

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

Interim Final

Date of Report February 6, 2018

Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: January 2, 2018

Agency Information

Name of Agency: Georgia Department of Corrections		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 300 Patrol Road		City, State, Zip: Forsyth, Ga. 31029	
Mailing Address: P.O. Box 1529		City, State, Zip: Forsyth, Ga 31029	
Telephone: 404-656-4661		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.			
Agency Website with PREA Information: http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: Statewide PREA Coordinator
Email: grace.atchinson@gdc.ga.gov	Telephone: 678 322 6066

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

Name of Facility: Dodge State Prison

Physical Address: 2971 Old Bethel Church Road

Chester, GA 31012

Telephone Number: 478-358-7200

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

Facility Website with PREA Information: Georgia Department of Corrections

Warden/Superintendent

Name: Murray Tatum	Title: Warden
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Email: Murray.Tatum@gdc.ga.gov	Telephone 478-358-7202
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Facility PREA Compliance Manager

Khalilah Williams	Deputy Warden
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Khalilah.Williams @gdc.ga.gov	478-358-7258
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Facility Health Service Administrator

Name: Rhonda Tennell	Title: Health Services Administrator
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Email: Rhonda.Tennell@gdc.ga.gov	Telephone: 478-358-7232
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Facility Characteristics

Designated Facility Capacity: 1236	Current Population of Facility 1208
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Number of inmates admitted to facility during the past 12 months	986
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	986
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	986
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Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		250	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-81	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		3 months-life wop	
Facility security level/inmate custody levels:		Min, medium, close	
Number of staff currently employed by the facility who may have contact with inmates:		221	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		48	
Number of contracts in the past 12 months for services with contractors who may have with inmates:		5	
Physical Plant			
Number of Buildings: 25		Number of Single Cell Housing Units: None 0	
Number of Multiple Occupancy Cell Housing Units:		10	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		50	
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.):			
See Schematics			
Medical			
Type of Medical Facility:		Limited Hours on Site; Emergency Room Used After Hours	
Forensic sexual assault medical exams are conducted at:		Dodge State Prison	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		65	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		132	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Audit Activities

Notice of PREA Audit: The Notice of PREA Audit for the Dodge State Prison was forwarded to the Georgia Department of Corrections PREA Coordinator six weeks prior to the on-site audit, for posting in the Dodge State Prison. The PREA Coordinator instructed the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any communication from any inmates or other interested parties as a result of the postings. 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.

Pre-Audit Questionnaire/ Flash Drive Review: The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Dodge State Prison, advised that the Pre-Audit Questionnaire and flash drive with Georgia Department of Corrections' policies and procedures, local operating procedures and directives, and other supporting documentation should be forwarded to the auditor not later than December 5, 2017, 27 days prior to the on-site audit. The reviewed flash drive contained a wide variety of information that was facility specific. Although there was a lot of information on the flash drive there were few examples of actual practice. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator and the PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available.

Outreach to Outside Advocates: The auditor contacted the outside advocacy organization and Rape Crisis Center, Women in Need of God's Shelter (WINGS) in Dublin, Georgia, to determine if the center has received any calls from the inmates at Dodge State Prison or if they had received any concerns about the prison. A conversation with the Advocate at the center confirmed the facility has not had any complaints or concerns about the center. Too, the staff affirmed the correspondence confirming services available to the inmates at Dodge State Prison. Further discussion of those services is found standard 115.53.

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

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

On-Site Audit Activities

The auditor arrived at the facility at 0800 in the morning on January 2, 2018. Processing through the main gate included providing identification, signing in, and going through the metal detector, while the auditor's equipment and belongings went through the x-ray machine.

Following a brief meet and greet with the Warden, PREA Compliance Manager, and Department Heads, the auditor was accompanied on a site review of the entire prison, including the fire department, located outside the fenced in area of the prison. The site review was led by the closed unit's Unit Manager and the PREA Compliance Manager. Also participating in the review was the agency's PREA Statewide PREA Coordinator and the Assistant Statewide PREA Coordinator.

