PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

Auditor Information			
Auditor name: G. Peter Zeegers			
Address: 6302 Benjamin Road, Tampa, FL 33634			
Email: pete.zeegers@us.g4s.com			
Telephone number: 863-441-2495			
Date of facility visit: 7/6-7/7/2015			
Facility Information			
Facility name: Dodge State Prison			
Facility physical address: 2971 Old Bethel Road Chester, Georgia 31012			
Facility mailing address: *(if different from above)* PO BOX 276 Chester, Georgia 31012			
Facility telephone number: 478-358-7201			
The facility is:	☐ Federal	■ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	■ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Warden Sam Zanders			
Number of staff assigned to the facility in the last 12 months: 238			
Designed facility capacity: 1,236			
Current population of facility: 1,219			
Facility security levels/inmate custody levels: Minimum/Medium			
Age range of the population: 18-85			
Name of PREA Compliance Manager: Tina Sanders	**Title:**	DWCT	
Email address: Tina.Sanders@gdc.ga.gov	**Telephone number:**	478-358-7258	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: *(if applicable)*			
Physical address: 300 Patrol Road Forsyth, Georgia 31029			
Mailing address: *(if different from above)* PO BOX 1529 Forsyth, Georgia 31029			
Telephone number: 478-992-5101			
Agency Chief Executive Officer			
Name: Homer Bryson	**Title:**	Commissioner	
Email address: Homer.Bryson@gdc.ga.gov	**Telephone number:**	478-992-5101	
Agency-Wide PREA Coordinator			
Name: Sharon Shaver	**Title:**	PREA Coordinator	
Email address: Sharon.Shaver@gdc.ga.gov	**Telephone number:**	678-628-3128	

AUDIT FINDINGS

NARRATIVE

Dodge State Prison was audited July 6th-7th, 2015 by DOJ PREA Auditor G. Peter Zeegers. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Melvin Butts, Asst. Statewide PREA Coordinator; Sam Zanders, Warden; John Imman, Deputy Warden of Security; Donnie McCullers, Deputy Warden of Administration; Tina Sanders, PREA Compliance Manager; Michael Edmonson, Unit Manager; Tonya Kemp, HSA; Nikki Fuqua, Chief Counselor; and Jan Coleman, HR were present. A facility tour was conducted, which included all buildings of the facility and the outside grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in several locations.
Interviewees were identified from a list of staff and inmates. The interviews included 19 inmates and 16 staff which included all shifts. Additionally, 13 specialized staff interviews were conducted. There had been 7 reports of alleged PREA incidents. All resulted in an administrative investigation, and none were referred for criminal investigations. There were no inmates who identified with being LGBTQI. All required policies, documentation, reports, logs and files were checked for compliance with PREA Standards.
It should be noted that the staff of Dodge State Prison and Georgia Department of Corrections were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a Department as well as a facility level.

DESCRIPTION OF FACILITY CHARACTERISTICS

Dodge State Prison is located in Chester, GA set in a rural area. There were eighteen Units housing most of the General Population. There was one Isolation/Segregation Unit housing 50 offenders. There is a Fire Station housing 8 offenders that houses a working Fire Station. The mission of Dodge State Prison is to protect the public by providing a safe and secure facility through accountability, discipline and programs for offenders. It offers offenders the opportunity to re-enter society with the tools needed to become a productive member of their community, thus trying to reducing recidivism. Dodge State Prison provides general labor details to Laurens County where the inmates help with the Water and Waste Plants. Also in Lawrence County the inmates help the DOT with different projects. The Firehouse responds to the counties of Dodge, Laurens, Pulaski, and Blakely. There are various work groups for the cities of Chester and Hawkinsville.
Programs offered by Dodge State Prison include Academic: Literacy Remedial, General Education Diploma, Adult Basic Education; Re-Entry, Lifer's Group, Reclassification, Matrix RP, Career Center, Programs to Include: (Greenhouse, Maintenance, Gym, Board Games); Recreation; Religious Activities; Vocational/OJT: Barbering, Laundry, General Office Clerk, Cook Apprentice, Food Preparation, Groundskeeper, Custodial Maintenance, Woodworking, Chaplain's Library, Warehouse Worker, and Law Library Detail.

SUMMARY OF AUDIT FINDINGS

On July 6th and 7th, 2015, Dodge State Prison had its on-site PREA Audit completed. The results of the audit indicate that the facility is in full compliance with PREA Standards. A final report is being issued.

