifications of residents include minimum, medium, and close.

There have been no substantiated, unsubstantiated or unfounded incidents of sexual abuse in the facility in the last twelve months. The administration thinks this could be attributed to the frequency with which the officers conduct checks inside and outside the building, randomly, during each tour of duty and with Duty Officers conducting random PREA checks and staffing training.

The annual review documented that there have been no post deviations and there are no gender specific posts. Interviews with staff, including the Superintendent indicated there have been no post deviations.

There are 39 full time staff positions, one (1) assigned parole officer and one (1) part time contract medical position. There are 29 security positions with 10 non-security positions.

There are two (2) keys on two (2) twelve-hour shifts. Each key normally has six security staff assigned to the key. Four (4) staff are assigned to a split shift to enhance supervision and to perform other necessary functions at the facility. While there are normally six security staff assigned to a shift the minimum required to operate the shift is four (4) security staff.

The facility has sixteen (16) cameras throughout the facility which are monitored by officers in the Main Control. The system provides videotaping and playback capability. Additionally, security staff are required to walk the floor to monitor all activities. During the on-site audit staff were observed continuously moving about supervising, directing and monitoring residents who were at the facility.

The Superintendent explained to the auditor, in an interview, that in developing her staffing plan, she considered the physical layout of the facility. This facility has three living units (wings) with a control room centrally located enabling the staff on post there to view down the halls of the wings, providing another level of supervision. All other functional areas, including medical, offices, dining room, kitchen, day room and multipurpose room are all under one roof. The Superintendent considers the population of the facility as well. The maximum capacity is 140 residents whose security levels vary however residents are expected to secure employment in the community. Too, these residents are generally coming out of a prison to transition back into the community and happy to be in this facility.

The Superintendent reported that the facility has not had any allegations of either sexual abuse or sexual harassment in the past 12 months. If there was an allegation, the facility would conduct an incident review to determine the motivation, the adequacy of staffing at the time of the incident, the need for policy or procedure changes and/or the need for additional monitoring, including video monitoring technology. She related typical staffing on each of the two, twelve-hour shifts, is a Sergeant, and Assistant Officer- in- Charge and three Correctional Officers. The superintendent related she does not have problems filling vacancies because of the location of the facility in a military town where there are retired military who provide a potential pool for employees. Three staff are reportedly graduating from Basic Correctional Officer Training the Friday after the audit leaving only one vacancy and that position has been announced.

The auditor relied on the following to determine a rating for this standard:

- Prison Rape Elimination Act (PREA) Compliance Policies, Staffing, Paragraph 2.
- Virginia Well House, Prevention Planning Policy, Supervision and Monitoring
- Site Specific Staffing Plan
- Virginia Wells Transitional House Policy 115.213, Prevention Planning
- Annual Staffing Plan Reviews for 2016 and 2017
- Reviewed Staffing Rosters
- Project MORE Transitional Programs Policy, entitled, "Unannounced Site Visits"
- Reviewed Unannounced Rounds (17)
- Interviews with Upper-Level Staff Performing Unannounced Rounds

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (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 residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (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 residents 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.

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

All the interviewed staff reported that female staff are not permitted to conduct strip searches of male residents. One-hundred percent (100%) of the twenty (20) interviewed residents stated they have never been strip searched by a female staff and, in fact, strip searches are rare at this facility.

This facility houses male residents and while cross gender pat searches are permitted, staff state it is preferable that a male conduct the search and cross-gender pat searches occur only when male staff aren't available. 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. Transgender and intersex offender's gender designation will coincide with the prison assignment made by classification (offenders at a female prison will be searched as a female and offenders at a male prison will be searched as a male offender).

When checking the breast of an offender the back of the hand should be used to check the entire breast area and outside the clothing. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's privacy and dignity. The facility provided thirty-five (35) Annual In-Service Training certificates. Interviews with staff indicated they receive search training during annual in-service training.

Of the twenty (20) residents who were interviewed, 80% stated they had never been pat/frisk searched by a female staff nor have they ever seen a female conduct a pat/frisk search.

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.

A tour of the facility and interviews with staff confirmed that residents have privacy while changing clothing, using the restroom and showering. There is a restroom between two bedrooms on the "A" wing. The restroom and shower are behind closed doors. The toilet has a closed door and single occupancy showers have curtains. "C" wing consists of six (6) men bedrooms with restrooms and showers. There are two showers, each with curtains and two toilets with doors. The "B" wing has a safe room that is single occupancy with a "stand alone" shower.

One-hundred percent (100%) of the interviewed residents confirmed they have complete privacy when changing clothing, showering and using the restroom and not naked in view of staff. Residents consistently stated that female staff do not come into the restroom area.

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 and the facility's local operating procedure to search transgender and intersex inmates in a professional and respectful manner.

Interviewed staff, including random staff as well as specialized staff, stated female staff do not strip search or conduct body cavity searches of inmates in this facility absent exigent circumstances. They are trained and permitted to conduct cross-gender pat searches. Staff related they have been trained to conduct cross-gender pat searches. Staff also stated they were trained to conduct searches and that included searching transgender and intersex inmates in a respectful and professional manner. They stated they have been trained to search everyone showing respect and being professional.

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.

Staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like "female on the floor" and that they do this at every day and at every count. One-hundred percent (100%) of the residents interviewed reported that female staff do this either all the time or consistently.

The auditor relied on the following to determine a rating for this standard:

- Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program
- Interviews with fourteen (14) random staff
- Interviews with twenty (20) residents
- Observation during the tour
- Observation during the on-site audit

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (at)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident'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.

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

The agency also has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. Interviews with staff also indicated there are some bilingual staff who can translate for some limited English proficient residents as well as residents who are deaf or hard of hearing. Staff, in their interviews related they would read the information to any resident who was developmentally or mentally challenged.

The facility provided the auditor PREA brochures with general information, affirmation of the agency's zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment, reporting procedures and contact information for a variety of DOC offices and outside organizations.

The PREA Hotline has a prompt to enable Spanish speaking residents instructions how to proceed with reporting a PREA allegation; press one for English and two for Spanish.

Twenty random staff were interviewed. Consistently they said they would not rely on another resident to interpret for another resident in making an allegation of sexual abuse unless delay in getting someone else to translate would potentially result in harm to the resident or others. In exigent circumstances a resident translator may be used. About eighty (89) percent of the twenty (20) random staff indicated they would get an interpreter from DOC, through a bilingual staff, and/or through Language Line.

This facility is a transitional program and residents referred to the program have the expectation of being able to gain employment. Therefore, it is unlikely that this facility will receive a disabled resident or one who does not understand enough English to benefit from all aspects of the programs' zero tolerance policy and the agencies prevention, detecting, responding and reporting programs. Interviews indicated the facility has not had any residents who were disabled or limited English proficient during the past twelve months. None of the twenty interviewed residents were either disabled or limited English proficient.

The auditor relied on the following in determining a rating for this standard:

- 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
- Contract with Language Line
- Review PREA Brochures in both English and Spanish
- Observation of PREA Hotline instructions for dialing and speaking in either English or Spanish

- Interviews with random staff as well as specialized staff

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (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 residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, 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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, 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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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 anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contactor who may have contact with inmates. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Custody staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct.