Site Review

During the site review the auditor made numerous observations and interacted with staff, contractors, and inmates. Observed were the postings of Notices of PREA Audits, PREA Related Posters and especially those providing reporting instructions, notices advising inmates that male staff routinely work in the facility, locations of and designs of showers and observations of privacy issues, if any, grievances and grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of inmates, accessibility to telephones, accessibility to KIOSKS and Tablets, and instructions for using the phones to report sexual abuse.

Dodge State Prison is a Medium Security Facility with classification levels ranging from minimum to close. The maximum capacity for this facility is 1236 inmates. The housing populations consists of General Population inmates; Administrative Segregation/Isolation inmates; ADA inmates; and an Honor Dorm. A Fire Team, consisting of inmates are housed at the facility's fire department. Insofar as possible inmates are housed according to age, size, gang affiliation, PREA classification, security classification, behavior status, protective custody and health status.

There are eighteen (18) regular dorms capable of housing fifty (50) inmates each. One unit is Isolation/Segregation that can house fifty (50) inmates. A building that is connected to the Isolation/Segregation Unit can house thirty-six (36) offenders. The "Q" Building has four (4) open-bay dorms. Three of them house a maximum of fifty-eight (58) offenders and one can house fifty-four (54). "F" Building is located in the administrative area and can house up to twelve (12) offenders. "J" Building is located outside the perimeter and can house up to ten (10) offenders who are on the fire team. Unless otherwise stipulated in the report, all the remaining units are two-tier living units. The upper and lower tiers each have two (2) shower stalls separated by "whole" walls and privacy afforded by shower curtains. Inmates use the restroom in their cells. Every living unit was replete with PREA related posters. Each has at least one (1) KIOSK enabling inmates to email anyone on their approved list and

to email the agency's PREA Unit. All units have phones enabling calls to the PREA Hotline. Instructions are posted. Notices of PREA Audit were posted as well. Inmates all reported having tablets with which they can report sexual abuse or sexual harassment by emailing family and friends on their approved list or to the Georgia Department of Corrections PREA Unit.

Description of Housing Units

A-1 – This pod has been designated as a “Safe Dorm” and Intake Dorm. Observations of Living Unit A; pod/range 1, confirmed that inmates are housed in two-man cells with an upper tier and a lower tier. Toilets are in each cell. Showers are located on both tiers; two on the upper tier and two on the lower tier. These are separated by whole wall stalls and have shower curtains affording privacy. A KIOSK was observed in the pod enabling inmates to send emails to the PREA Unit and to email family and friends who are on their “approved” lists. Phones were observed in the pod and instructions for using the PREA Hotline were posted. The auditor tested a PREA Phone and left a message with the PREA Unit. That same afternoon the PREA Analyst, who is responsible for “hotline” calls, emailed the auditor confirming receipt of the test message. There is a barbershop located in each pod. There are no cameras located in A-1 or A-2.

A-2 – This pod is also designated as a “Safe Dorm” and Intake Dorm. Observations of this unit indicated the same layout as A-1, with inmates living in two-man cells; with an upper and lower tier. Showers and toilets were the same as A-1. A KIOSK, PREA Phone and PREA related posters were observed in the pod. The auditor informally interviewed two (2) inmates from this pod. Both were aware of Zero Tolerance and how to report.

A-1 and A-2 are staffed 24/7 with one (1) correctional officer working both sides of the living unit.

A-3 – A-3 is also designated as a Safe House/Dorm and houses up to thirty-six (36) men who are 50 years old and older. The layout is essentially the same as the other pods. A KIOSK, PREA Phone, and PREA Posters were observed in the unit. Two (2) informally interviewed inmates confirmed they have been trained in how to report allegations of sexual abuse and sexual harassment and that they viewed the PREA Video and were given the opportunity to ask questions afterwards. They also pointed to the PREA related posters in the living unit.