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 5

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy mandates a zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines how it will implement the agency's approach. The policies include definitions, sanctions for prohibited behaviors and addresses strategies and responses. The interview with the facility PREA Compliance Manager indicated that she finds the time to complete her duties.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A - Dodge State Prison does not contract with other entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The DOC PREA Policy requires a staffing analysis and unannounced rounds by supervisory staff. A staffing plan was provided that is specific to the facility. Additionally, there was an annual review completed and documented. All deviations from the staffing plan are documented shift-by-shift in the Duty Officer Logbook.

The DOC PREA Policy addresses unannounced rounds on a weekly basis by Supervisory staff and the Duty Officer. These rounds were documented in each housing unit's logbook as well as in the duty officer log book.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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N/A - Dodge State Prison does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy prohibits any cross-gender strip search or visual body cavity searches unless exigent circumstance or by medical practitioner. The agency does not permit cross-gender pat down searches except in exigent circumstances. Any cross-gender search is required to be documented. Staff interviews confirmed that staff receive training in how to conduct cross-gender pat-searches in a respectful and professional manner and this was verified through training records. There is a facility policy memo that identifies how transgender or intersex inmates will be identified for searches. The facility provides privacy for inmates while showering, changing clothing, and performing bodily functions. This was verified during the facility tour. The agency also prohibits searching transgender and intersex inmates strictly to identify genital status. There are policies requiring the announcement of opposite gender staff when they begin their shift. Policy also directs that information is made available in units to advise inmates that both male and females staff routinely work and visit inmate housing areas. The policy memo also directs that they re-announce if they return after leaving the area. Inmates report that they do hear female staff announce their presence.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy outlines the PREA education plan, and details how inmates with disabilities are made aware of how to report PREA incidents. A list of bilingual staff is available, with specific instructions if a particular interpreter is not available. The use of Language Line interpreter service is also available. Some PREA documents are available in Spanish, including PREA reporting posters throughout the facility. The policy also prohibits the use of inmates for interpretation except in situations where information in immediately needed to protect the safety and security of the inmates and the facility.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy addresses the hiring or promoting of any person who has engaged in sexual abuse or attempted to engage in sexual abuse within an institution or in the community and considers incidents of sexual harassment. All employees and contractors undergo a criminal background check prior to hire/contract. The policy addresses 5-year criminal background checks for non-security staff. A facility policy memo addresses 5-year criminal background checks for contractors, as well as addresses that material omissions regarding misconduct or false information are grounds for termination. The agency does provide information to requests from institutional employers where an employee has applied to work.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A - Dodge State Prison has had no recent modifications or upgrades to technology.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency is responsible for both administrative and criminal investigations. The statewide agency "Office of Professional Standards" provides the criminal investigations. Uniform Evidence Protocols are noted in a variety of policies and address all areas required for the facility. The medical staff are responsible for requesting assistance if the victim requests. The medical staff stated that a SANE nurse is available. The agency has a state-wide database of SANE providers for each facility.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and facility are committed to ensuring that all allegations of sexual abuse or sexual harassment are investigated and are identified in the DOC PREA Policy as major incidents, which require investigation. Any sexual assault allegations are referred to the SART team, and shall be referred to the "Office of Professional Standards" if criminal in nature. Policy is on the website.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA policy addresses all areas for training staff. There is a separate class regarding Gender-Responsive Training that all staff are required to take annually. Interviews with staff indicated that they were aware of the required elements of PREA training.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Dodge State Prison provides training for all volunteers and contractors based upon their contact with inmates. This training includes zero-tolerance, how to protect the victim, and who to notify in the event of a reported incident.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All inmates receive information regarding the Zero Tolerance Policy and how to report a PREA incident upon intake at Dodge State Prison. Full PREA education is provided to all inmates within 15 days of intake. The PREA information is provided through the Inmate Education Video. This video is also available in Spanish. PREA Posters were seen throughout the facility during the tour in English and in Spanish.

Standard 115.34 Specialized training: Investigations

■ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy requires specialized training for Investigators. The agency has provided documentation of investigators completing a 16-hour training. Additionally, all SART staff have completed this same training.