The personnel office located at Rutledge Correctional Facility, behind the Columbus Transitional Center, conducts all background checks and maintains the personnel files and documentation at that location and not at the transitional center. The auditor interviewed the Human Resources (HR) Staff responsible for employment packages. Personnel staff indicated that all persons selected for employment or to provide services at the transitional center must consent in writing (Form SOP IIA21-001 ATT 1), to a criminal background check to be conducted prior to officially hiring someone. It if is determine or found that a potential employee or contractor has been found to have been in violation of any of the PREA Standards the individual is not eligible for hire.

As part of the interview process potential employees are asked about any prior histories than may have involved PREA related issues prior to hire and approval to provide services.

All potential employees are asked about prior history that may have involved any PREA related concern or issue. Human Resources staff related that the PREA Questions are given to applicants and required to be completed. Reviewed employment packages contained the required PREA Questions asked of all applicants.

The HR Staff also related that the facility (Rutledge State Prison) "runs" the background checks of all staff and contractors. This computerized check includes a check of the Georgia Crime Information Center, the National Crime Information Center, Live Scan Fingerprint checks and social media checks (including Facebook, Instagram and twitter). A motor vehicle record check is done as well. Additionally, the staff stated that all security (Peace

Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications. Non-certified staff are checked every five years.

The reviewed personnel files of newly hired staff contained the required PREA Questions asked of applicants as well as the required background clearances. A sample of staff who were promoted also had the required background checks. Samples of Volunteer files were also provided for review and all of them had the required GCIC and NCIC background clearances. These files also contained multiple PREA Acknowledgment Statements as well as an acknowledgment of the Standards of Conduct and an Acknowledgment of having received the PREA Pamphlet.

The facility requires an all staff to report any misconduct, including any arrests.

Should an employee or contractor be found to have violated a PREA Standard, that individual is not eligible for hire at the Columbus Transitional Center. 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 auditor relied on the following in determining a rating for this standard:

- 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
- Interviews with the HR Staff at Rutledge State Prison
- Reviewed PREA Questions asked of applicants
- Reviewed background checks

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents 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

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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. It did reflect there were additional cameras added to the facility during the past twelve months.

The facility has sixteen (16) cameras located throughout the facility and the video camera system has the capability of saving recordings for a period of thirty (30) days. Additional cameras have been added to the outside enabling viewing of areas behind and around the facility. Too, a camera was added to provide coverage in the "c" hall. This was essential because the control room staff cannot see down that wing from their vantage point.

Interviews with the Chief of Security and the Superintendent confirmed they would always consider safety, including sexual safety, in any expansions to the program/facility or to video monitoring.

The auditor relied on the following in determining a rating for this standard:

- Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8
- Reviewed Facility Camera Diagram
- Interviewed Superintendent
- Interviewed PREA Compliance Manager/Chief of Security
- Observations made during the tour of the complete facility and ongoing throughout the audit

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (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

115.221 (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

115.221 (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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(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.

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 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. 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 conducted, and the Sexual Assault Nurse Examiner's protocol initiated. 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 by the Sexual Assault Response Team 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 Investigator who will respond to conduct the criminal investigation. The SART's role in that case is to protect the evidence, by asking 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 and the "rape kit" would be turned over to him/her 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 also has trained Sexual Assault Response Team (SART) members to serve as advocates for resident victims of sexual abuse. Reviewed curricula are extensive and equips the SART members to serve as advocates in the absence of an outside advocate. The facility Superintendent provided a memo designating the SART members. These included a team leader who is also a sergeant/shift supervisor, the nurse, a counselor serving as an advocate, a counselor serving also as retaliation monitor and an alternate investigator, another sergeant. Another memo from the Superintendent designates a counselor, who has been trained, to serve as a staff advocate.

The facility has entered a Memorandum of Understanding with the Sexual Assault Support Center, Inc. The Sexual Assault Support Center agrees to respond to requests from the Facility to provide SART/hospital accompaniment for Facility residents, provide the facility with a trained victim advocate and inform the Facility

when an advocate responds for a given accompaniment, work with Facility to obtain security clearances and follow all institutional guidelines for safety and security, maintain confidentiality as required by state standards for trained victim advocates and to provide training for facility staff. The Sexual Assault Support Center provides a 24- hour confidential hotline, medical and legal accompaniment, court support and counseling referral. The phone number, address and email address are provided on the brochure that is given to residents as well as posted throughout the facility.

An interview with a facility investigator indicated he has completed the National Institute for Corrections Specialized Training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings. Additionally, he received specialized training in investigations through SART Training. SART training is provided at least annually.

The Pre-Audit Questionnaire, reviewed incident reports and interviews with both staff and inmates confirmed there have been no allegations or incidents of sexual abuse, sexual harassment or sexual misconduct and therefore none requiring a forensic examination during the past twelve (12) months.

The auditor relied on the following to determine a rating for this standard:

- DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning
- Sexual Assault Nurse Examiner's Protocol
- SANE Call Roster
- Memorandum of Understanding with the Sexual Assault Support Center
- Interviews with the SART members
- Interviews with the Superintendent
- Interviews with random staff

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (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 conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (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.

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. 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. 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.

The facility investigator related that he, as an investigator on SART, attended classroom instruction on conducting SART investigations. Additionally, he related he completed the on-line training provided by the National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings. He indicated that upon receiving an allegation of sexual abuse. Documentation (NIC Certificates) was provided to document that every member of the SART completed the NIC On-Line Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings.

He and the SART members would initiate an investigation and examine the who, what, when, where, and how. The process would include separating the victim from the alleged abuser, asking the victim not to shower, brush their teeth or eat or drink anything. The area or cell would be cordoned off and the crime scene secured. Victims would be taken to medical for treatment, if needed, and in preparation for the SANE coming to the facility to conduct the forensic exam. If there was an actual penetration, he indicated that he would have already made notifications and the Office of Professional Standards investigator would have been called because he/she would be responsible for conducting the criminal investigation. SART's role in sexual assault investigations primarily to initiate the investigation to determine if a sexual abuse or sexual harassment occurred and preserve the scene until the OPS investigators arrive. Following that, their role is to support the investigator in whatever he/she may need, including pulling video for review, collecting any evidence he/she wants them to collect, and getting witness statements. He described an investigation process consistent with the PREA Standards. He indicated, in an interview that an investigation involving a staff member would continue even if the employee terminated his/her employment prior to the conclusion of an investigation. If the inmate was transferred to another facility or if the resident the investigation would continue. He stated he would determine the credibility of any witness based solely on the evidence. The standard of evidence required to substantiate a case, he indicated was a preponderance of the evidence.

The Pre-Audit Questionnaire and interviews with staff and inmates indicated that there were no allegations of either sexual abuse or sexual harassment during the past twelve (12) months.

Randomly selected staff 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 followed up with a written statement/incident report completed prior to the end of their shift. They said 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 named multiple ways to report and indicated they believed staff would take their allegations seriously and investigate it.

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

The auditor relied on the following in determining a rating for this standard:

- 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
- NIC Certificates for all SART Members
- Pre-Audit Questionnaire
- Interview with the Investigator
- Interview with the Chief of Security
- Interview with the Superintendent
- Interviews with Random Staff
- Interviews with Residents

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (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.