A-4 – This unit is a segregation unit (short term housing for disciplinary, protective custody and transient housing. There are ten (10) one-man cells housing these inmates. Two- man cells are designated for segregation and capable of housing up to forty (40) inmates. PREA Posters are in this area. A mobile phone is used for inmates who are housed in these units. The auditor observed the mobile phones. The phones have the PREA Hotline number on them. This unit has an all-purpose/medical room with windows to enable observation. This room is used by medical staff and classification staff.

A-3 and A-4 are staffed 24/7 with two (2) officers. One (1) Sergeant works the dorm during normal business hours. Officers are required to make 30 minutes checks of offenders in isolation/segregation unless the offender is on a 15-minute check. There are no cameras in these units however the Warden reports they are working on installation of cameras. Handheld cameras are used in this area for emergencies. There is a portable phone for inmates housed in segregation.

A-5 and A-6 is a Prison Industry dorm that can house up to 100 offenders in two-man cells. It is staffed with one (1) correctional officer working 24/7 with a relieving officer. There are no cameras in this unit.

B-1 and B-2 is the kitchen dormitory. It is capable of housing up to 100 offenders and is staffed by one (1) correctional officer on each of the two shifts (6AM-6PM and 6 PM to 6AM). There are no cameras in this area.

B-3 and B-4 also houses kitchen and other General Population Offenders in two-man cells. The design is the same as all the other living units. Showers were located on both tiers, each separated with "whole" walls and curtains. Commodes are inside the cells. This unit is staffed with one (1) correctional officer supervising offenders 24/7. There are no cameras in this area.

B-5 and B-6 Houses Kitchen workers and other General Population offenders. Capable of housing a total of 100 (50 in each range), the unit is staffed with one (1) officer. 24/7. There are no cameras in this area. There are four (4) showers; two on each tier, each separated by "whole" walls and privacy afforded with curtains. Phones are available for PREA Hotline calls, KIOSKs are available for use and inmates have tablets to make reports of sexual abuse of sexual harassment. Multiple PREA related posters are on the walls.

C-1 serves as the Medical Dorm and General Population Dorm. This unit is capable of housing a total of 50 offenders. There are no cameras in the unit. The unit has a KIOSK, PREA Phone and offenders have tablets with which to email the PREA Unit. Inmates are housed in double occupancy cells with the commode inside the cell. Showers are separated with "whole" walls and privacy afforded by curtains. PREA information is posted throughout the dorm.

C-2 houses Outside Detail and General Population offenders. The design is the same as all other living units/dorms. Showers are separated by "whole" walls and each with shower curtains. PREA information is posted and phones are available for PREA Hotline calls. A KIOSK is available, and inmates have tablets with which to make reports of PREA allegations.

C-1 and C-2 are staffed with one correctional officer and the post is operative 24/7. There are no cameras in this area. The design is the same as the other dorms. PREA posters, phones, and a KIOSK was observed in these pods/ranges.

C-3 and C-4 also house Outside Detail and General Population offenders; fifty (50) in each range. Offenders are housed in double-occupancy cells with a commode inside the cells. Showers are separated by "whole" wall stalls; each with shower curtains. One officer supervises in the inmates in each pod/range. There are no cameras. PREA related information is prominently posted and PREA Phones available for reporting. A KIOSK is in each pod and inmates have tablets with which to report allegations of sexual abuse or sexual harassment at any time. One officer supervises C-3 and C-4 by rotating between the two.

D-1 and D-2 is an outside detail dormitory that can house up to 100 offenders with 50 in each pod. It is staffed with one (1) correctional officer 24/7. Showers are separated by "whole wall" stalls and shower curtains. There are no cameras. PREA Information is posted liberally in the pods. Each pod has a KIOSK and offenders had tablets.

D-3 and D-4 is a general population dormitory consisting of two pods housing up to 50 inmates in each pod. One officer is assigned 24/7 and rotates between the dorms.