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy requires medical and mental health staff are to receive standard staff training as well as specialized training. A review of documents indicates that this is complete. Interviews with medical and mental health staff confirm this as well. Medical staff have completed the Medical NIC Training Module.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All inmates arriving at Dodge State Prison receive a screening for sexual victimization or sexual aggressiveness. An objective tool is used for this purpose. The DOC PREA Policy requires the risk screening to be completed within 72 hours of arrival and reviewed 30 days after intake, as well as when new information is obtained. The policy also prohibits the discipline of an inmate for refusal to answer questions from the screening, and the facility has created a system in which only identified staff can access the completed screening tool.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information from the PREA Sexual Victimization/Sexual Aggressor Classification Form is used to assist with housing decisions. Each housing decision is also based on other factors. The DOC PREA Policy requires a bi-annual review of all transgender and intersex inmates housing and programming. All inmates are given the right to shower separately from all other inmates.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy prohibits the use of involuntary segregated housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Any placement of an inmate in involuntary segregated housing is documented. Participation in programs, privileges, education and work opportunities may be restricted due to security issues; however all efforts are made to provide certain programming within the segregated housing. All restrictions are documented. The policy requires a review every 30 days for continued restriction/placement.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency allows for the reporting of any knowledge, suspicion or information through internal and external sources. Externally, inmates can mail a letter to The State Board of Pardons and Paroles, which is not a part of the Georgia Department of Corrections. Internally, inmates are provided two methods to report sexual abuse or sexual harassment: They may call *7732 on the phone (In each dorm), which goes directly to the State-wide PREA Coordinator, or they may notify any staff member. This information is contained within the Inmate Handbook, as well as posted throughout the facility. Staff may report any knowledge, suspicion or information regarding sexual abuse or sexual harassment by following the chain of command, EAP resources, PREA Hotline or writing to the external State Board of Pardons & Paroles or Ombudsman. Staff are provided methods to report privately and anonymously as well.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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N/A - Dodge State Prison does not have administrative procedures to address inmate grievances.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Dodge State Prison provides inmates with access to outside victim advocates for emotional support services related to sexual abuse through WINGS Sexual Assault Intervention & Prevention Program. This service is free of charge for the inmate, and they are provided with the toll-free number for contact. An agreement memo is in place with WINGS.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 website provides for three separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the State-wide PREA Coordinator, the Ombudsman, or Victim Services. Both the Ombudsman and Victim Services will report information directly to the State-wide PREA Coordinator, who will inform the Warden. Any reports made directly to the facility will be investigated. This was confirmed through staff interviews.

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff are prohibited by policy from sharing information regarding an allegation of sexual abuse or sexual harassment with individuals who are not identified as a part of the investigative team. All medical and mental health staff are mandatory reporters of sexual abuse in the facility. Inmates are made aware of this during their initial medical and mental health screenings. The SART team is responsible for all investigations of sexual abuse and sexual harassment.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All allegations of imminent sexual abuse are taken seriously and steps are taken immediately to protect the alleged victim. Notification is immediately made to the SART team who will investigate. Interviews with staff confirm their knowledge regarding their duty to protect inmates.

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Any allegations of sexual abuse that are received that have occurred in another institution are required by DOC PREA Policy to be reported to the Warden of that facility. This information is documented. The policy also requires that any receipt of such allegations from another institution shall be investigated similar to if the allegation was made while the inmate was housed at Dodge State Prison.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The DOC PREA Policy addresses all components of Standard 115.64. First responders are required to protect the victim, address the preservation of evidence and to preserve the crime scene. All non-security staff are trained to provide the victim with protection and to make an appropriate report to the Warden. Staff interviews confirm their understanding of their first responder duties.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Dodge State Prison has a Coordinated Response Checklist that address all requirements of the PREA standards in response to allegations. The Coordinated Response Checklist is specific to the facility, and includes all contact names and phone numbers.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A - Dodge State Prison does not enter into collective bargaining agreements

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC PREA Policy addresses practices to protect both staff and inmates who report sexual abuse or sexual harassment from retaliation. Various protection methods are identified, including housing changes, transfers for both inmates and staff, as well as emotional support services. Retaliation is monitored for a minimum of 90 days, with periodic status checks. A facility policy memo addresses the protection of individuals who assist in the investigation.

Standard 115.68 Post-allegation protective custody

■ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The DOC PREA Policy meets all requirements of PREA Standard 115.43. Additionally, any inmate who has suffered sexual abuse and is placed in Administrative Segregation (Protective Custody) is seen every seven days by a counselor who documents their status and provides this to the Warden. Additionally, the classification team reviews all placements in Administrative Segregation every thirty days.