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, requires annual training that includes the following: The Department's zero-tolerance policy, how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, inmate's right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual transgender, intersex or gender non-conforming inmates ; how to avoid inappropriate relationships with inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment. New employees receive PREA Training during Pre-Service Orientation. Staff also receive annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

The facility provided the training curriculum covering the topics required by the PREA Standards and more. The facility also provided multiple pages of computerized training rosters confirming staff received their required PREA Training. Multiple reviewed PREA Acknowledgment Statements also indicated staff were trained and that they understood the agency's zero tolerance policy and PREA.

The auditor reviewed thirty-four (34) GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Acknowledgment Statements confirming that they received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the Department's PREA Policy, GDC SOP 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that the staff understands if they violate the policy they will have disciplinary action, including termination and banned from the entering any correctional institution and certain correctional officers who engage in sexual contact with an offender commit sexual assault, a felony, punishable by imprisonment of not less than one year nor more than 25 years, a fine of \$100,000.00 of both.

Interviews with staff, both random and specialized, indicated the staff are PREA Trained. When asked to describe how they receive their PREA Training at the Columbus Transitional Center, staff stated they received PREA training as newly hired employees at Basic Correctional Officer Training. They also stated they receive it at least every year during annual in-service training and during shift briefings. When specifically asked if they were trained in each of the topics required by the standards, staff reviewed the topics and confirmed they were trained in all those topics.

Multiple Certificates documenting annual in-service training were provided for review.

GDC staff complete multiple trainings related to PREA. All staff are required, for example, to complete the Nations Institute of Corrections online training, "Communicating Effectively and Professionally with LGBTI Offenders".

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

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. All members of the SART completed the NIC On-Line Training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings". Additionally, the SART receives training in their roles in response to a sexual assault at least annually. The auditor was provided the NIC Training Certificates to confirm that training.

Training for the PREA Compliance Managers is conducted several or more times a year.

The auditor relied on the following in determining a rating for this standard:

- Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education
- GDC PREA Training Curriculum
- GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Acknowledgment Statements
- Certificates of Training, Annual In-Service and Communicating with LGBTI Residents
- Reviewed PREA Brochures
- Observed PREA Related Posters
- Interviews with Staff, both random and special category

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (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.

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.

The Volunteer Coordinator for the Columbus Transitional Center is the Chaplain at the Rutledge State Prison, located just behind the transitional center. The auditor conducted a telephone interview with the Chaplain. She described the process of becoming a volunteer as follows: Potential volunteers completed an application and submit it; volunteers are background checked; and then the volunteers go to a Regional Office Location where they receive their training to become a volunteer. The training block, including PREA, is four (4) hours and includes watching the PREA related video. Volunteers for Columbus Transitional Center generally go to the regional training at Lee State Prison. When a volunteer completes his training and has a cleared background check, he/she is issued a volunteer badge enabling them to enter the facility to provide their services.

The training process was said to include the following: 1) New Volunteer Training Power Point presentation (core curriculum), 2) Ways to report, 3) Viewing the PREA Video, 4) Explanation of the PREA pamphlet. He related he explains the PREA pamphlet including reporting to the on-duty supervisor, the Ombudsman, and the hotline.

The Superintendent provided the auditor a Memo, Volunteers and Contractors Training, and affirmed that all volunteers and contractors who have contact with offenders have been trained in their responsibilities under the Department's PREA policies and procedures. 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.

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

Multiple acknowledgment statements were provided for review. These documented that the individual had received training on the Department's Zero Tolerance Policy and that they have read the GDC Standard Operating Procedures, 208.6, Sexually Abusive Behavior Prevention and Intervention Program. Volunteers and contractors are also acknowledging that they understand if they witness and inappropriate behavior, including that of a sexual nature or if someone reports it to them, they are to report it to a nearby supervisor.

An interview with the only facility volunteer the transitional center has confirmed the PREA training he received. He also related he must get his badge renewed each year. He stated he was trained that the agency has a zero tolerance for all forms of sexual abuse and sexual harassment. He also stated he was trained to report everything to a correctional officer.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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.

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; and within 15 days of arrival PREA education is required. It 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: a) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; Methods of reporting; Treatment options and programs available to offender victims of sexual abuse and sexual harassment; Discipline for sexual predation; and Notice that male and female routinely work and visit housing area.

PREA Education must 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 throughout the facility, including entry, visitation, and staff areas.

Residents confirm their orientation on several documents.

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

Residents are provided an opportunity to ask questions and acknowledging that they will be held accountable for any violations.

Policy also requires resident PREA Education must be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to inmates who

have limited reading skills. Inmate's participation in PREA Education will be documented and maintained in the inmate's file.

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. Posters in this facility are prolific and virtually anywhere a resident looks, posters are providing information on zero-tolerance and how to report as well as strategies to keep them safe.

An interview with the PREA Compliance Manager and staff conducting intake related that inmates arrive on Tuesday and Thursday and are given the PREA pamphlet "off the bus". Staff gives the inmate the PREA Pamphlet and that the pamphlet is explained to them and they sign an acknowledgment statement indicating they understand the information provided. reported that orientation is conducted on Friday.

A staff who conducts intake related that, upon admission, the resident is given the Sexual Assault Sexual Harassment PREA brochure and that he goes over that with the residents and then orientation is conducted on the Friday following the resident's entry into the facility. Orientation, staff stated consists of the following:

- Viewing the PREA video
- Review of the agency 's policy; including zero-tolerance
- Review handbook and advise that copies are available in the control room and may be checked out using their inmate ID card.
- Tell them how to report
- Give them the GDC website email address for any issues and concerns.

Staff stated the resident then signs the zero tolerance policy form and the Orientation Checklist.

During orientation, the staff related, inmates watch the PREA Video and receive the Columbus Transitional Center Inmate Handbook that discusses PREA, Prison Rape Elimination Act (PREA). They also sign acknowledgments that they received the pamphlet. Multiple acknowledgment statements were provided for review.

The auditor reviewed multiple Counseling Orientation Checklists confirming receipt of the PREA Information. Additionally, the auditor reviewed multiple PREA Acknowledgment Statements signed by residents.

Fourteen (14) of twenty (20) residents stated they were provided the intake and orientation (PREA Education), including watching the PREA Video, Residents stated they received the PREA brochure on admission and told about the zero-tolerance policy and how to report and then on a Friday following admission on either Tuesday or Thursday, they received the PREA Video and an explanation of the PREA brochure.

The auditor relied on the following in determining a rating for this program.

- DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education
- Reviewed PREA Brochures
- Reviewed Multiple Samples of PREA Acknowledgment Statements
- Reviewed Multiple Samples of Orientation Checklists
- Reviewed multiple Education Training Rosters

- Interviews with staff conducting intake and orientation

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).] Yes No NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).] Yes No NA

115.234 (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 115.221(a).] Yes No NA

115.234 (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.

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.

The facility investigator is a knowledgeable staff member who reported receiving specialized training through the GDC, as a member of the Sexual Assault Response Team, in addition to the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings.

Certificates documenting the specialized training provided by the National Institute of Corrections: PREA, Conducting Sexual Abuse Investigations in Confinement Settings.

The auditor relied on the following in determining a rating for this standard:

- DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations
- Reviewed NIC Certificates for the entire SART
- Interviewed the SART Team Leader and Facility Investigator
- Interviewed member of the SART
- Interviewed the Facility Investigator

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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

115.235 (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

115.235 (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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? 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 §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] 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.