Q Building has four (4) open bay dorms. These are Q-1, Q-2, Q-3, and Q-4 and is capable of housing up to 228 offenders. This dorm is staffed with two (2) correctional officers 24/7. All four pods house general population offenders however Q-3 also houses chronic care inmates and Q-4 houses ADA

inmates. PREA signs are painted on the walls for permanency. Commodes are in four stalls separated by half walls. Showers have shower curtains. All these units have KIOSKs and inmates have tablets and phones for reporting allegations of sexual abuse and sexual harassment.

F-1 is an Honor Dorm housing up to twelve (12) inmates in double occupancy cells.

The intake shower affords privacy. There is also a phone located there, a camera and two mirrors to mitigate blind spots.

The laundry has a mirror to facilitate viewing and a ½ mirror is positioned to enable staff to see behind the dryers.

Medical has multiple PREA Signs and offices with windows enabling viewing.

The security area has wide open windows enabling viewing.

The library has two (2) huge mirrors and the law library has a window and a mirror facilitating viewing.

The kitchen utilizes up to 28 inmates supervised by one officer who was observed moving about. The kitchen is designed with a raised office with wrap around windows enabling staff in the large office to view all around the office. There are two mirrors to cover blind spots behind the ovens and storage is behind a cage of expanded metal with a locked and secured door.

Staff and Contractor Interviews

Using a staffing roster, the auditor selected random staff, ensuring that those selected represented a variety and cross section of positions and special category staff. The auditor selected and interviewed eighteen (18) randomly selected staff. including two (2) food service staff; one (1) staff from prison industries; one (1) unit manager; one (1) administrative assistant; one (1) counselor; one (1) staff from education; and ten (16) correctional officers.

Additionally, the auditor selected and interviewed eighteen (18) special category staff including the following:

- Agency PREA Coordinator (Previous interview)
- Agency Contract Coordinator (Designee interviewed previously)
- Assistant Agency PREA Coordinator
- Warden
- PREA Compliance Manager
- Personnel/Human Resources
- Intake Staff
- Counselor Conducting Victim/Aggressor Assessment
- Counselor Conducting Orientation
- Staff Supervising Segregated Housing
- Chief Counselor/Higher Level Staff Conducting Unannounced PREA Rounds
- Director of Nursing
- Retaliation Monitor
- Facility Investigator

- Volunteer Coordinator/Chaplain
- Captain-Chief of Security/Incident Review Team
- OPS Investigator
- Victim Advocate/Representative of WINGS Rape Crisis Center

The auditor also informally interviewed numerous staff and contractors during the tour to assess such things as staff training, reporting allegations of sexual abuse and sexual harassment and first responding. Staff, representing a cross-section of positions, including correctional staff, food service staff, support staff, education staff, medical and mental health staff, maintenance staff, correctional industries staff, staff working in Identification.

Inmate Interviews

The auditor requested and received an inmate alpha roster identifying the living unit, pod and bed for each inmate housed at Dodge State Prison. The auditor randomly selected from that list thirty-one (31) inmates representing every living unit. The auditor ensured there was a cross-section of ages and races. Additionally, eleven (11) special category inmates were identified to be interviewed. These included inmates who were cognitively challenged; limited English proficient; inmates identifying gay and transgender, inmates reporting prior sexual abuse; inmates who alleged sexual abuse or sexual harassment while at this facility, and inmates in segregation.

Testing of Processes

During a tour of the facility, the auditor tested a PREA phone, observed a demonstration by an inmate's showing the auditor how he could email the Georgia Department of Corrections PREA Unit and family and friends using the KIOSK and observed another inmate demonstrating for the auditor how to email using his Tablet.

To understand how the facility provides newly admitted and transferred inmates information on the zero- tolerance policy and how to report, the auditor observed the intake process. Intake staff provided the inmates with a PREA brochure and told inmates the facility had a zero tolerance for sexual abuse and sexual harassment and how to report.

During the intake process, the victimization/aggressor screening process was also observed. The auditor also interviewed the Identification Staff and observed the process for ensuring victims and aggressors are not housed together. The system consists of identification cards of inmates by dorm and cell, with a color-coded dot representing either a victim or aggressor. The information is secured in a locked box accessible to the ID Staff.