Standard 115.71 Criminal and administrative agency investigations

■ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 conducts its' own administrative and criminal investigations. All investigators have received specialized training as required pursuant to PREA standard 115.34. All evidence available is gathered and preserved. Prior reports involving the same perpetrator or victim are reviewed. Credibility of any person identified during the investigation is individually based and no polygraph examination or other truth-telling device is offered as a condition of continuing the investigation. SART is responsible for conducting an initial investigation and the administrative investigation. Administrative investigations include addressing staff actions, credibility and investigative facts and findings. Any investigations where there appears to be criminal activity is referred for prosecution, and no interviews are conducted without consulting the "Office of Professional Standards". Criminal investigations are conducted by the "Office of Professional Standards". Both administrative and criminal investigations are documented and include narrative of the evidence collected. Criminal investigations that involve staff are turned over to the "Office of Professional Standards" for further administrative investigation and disposition.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy imposes no standard higher than a preponderance of the evidence in determining whether allegations are substantiated.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy requires, and investigative files indicate, that reporting inmates are advised of the outcome of PREA investigations by the SART team at the conclusion of the investigation. Additionally, the policy requires information on the progress of the case. This notification is documented.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC PREA Policy requires disciplinary sanctions, up to and including termination, for staff who violate agency policy regarding sexual abuse and sexual harassment. All disciplinary actions are reviewed based upon the nature and circumstances of the allegation and disciplinary action on prior comparable offenses. Any staff terminations for violation of the agency zero-tolerance policy are reported to the Georgia Peace Officer Standards and Training Council (POST).

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC PREA Policy requires that any contractor or volunteer who violates the zero-tolerance policy are prohibited from any contact with inmates. If applicable, the actions of the contractor or volunteer will be reported to the licensing body. There were no incidents of sexual abuse or sexual harassment by a contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All inmates shall be subjected to appropriate disciplinary actions as per the PREA standards. Sanctions are commensurate with the nature and circumstances of the incident, the inmate's history and similar sanctions imposed for comparable offenses. An inmate's mental health is considered in the determination of sanctions. No inmate is sanctioned for contact with a staff member who consented to the contact. No inmate is sanctioned for good faith reporting. This agency prohibits all sexual activity between inmates.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOC PREA Policy requires immediate services of medical and mental health services upon notification of sexual abuse or sexual harassment. Confidential information of prior sexual abuse is shared only upon the consent of the inmate. Follow-up counseling is conducted within three (14) days and as necessary thereafter.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates who report sexual abuse shall be immediately taken to medical. Those who report victimization within the past 72 hours will then be transported to the nearest hospital for SANE examination. Mental health services will begin immediately and followed up within three (3) days. Additional counseling services are available as necessary thereafter as well as requested by the victim. STD related information is provided. All treatment is offered at no cost to the victim, regardless if they identify the alleged perpetrator or not.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC PREA Policy provides for ongoing medical and mental health care for victims of sexual abuse, whether the incident occurred within an institution or in the community. All care is consistent with the community level of care. Follow-up care is provided within two (2) weeks and as requested by the victim. Timely services are available. STD testing and treatment is provided. There are no costs to an inmate for services as a result of sexual victimization.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 an incident review for all allegations of sexual abuse where the findings were substantiated or unsubstantiated. Dodge State Prison conducts an incident review for all sexual abuse and sexual harassment incidents. There is a monthly incident report provided to the Warden that details all formal Incident Reviews for the month and includes any recommended corrective action.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 maintains records and data on all allegations of sexual abuse and sexual harassment that captures information as identified by the DOJ-SSV. This information is aggregated annually and included in their annual report. The agency also obtains information from the agencies with whom it contracts for the confinement of inmates.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 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. These reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of The Georgia Department of Corrections' progress in addressing sexual abuse.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has publicized the 2014 PREA data on the website. The reports contain no personal identifiers. A facility policy memo identifies that PREA related documents be maintained for at least 10 years of the initial report or as long as the abuser is incarcerated or employed by the agency, plus 5 years, whichever is longer.

AUDITOR CERTIFICATION

I certify that:

■ The contents of this report are accurate to the best of my knowledge.

■ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

G. Peter Zeegers 8/7/2015

Auditor Signature Date