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6 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.

This facility has one part-time medical staff who is contracted through Augusta Medical College. She is a Registered Nurse. An interview with the facility's registered nurse indicated she completed, not only the NIC specialized training, but also the specialized Sexual Assault Response Team training that is conducted at least annually. Too, she has documented that she has completed the regular PREA training that is required of all staff.

The nurse at this facility does 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.

This facility does not have any mental health staff. If a resident needed mental health counseling or assessment, a referral would be made to the GDC mental health staff Rutledge State Prison. A telephone interview with a mental health professional at Rutledge State Prison indicated that she has also completed the NIC specialized training for medical staff. She related if a resident discloses prior victimization she or her colleagues would see the resident to conduct a mental health evaluation and assess them for any trauma related issues. She indicated, if the resident refuses or does not want the evaluation and services "right now" he is given an opportunity later to do so if he so chooses. She also stated that these as well as emergency crisis intervention would be provided for a resident who was a victim of sexual abuse at the facility as well as for anyone who called to report abuse via the hotline. She also stated if referral is needed, she would take care of that as well.

This facility has not had any allegations of sexual abuse or sexual harassment during the past 12 months. This was confirmed through review of the PAQ as well as interviews with staff and residents and a review of all incident reports during the past 12 months.

The auditor relied on the following in determining a rating for this standard:

- Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6

- NIC Certificate
- SANEs List
- Reviewed Pre-Audit Questionnaire
- Interviewed Registered Nurse
- Interviewed Mental Health Professional (Rutledge State Prison)
- Interviews with staff and residents

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents 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 residents 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 residents 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

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No

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

115.241 (h)

- Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents?
 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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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 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?

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

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

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.

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 Superintendent 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 transitional center will make individualized determinations about how to ensure the safety of each offender.

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

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. Residents 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.

An interview with two (2) counselors who conduct the risk screening indicated that once a resident arrives, the counselor has 24 hours to conduct the assessment in SCRIBE. She affirmed, when asked, that the assessment is conducted in privacy. Questions are asked orally. The staff stated she cannot require an inmate to answer any of the questions on the assessment nor can residents be disciplined for not doing so. She related she would consider things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. She related she reviews the resident files, goes into SCRIBE to see if he is already flagged as an abuser or victim, to review any prior assessments and other history that might impact the assessment. Staff also related that instead of stature the department instruments populate information in the system to assign a score for body mass index. Assessment staff related if the resident endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale he is designated as at Risk for Abusiveness. She also informed the auditor the scores that would result in a designation of being a potential victim or abuser. Reassessments, according to staff, are completed and documented in case notes in SCRIBE at 30 days. If a resident, during the assessment process discloses prior victimization either in an institution or elsewhere is offered a referral for follow-up with a mental health counselor. She also stated each transgender and intersex resident would be reassessed twice a year. Information from the assessment is limited to the Superintendent, PREA Compliance Manager and Case Manager.

The facility provided a sample of the Victim/Aggressor Classification instrument that populates to generate the Offender PREA Classification Details.

About 90 percent of the twenty (20) interviewed residents affirmed they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you

identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment.

The auditor relied on the following in determining a rating for this standard:

- 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
- Reviewed Offender PREA Classification Details (Victimization/Abuser Assessment)
- Interviews with two case managers who conduct assessments and reassessments
- Interviews with the Superintendent

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement

would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents, does the agency always refrain from placing: intersex residents 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

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

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

The Columbus Transitional Center Local Procedure Directive identified and designated B-14 and B-26, four (4) bed rooms as safe housing for victims of sexual harassment and sexual abuse and for residents scoring high for risk of victimization. The directive also stated that inmates with serious predation history or at risk for sexual victimization are identified through the classification process. It also reiterates that the inmate's criminal, family, violent and prison sexual histories are reviewed by counseling staff and the classification committee for proper assessment and assignment to appropriate rooms to help insure all residents are protected from sexual abuse and assault.

Initially rooms are assigned by the ID Staff (classification). An interview with a staff responsible for initial room assignments indicated that she looks into SCRIBE to view previous classifications and to see if the resident is flagged as either a victim or an abuser. Staff indicated that initial housing assessments upon admission and prior to the victimization assessment, staff place residents in rooms, work details and programs based on the resident's previous classification. When the case managers complete the assessments, the room assignment is reviewed again following the result of the victimization/abuser screening instrument is completed. In the ID Office, staff room assignments are all located on a board that is enclosed behind a door that is secured. On that board are all inmate room assignments and color codes tell her whether a resident is a potential victim, abuser,

or a gang member. That way she states she can assure that a potential victim is not housed with a potential or known predator. Because the residents work in the community on a wide variety of jobs, facility work details are generally assigned to long term maintenance residents however consideration is given to keeping victims and potential abusers separate as much as possible in house. The facility is equipped with cameras. The safe rooms are located nearest the security station and offices and are in view of the cameras however there are no cameras inside any bedroom.

The transitional center does not have segregated housing so apart from placing a victim or potential victim in one of the safe rooms, involuntary or voluntary segregated housing at Rutledge State Prison behind the transitional center. The resident may be moved to another program where he would feel safe and the perpetrator would be placed in segregation at Rutledge State Prison while an investigation was being conducted.

The auditor relied on the following in determining a rating for this standard:

- DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information
- Reviewed local directive for Columbus Transitional Center
- Interviewed ID Staff
- Reviewed Resident Assignment Board
- Interviewed Superintendent
- Interviewed random staff
- Interview staff conducting the screening assessment

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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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This standard is rated exceeds because the Georgia Department of Corrections(GDC) provides not only multiple ways to report but allows residents of the Columbus Transitional Center to have cell phones. Too these residents are out in the community on an almost daily basis and can report virtually anywhere at any time. GDC 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 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 inmate handbook instructs inmates to report sexual assault to staff or call the confidential GDC Sexual Assault Hotline. The number for the hotline is provided in the handbook. The handbook is accessible in the control room and may be checked out by the inmate by leaving his ID Card. To ensure residents read the handbook, when a resident is up for promotion to the next phase (with more privileges) the resident must answer a series of questions, most of which are from the resident handbook. Inmates told the auditor they check the book out to read in preparation for their phase exams. This was confirmed by interviewing twenty (20) residents.

Additionally, the inmate is provided the contact information, including the phone number and mailing address for the Sexual Assault Support Center to provide sexual abuse survivors with emotional support services. This information is posted on the Zero Tolerance Posters. This information was observed throughout the facility.

The Zero Tolerance 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)

Zero tolerance posters and other PREA related posters were observed throughout the facility.

Inmates are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they may report allegations to any staff member or

write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided). Reviewed investigation packets indicated inmates were aware of how to use the PREA Hotline for reporting.

Staff are trained to accept reports from any source and to report suspicions as well. Verbal reports are made immediately upon becoming aware of an incident or upon receipt of a report followed by a written report as soon as possible but not later than the end of the shift. This was confirmed by interviewing random and specialized staff.

Residents 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. Residents in the transitional center have cell phones and may place calls at any time to report an allegation of sexual abuse or sexual harassment.

Posters throughout the facility inform residents of ways to report sexual abuse and sexual harassment.

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, grievance forms, request forms to contact medical and the administration, access to the community.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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

115.252 (b)

- Does the agency permit residents 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 a resident 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

115.252 (c)

- Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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.

GDC Policy delineates 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 Orientation Handbook for Offenders, which includes instructions about the procedure. Handbooks at the Columbus Transitional Center are kept in the control room and accessible to residents by the resident leaving his ID Card in the control room. Residents do access the handbook often because to be promoted to the next phase the resident must demonstrate knowledge of various topics that are included in the handbook. Interviews with residents confirmed they have access to the handbook, know how to access it, and that they do access it to become proficient in it to be promoted to the next phase (with more privileges).

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) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 2) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 3) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 4) 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 Paragraph F. Emergency Grievances Procedure, 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 the offender must be given a written response to his Emergency Grievance within 5 calendar days

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 Pre-Audit Questionnaire and interviews with staff and inmates, as well as a review of all incident reports for the past 12 months indicated there have been no grievances alleging sexual abuse, sexual harassment or retaliation during the past twelve months.

Interviewed staff related they would accept any form of report for allegations of sexual abuse or sexual harassment, including a grievance. They also said they understood if a grievance were filed, it would be treated as an emergency grievance and turned over to the SART for investigation. Interviewed residents named multiple ways to report sexual abuse and sexual harassment however most related they would tell a staff or use the PREA Hotline. They did acknowledge, when asked, if a family member or another resident could report for them.

The auditor relied on the following in determining a rating for this standard:

- GDC Policy, 227.02, Statewide Grievance Process
- DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances
- Reviewed Resident Files
- Interviews with the Grievance Officer
- Interviews with Residents
- Interviews with Staff

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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

115.253 (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 residents 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.

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

The facility has developed an agreement with the Sexual Assault Support Center, Inc. to provide victim advocates who would respond to inmate victims of sexual assault to provide emotional support.

The "Speak Out Against Sexual Assault" brochure made available to residents and posted throughout the facility provides contact information for residents. The contact information includes the address of the Center, phone number, and email address.

The Zero Tolerance Poster has a section entitled: "Victim Support Services" and affirms that the Columbus Transitional Center has partnered with the Sexual Assault Support Center to provide survivors of sexual abuse with emotional support services. Contact information is provided. That information included the phone number and mailing address.

Residents of the Columbus Transitional Center also have access to phones to call the PREA Hotline, addresses to contact the State Board of Pardons and Parole, Victim Services, The Statewide PREA Coordinator and the Ombudsman. They also have access to their attorneys if they have one via phone, legal mail and through visitation and to family via the phone, mail and during visitation.

Many of the residents of the transitional center have cell phones and can contact any of these outside agencies for emotional support.

The Columbus Transitional Center also has a trained staff member (on the SART) who can serve as victim advocates. These staff provided documentation of their victim advocacy training. The Superintendent provided a memo designating the staff member of SART who would serve as the Victim Advocate. The SART Team receives additional specific training at least annually.

The auditor relied on the following in determining a rating for this standard:

- agreement with the Sexual Assault Support Center, Inc.
- The “Speak Out Against Sexual Assault” brochure
- The Zero Tolerance Poster has a section entitled: “Victim Support Services”
- Resident Handbook
- Interviews with staff
- Interviews with residents

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? 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.

Third Party reports may be made to the Ombudsman’s Office, to the TIP Line and to the 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 provided 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 Department’s Website contains a section entitled: “How do I report sexual abuse or sexual harassment?”. These are provided as ways to make third party reports: Call the PREA Confidential Reporting Line (1-888-992-

7849); email PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contact the Office of Victim Services (phone number and email address provided). Anyone wishing to make a report can do so anonymously however there is a request that as much detail as possible be provided. The agency also has a TIP Line accessible to third parties.

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.

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

The transitional center has not had any allegations of sexual assault of sexual harassment in the past 12 months. This was confirmed by reviewing the Pre-Audit Questionnaire, interviewing the Superintendent, PREA Compliance Manager, and reviewing all the incident reports written during the past 12 months.

The auditor relied upon the following in determining a rating for this standard:

- Reviewed Pre-Audit Questionnaire
- Reviewed PREA Related Brochures
- The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"
- Observed PREA related posters throughout the facility
- Observation and Review of the Agency Website
- Interviews with staff
- Interviews with residents
- Interviews with the SART
- Reviewed incident reports for the past 12 months

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 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 residents 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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (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

115.261 (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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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 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.

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.

Interviews with staff indicated they are required to report everything. When asked if they would be expected to report a suspicion that something was going on, they indicated they would have to report it immediately to their supervisor and would either have to write a statement or an incident. The time frame for completing that would be prior to the end of the shift. In addition, they said they would take all reports seriously and report and knowledge, suspicions, reports or allegations of sexual abuse. Too, they said they would take reports from any source at any time and would take them all seriously. Staff stated they can make reports orally to their immediate supervisor; make reports in writing, anonymously and that they could call the PREA Hotline. When asked what would happen if they failed to report, they stated they would be disciplined and “probably fired”.

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.

There have been no allegations of sexual abuse, sexual harassment or sexual misconduct during the past 12 months. This was confirmed through review of the Pre-Audit Questionnaire, review of all the incident reports written during the past 12 months, and interviews with staff and residents.

The auditor relied on the following in determining a rating for this standard:

- 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
- Reviewed Incident Reports for the past 12 months
- Observed PREA Related Posters, including “See Something, Say Something”
- Interviews with the Superintendent
- Interviews with the PREA Compliance Manager
- Interviews with the Facility Investigator
- Interviews with Random and Special Category Staff

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GDC Policy 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 Columbus Transitional Center's PREA Local Procedure Directive is the facility's specific Coordinated Response Plan. It identifies actions to take in the event of a sexual assault. The Coordinated Response Plan includes an action stating that staff are required to ensure the alleged victim is housed separately from the alleged perpetrator. It also requires the alleged victim place in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim and if applicable, place the alleged perpetrator in administrative segregation. If the alleged perpetrator is a staff member the first responder is required to separate the staff from the alleged victim. If applicable, staff are required to consult with the SART, District Director and OPS 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 decisions with specific reasons for returning the offender to the general population or keeping offenders segregated.

The Columbus Transitional Center does not have administrative segregation and there are no segregation cells in the center. However, if there was a need to place a resident in segregation for his safety, the Superintendent

and Chief of Security indicated the resident could be safely housed in the administrative segregation unit at Rutledge State Prison.

The Superintendent has identified safe housing for inmates. These are two rooms on the first floor closest to the security office and in view of the cameras.

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. Interviews with the Superintendent, PREA Compliance Manager, random and special category staff, residents, 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 or that staff could remember even beyond the past 12 months.

Interviewed staff confirmed there have been no inmates subject to a substantial risk of imminent sexual abuse during the past twelve 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.

None of the twenty interviewed residents stated they had ever been at risk of imminent sexual abuse.

The auditor relied on the following in determining a rating for this standard”

- GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties
- Reviewed Incident Reports Past 12 Months
- Interviews with the Superintendent and Chief of Security
- Interviews with random staff
- Interviews with residents
- Reviewed Pre-Audit Questionnaire

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident 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

115.263 (b)

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

115.263 (c)

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

115.263 (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

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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 reviewed Pre-Audit Questionnaire, the reviewed incident reports from the past 12 months and interviews with staff confirmed there have been no allegations made at this facility that an inmate was sexually abused at another facility nor have there been any allegations reported to the Columbus Transitional Center from another facility that an inmate was sexually abused while at the transitional center.

Interviews with the PREA Compliance Manager, Chief of Security, and the Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an

inmate, while assigned to Columbus Transitional Center, was sexually abused at the center they would initiate an investigation and cooperate with any investigation.

The auditor reviewed the incident reports for the past 12 months. None of them reported sexual assault, sexual harassment or sexual misconduct while confined either at another facility or at the Columbus Transitional Center.

The auditor reviewed the following in determining a rating for this standard:

- DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports for the past 12 months
- Interviews with the Superintendent, Chief of Security, and PREA Compliance Manager
- Interviews with Random and Special Category Staff
- Interviews with Random and Special Category Residents

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (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.

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 SART will be notified and will implement the local protocol. The local protocol requires the same actions required by policy however it is facility specific and provides a "coordinated response plan" detailing the duties and expectations for each discipline. The reviewed Pre-Audit Questionnaire and interviews with staff confirmed that there have been no occasions or incidents during the past twelve months requiring first responding.

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 Columbus Transitional Center issued and provided their Local Operating Directive which details the roles of first responders. The initial first response may be from a custody staff who is on duty. Following the report of an

alleged or actual sexual assault the Sexual Assault Response Team is notified and responds. This concept ensures that an investigator, medical staff and advocate as well additional members will be present to provide response as a team. The SART Team has been trained and is trained at least annually in their response and investigative responsibilities.

An interview with the members of the Sexual Assault Response Team indicated that the team consisted of an investigator, a nurse and a counselor/case manager. Every member of the team has completed the NIC On-Line Training, PREA: Investigating Sexual Abuse in Confinement Settings. The nurse has completed the specialized training provided by the NIC On-Line as well for healthcare for victims of sexual abuse in confinement settings. Team members described the SART process. If there is a sexual assault, the investigating agency is the Office of Professional Standards and the role of the SART is to initially secure the crime scene and all potential evidence, including asking the victim not to use the restroom, drink or eat anything, shower, use the restroom or brush their teeth and instructing the alleged perpetrator to refrain from the same. Once the OPS investigator is on site the SART's role is to cooperate with the investigator with any requests.

All staff, including the security staff, are potential first responders. All the interviewed staff, including medical and other non-security staff (case managers, Superintendent, PREA Compliance Manager etc.) described the actions they would take in response to a sexual assault. Consistently they reported they would first separate the victim from the alleged aggressor and keep the victim safe. They would report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

The auditor relied on the following in determining a rating for this standard:

- Georgia DOC Policy, 208.6
- Pre-Audit Questionnaire
- Local Operating Directive
- Interviews with Sexual Assault Response Team members
- Interviews with Security First Responders
- Interviews with Non-Security First Responders
- List of SANEs

Standard 115.265: Coordinated response

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

115.265 (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.

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 Columbus Transitional Center "Response Procedures for Sexual Assault, Contact, and Harassment". The procedures begin with the inmate making a report of sexual assault, sexual contact, or sexual harassment. The first responder ensures the well-being and safety of the alleged victim by moving him to a secure location separate from the aggressor and advising him not to take any actions that might contaminate or degrade evidence and notifies the Shift Office in Charge. The OIC arranges for medical examination. Medical conducts an initial assessment to determine if the inmate needs immediate medical intervention and to treat these. The OIC notifies the Administrative Duty Officer and Sexual Assault Response Team and the facility PREA Compliance Manager. The PREA Compliance Manager notifies the Appointing Authority and emails the senior internal investigator and Statewide PREA Coordinator. The OIC secures and treats the scene as a crime scene. All evidence is secured, documented and photographed and/or videotaped. The OIC immediately places the alleged perpetrator in Administrative Segregation pending investigation. Procedures for collection physical evidence are provided, including storage until turned over to the OPS investigator.

Medical Staff arrange transportation to the victim to an emergency room if treatment is required beyond the facility's capability. The SANE nurse is contacted. The SART leader ensures the OCI initiates an incident report and completes it prior to departing the facility. The SART leader will refer the victim to the specially trained Case Manager.

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

The Columbus Transitional written institutional plan identifies the actions of all responders to take in response to an allegation or actual sexual assault. The names and contact information for vital staff are provided. Then the plan identifies the first steps and includes immediate notification as well as step by step instructions for responding. The Plan was signed by the Superintendent.

PREA Local Procedure Directive. The plan is detailed and specific. Names of all responders including the Warden, Regional Director, TC Coordinator, OPS Special Agent in-Charge, PREA Compliance Manager, SART Leader, SART Members, Retaliation Monitor, Staff Training, and Inmate Education. Duties are described for first responders. The SART Team will have, on the response team, investigator(s), medical staff, an advocate and contact information for the mental health staff from Rutledge State Prison. The plan also identified the designated safe rooms at the facility that are used for possible victims who need housing for their safety.

The facility does not have mental health staff per se and if mental health staff were needed, mental health staff from Autry State Prison would respond. The Sexual Assault Response Team has a trained advocate who may provide emotional support to the resident on site. The SANE would come to the facility if needed as would an outside victim advocate.

Staff have been trained in first responding. These included both custody staff and non-custody staff. All were knowledgeable about the actions they would take in response to a sexual assault or an allegation of sexual assault.

The auditor relied upon the following in determining a rating for this standard:

- GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response
- Columbus Transitional Center “Response Procedures for Sexual Assault, Contact, and Harassment”
- Columbus Transitional Center Written Institutional Plan
- Interviews with staff
- Interviews with residents
- Reviewed Pre-Audit Questionnaire
- Reviewed incident reports for the past 12 months

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (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. This was confirmed by interviews with the Statewide PREA Coordinator, Superintendent, PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head's Designee.

The auditor relied on the following in determining a rating for this standard:

- Interviews with the PREA Coordinator as the Commissioner's Designee
- Interviews with the PREA Coordinator
- Interviews with the Superintendent
- Interviews with the PREA Compliance Manager
- Interviews with staff

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (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 residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (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.

Both 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 Superintendent designated a Case Manager as the Retaliation Monitor. The case manager explained that upon becoming aware of an incident of sexual abuse or sexual harassment, she would initiate contact with the resident and tell them that she is here to help them. She described the things she would monitor to assess whether a resident was being retaliated against. She also described the things she would monitor to assess whether a staff was being retaliated against.

She related she would monitor for 30 days, 60 days and 90 days and beyond if necessary. The 30 days, 60 days and 90 days monitoring is documented on the GDC form and the form identifies the things to be monitored. She would be monitoring things like housing assignments, program assignments, DRs, and changes in work assignments. She related she would also talk with classification and they would decide appropriate housing. She indicated the facility is small and staff are meeting all the time and information would come from anyone, including the inmate about any forms of retaliation.

There were no allegations of sexual abuse or sexual harassment during the past 12 months. This was verified through reviewing the Pre-Audit Questionnaire, reviewed incident reports for the past 12 months, and interviews with the retaliation monitor, Superintendent, and PREA Compliance Manager.

The auditor relied on the following in determining a rating for this standard:

- Both DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program
- Reviewed GDC Retaliation Monitoring Form
- Reviewed Incident reports for the past 12 months
- Interviews with the Retaliation Monitor
- Reviewed Written Institutional Plan
- Interviews with the Superintendent

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (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

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

115.271 (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

115.271 (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

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections Policy, 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 Superintendent provided the auditor with a memo designating the members of the transitional center's SART. These included the lead SART member, who's primary role is investigation; a case manager whose primary role is to serve as victim advocate; and lastly a registered nurse. An interview with the investigator confirmed the SART will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. The facility provided Certificates of Training for each member of the SART documenting SART Members having completed the NIC online specialized training for Investigating Sexual Abuse in Confinement Settings. If it appears that a sexual assault has taken place, SART notifies the Office of Professional Standards Investigators, who have the legal authority and responsibility to conduct criminal investigations, will instruct the SART further actions to take. In cases of sexual assault, OPS will generally be the investigating unit. Office of

Professional Standards Investigators are certified and have arrest powers. They will usually handle the more serious allegations. SART is capable of and may interview alleged victims, perpetrators and witnesses, review videos and collect evidence and then determine whether the incident meets the requirements for a PREA case and whether the allegation is substantiated or not.

Interviews with staff confirmed they all knew the SART conducts sexual abuse investigations in this facility. They were not as aware that the GDC Professional Standards Investigators would conduct the investigations of allegations that appeared criminal in nature.

The Superintendent and SART Investigator stated the Office of Professional Standards investigator was located at Rutledge State Prison, and was easily accessible if needed.

The facility reported that there were no allegations of sexual abuse or sexual harassment during the past twelve (12) months. This was confirmed through the reviewed Pre-Audit Questionnaire, the reviewed incident reports for the past 12 months, as well as through interviews with the Superintendent, the PREA Compliance Manager, members of the SART, and interviews with staff and residents.

The auditor relied on the following in determining a rating for this standard:

- Georgia Department of Corrections Policy, 208.6, G. Investigations
- Memo from Superintendent designating SART members
- Written Institutional Plan
- Coordinated Response Plan
- Interviews with SART members
- Interview with the Superintendent
- Interview with the PREA Compliance Manager
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports for the past 12 months

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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.

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 SART Leader is the facility investigator. He has completed the NIC On-Line Training, PREA" Investigating Sexual Abuse in Confinement Settings". He described the investigation process in which the SART is involved. He related that the standard of investigation used to substantiate an allegation of sexual abuse is the preponderance of the evidence.

This is confirmed through review of DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and interviews with a facility investigator and the administrative staff.

The Columbus Transitional Center has not had any allegations of sexual abuse or sexual harassment during the past 12 months. This was confirmed through a review of the Pre-Audit Questionnaire, reviewed incident reports for the past 12 months, as well as interviews with multiple staff, including the SART members, the Superintendent and the PREA Compliance Manager.

The auditor relied on the following in determining a rating for this standard:

- The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports for the past 12 months
- Interviews with the SART Leader/Facility Investigator
- Interviews with SART Members
- Interview with the Superintendent
- Interview with the PREA Compliance Manager

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident'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 resident's unit? Yes No
- Following a resident'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 a resident'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 a resident'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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident’s allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (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.

Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, 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 will 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 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 substantiate, 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.

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.

There have been no allegations of sexual abuse or sexual harassment during the past 12 months. This is confirmed through a review of the Pre-Audit Questionnaire, reviewed incident reports during the past 12 months, interviews with the Superintendent, PREA Compliance Manager and the SART members, as well as interviews with random and special category staff.

The auditor relied on the following in determining a rating for this standard:

- GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15,
- Interviews with the Superintendent, PREA Compliance Manager
- Interviews with the members of the Sexual Assault Response Team
- Reviewed Pre-Audit Questionnaire
- Reviewed GDC Notification Form

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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.

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.

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.

Interviews with administrative staff indicated that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. If a staff was involved in an allegation of sexual abuse the staff would be placed on no-contact with that resident or placed on administrative leave. If the allegations were substantiated, the staff would be banned from all GDC facilities and the presumptive disciplinary action is termination.

Interviews with the Superintendent, PREA Compliance Manager/Chief of Security, the facility investigator, the reviewed Pre-Audit Questionnaire, reviews of all incident reports for the past 12 months and interviews with staff indicated there have been no allegations of either sexual abuse or sexual harassment in the past 12 months. The auditor requested and received documentation from the PREA Unit staff analyst who receives the PREA Hotline Calls. The memo from the PREA staff analyst confirmed there were no calls to the hotline in the past 12 months from Columbus Transitional Center.

The auditor relied on the following in determining a rating for this standard:

- 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
- Interviews with the Superintendent and PREA Compliance Manager
- Interviews with the facility investigator
- The Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports for the past 12 months
- Memo from the PREA Analyst regarding no calls to the PREA Hotline (past 12 months)

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.277 (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 residents? 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.

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

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

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised

Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The administrative staff indicated if a volunteer or contractor violated an agency sexual abuse policy, the volunteer or contractor would immediately be prohibited from coming into the facility or having contact with any resident. That prohibition would be made throughout the agency's facilities. The Superintendent indicated the contractor would immediately stop contact and be prohibited any further contact with the inmate. If the allegation was substantiated, the contractor or volunteer would be placed on a no entry list prohibiting entry into any prison in the state. The volunteer or contractor would also be referred for prosecution.

The auditor relied on the following in determining a rating for this standard:

- 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
- Interviews with the Superintendent and PREA Compliance Manager
- Interviews with the facility investigator
- The Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports for the past 12 months
- Memo from the PREA Analyst regarding no calls to the PREA Hotline (past 12 months)

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 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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Consensual sexual activity between inmates is prohibited and inmates may be subject to disciplinary action for such activity. GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior and Intervention Program, addresses inmate/resident disciplinary action for violating sexual abuse policies. Consensual sexual activity, while not sexual abuse, is considered a disciplinary issue. Inmates are subject to a disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are required to be 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. The disciplinary process will consider whether the inmate's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed.

Inmates may be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith is not considered to be falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate an allegation however following an administrative finding of malicious intent in filing a report, the inmate is subject to disciplinary sanction pursuant to a formal disciplinary process.

The Superintendent related that inmates/residents violating sexual abuse policies may be referred for prosecution by the Office of Professional Standards Investigator in consultation with the prosecutor. If the allegation is administrative in nature the inmate can be disciplined in compliance with the inmate disciplinary code.

An interview with the Due Process Hearing Officer indicated she would look back at the resident's history in SCRIBE, the GDC Inmate database. She would consider the resident's mental status, including any similar charges previously, as well as he would read all the notes in SCRIBE and review any comments or outcomes and would consider the inmate's mental status and other factors that may reflect his motivation. Disciplinary sanctions would be administered consistent with the SOP 209.01, Inmate Discipline.

he reviewed Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been no allegations of sexual abuse made during the past twelve months.

The auditor relied on the following in determining a rating for this standard:

- GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior and Intervention Program
- Interviews with the Superintendent
- Interviews with the PREA Compliance Manager
- Interview with the Due Process Staff
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports from the past 12 months

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident 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

115.282 (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 § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

GDC Policy, 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 a medical staff (in Columbus Transitional Center). 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 has made arrangements for the examination and treatment is provided at no cost to the inmate. 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 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 reported by the patient. For males, this includes oral penetration. 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. A list of SANE Nurse call schedules is to be posted in the medical unit along with the physician on-call schedule. This facility also has access to 24/7 healthcare staff through the Rutledge State Prison close to the transitional center.

The facility RN indicated that as soon as we know of an incident of sexual assault they would bring the inmate in and ask questions only to see what happened to him. She indicated medical would provide any treatment needed at the moment and call/notify the SANE and Mental Health, stay with the inmate and protect the evidence and the chain of evidence. The GDC has a contract with a variety of SANE nurses to ensure that someone would be available to come to the center. The nurse also indicated if the resident needed immediate treatment he would be transported to the hospital.

Interviews with staff confirmed that as first responders they would get the victim to medical and protect the resident until a decision was made about medical treatment in or out of the facility, Again, if the nurse is not on duty when an assault occurred, the resident can be taken to Rutledge State Prison next to the Columbus

Transitional Center where medical staff are on duty 24/7. If emergency treatment is needed the resident would be taken to the hospital emergency room. The Columbus Transitional Center does not have mental health staff however the facility has a victim advocate to accompany the resident during any forensic exam, if requested. Too, Rutledge State Prison has mental health staff who may be accessed in emergencies to respond to conduct any assessments needed. An interview with a mental health professional at Rutledge State Prison indicated that when a resident calls the PREA Hotline or reports a sexual assault mental health staff from Rutledge would see the resident and conduct an assessment to make sure he is stable.

The facility's nurse related there have been no allegations at this facility at least in the last two years.

Interviews with first responders confirmed the initial response, if a resident was sexually assaulted the first responder would separate the victim from the alleged perpetrator and get the victim to medical for assessment and treatment for any immediate injuries requiring immediate treatment. The Nurse, if on duty, conducts an initial assessment and provides any treatment for serious issues such a bleeding, while trying to protect the evidence. If the nurse is not on duty the resident would be taken to Rutledge State Prison for the medical assessment. If the resident had injuries or conditions needing further treatment, the resident is taken to the local emergency room. The SANE will be contacted to come to the facility to perform a forensic exam and the rape kit turned over to the SART if the Office of Professional Standards is not on site. If on site, the rape kit is turned over to the OPS investigator for processing. Chain of custody is strictly maintained and documented.

The facility has not had any sexual abuse or sexual allegations during the past 12 months. This was confirmed through review of the Pre-Audit Questionnaire; therefore, there have been no forensic exams conducted by either a SANE or a qualified medical professional. The agency has a contract with Sexual Assault Nurse Examiners who come on-site to conduct their exams. This was also confirmed by reviewed incident reports for the past 12 months, interviewed staff, including the Nurse, Superintendent, PREA Compliance Manager, Sexual Assault Response Team members, and first responders. Interviews with twenty (20) residents confirmed that none of them had been the victim of sexual assault in this facility.

The auditor relied on the following in determining a rating for this standard:

- GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program
- Reviewed Facility Coordinated Action Plan
- Reviewed Local Operating Directive
- Reviewed List of SANEs with contact information
- Reviewed Incident Reports for the past 12 months
- Interviewed Facility Nurse
- Interviewed Mental Health Professional – Rutledge State Prison
- Interviewed Superintendent, PREA Compliance Manager
- Interviewed First Responders
- Interviewed residents (20)

Standard 115.283: 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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (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

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The 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. The Transitional Center does not have mental health staff however the Rutledge State Prison, located next to the Transitional Center does have mental health staff. An interview with the mental health staff at Rutledge confirmed they would provide a mental health assessment of victims of sexual abuse at the transitional center.

Interviewed medical staff articulated their role in responding to an allegation of sexual abuse as well as their role following a forensic examination. The resident would be offered STI prophylaxis at the hospital however if not, the facility's medical doctor would prescribe anything the resident needed. The Nurse also related the facility would follow-up on any issues or discharge orders from the hospital. Interviews with the Nurse at the Transitional Center and the Mental Health professional at Rutledge State Prison confirmed the services offered and provided at the Transitional Center and Rutledge State Prison are consistent with and actually better than the community level of care.

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

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

The auditor relied on the following in determining a rating for this standard:

- Procedure for Sane Nurse Evaluation/Forensic Collection"
- Interviews with the Contract Registered Nurse at the Transitional Center
- Interview with the Mental Health professional at Rutledge State Prison

- Reviewed Pre-Audit Questionnaire
- Reviewed incident reports for the past 12 months
- Interviews with the Superintendent, PREA Compliance Manager and SART members

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (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

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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 Superintendent of the facility. The superintendent provided a memo designating the members of the SART for the Columbus Transitional Center.

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 Superintendent or PREA Compliance Manager.

Interviews with members of the PREA Compliance Manager/Chief of Security, Superintendent, 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 described the membership of the team as well as the things the team would be looking at in that review. He related that GDC has an Incident Review Checklist that is used to guide the team in their review. He indicated essentially that the team would be considering the motivation for the incident; staffing levels at the time of the incident; policy or procedure changes if needed; and to look at where the incident occurred with the purpose of the review being to see if the incident could have been prevented. Another member of the team, the Alternate PREA Compliance Manager, also stated the incident review would be conducted during the monthly meeting and would consider things like motivation for the incident, an examination of the area to determine if there were barriers, staffing levels and monitoring technology. The review would be conducted after the investigation. An interview with the Superintendent also confirmed the incident review process and she too named the items the team would consider as well as the membership of the team. The Assistant Superintendent, when queried about the Incident Review Team indicated the following were on the Incident Review Team: SART, Superintendent, Assistant Superintendent, and the Chief of Security. He related the review would be 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).

There have been no allegations of sexual abuse during the past 12 months. This was confirmed through review of the Pre-Audit Questionnaire, a review of all the incident reports during the past 12 months, interviews with staff, including the PREA Compliance Manager, Superintendent, and random staff. Random residents were also interviewed and related that none of them had been the victims of sexual abuse in this facility.

The auditor relied on the following in determining a rating for this standard:

- 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
- Memo from the Superintendent designating SART Members
- The Reviewed Pre-Audit Questionnaire
- A Review of all the Incident Reports for the past 12 months
- Interviews with staff, including the PREA Compliance Manager, Superintendent, Assistant Superintendent, SART Members and random staff
- Interviews with residents

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (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.

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

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

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

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

The auditor relied on the following in determining a rating for this standard:

- GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3,
- The Reviewed 2016 Annual PREA Report
- Interviewed PREA Compliance Manager
- Interviewed PREA Coordinator

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

The auditor relied on the following in determining the rating for this standard:

- GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program
- Review of the Agency's Website
- Annual Report for 2015 and 2016
- Previous interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The auditor relied on the following in determining a rating for this standard:

- 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
- Interview with the agency PREA Coordinator

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 residents 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.

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

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

The auditor was provided complete and unfettered access to all areas of the facility. Space in an office was provided for the auditor to conduct interviews with complete privacy.

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.

The PREA Notice was observed posted in virtually every area of the facility. The notice, posted in both Spanish and English, contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with residents and staff. None of the residents requested to talk with the auditor in private. Interviews were

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

The auditor relied on the following in determining a rating for this standard:

- GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits
- PREA Notices
- Reviewed documentation
- Observation
- Interviews with residents

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.

The auditor relied on the following in determining the rating for this standard:

- Observation and review of the agency's website
- Interviews with the PREA Coordinator

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Lanier

November 24, 2017

Auditor Signature

Date

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

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