Documents and Files Reviewed

Background Checks/PREA Related Questions/Professional References: Background checks for twenty-five (25) Security Staff documenting annual checks, twenty (20) Newly Hired Staff (Security and Non-Security) documenting their initial background checks; and eleven (11) regular/non-security background checks to confirm five--year checks. In examining the personnel files for all the above the auditor confirmed each file contained the PREA Questions asked of applicants, Professional

References, PREA Acknowledgment Statements, Acknowledgment of Prohibitions Against Misconduct, and background checks.

The auditor selected forty (40) volunteer files to review. One-hundred percent (100%) of the reviewed files contained completed background checks. Most of the reviewed files contained two (2) to four (4) background checks.

Facility Staffing Plan Annual Review (2017)

Facility Log Books and Duty Officer Log Books (10 Pages)

Certificates of Training/PREA Acknowledgment Statements Staff: The auditor reviewed 44 certificates documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training. Forty (40) of forty (40) reviewed personnel files contained PREA Acknowledgment Statements also indicating indicating staff were trained and that they understood the agency's zero tolerance policy and PREA.

Communicating Effectively with LGBTI Inmates: All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Forty (40) certificates confirming that training was reviewed.

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

MOU with Women In Need of God's Shelter (WINGS): Reviewed the agreement between the organization and the Pulaski State Prison for the provision of Rape Crisis Services, including providing an advocate to accompany the inmate victim through the forensic exam and investigative process if requested.

Certificates of Specialized Training: National Institute of Corrections (NIC): Six (6) certificates documenting specialized training provided by the NIC for Investigating Sexual Abuse in Confinement Settings. Twelve (12) NIC Certificates documenting medical staff having completed the specialized training or healthcare staff.

Victimization/Aggressor Assessments (25)

Victimization/Aggressor Reassessments (25)

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

Incident Reports/ Investigations: Twenty-three (23) Investigation Packages were reviewed. One investigation involved an allegation of sexual assault. This allegation was referred to the Office of Professional Standards Investigator. Five (5) of those were determined to be unfounded and seventeen (17) were unsubstantiated. (see standard 115.71)

Incident Reviews: Twenty-three (23) of twenty-three (23) Investigation Packages contained Incident Reviews.

Coordinated Response Plan: The facility's coordinated response plan was provided to the auditor and documented the steps for each part to take in response to an allegation of sexual abuse.

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

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.

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See "Site Review" for detailed description of each housing unit.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 03

115.11; 115.17; 115.51

Number of Standards Met: 42

115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115. 403

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

Corrective Actions:

Issue #1. The auditor reviewed 23 investigation packages. There appeared to be several deficiencies in documenting notifications. Several of the Notifications were signed in late December, several months following the investigation and two notification sheets were blank. When asked about this discrepancy, staff related that sometimes the inmate is transferred to another facility before the notification and sometimes an inmate is referred to Central State Prison for a mental health follow-up and does not return right away. They indicated that they always serve the inmate notification if he is here at the facility.

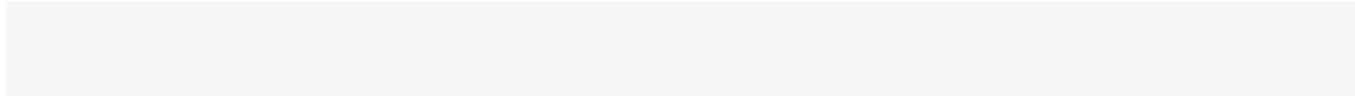
Remediation: The auditor requested the facility develop a specific procedure for notifying an inmate at the conclusion of the investigation as to whether the allegation was substantiated, unsubstantiated or unfounded.

Corrective Action Completed: The PREA Compliance Manager/Deputy Warden developed a procedure for ensuring inmates are notified in a timely manner of the results of an investigation into their allegations of sexual abuse or sexual harassment. The procedure requires the disposition of the investigation to be reviewed by the Warden and approved. Following that approval, the SART Leader or alternative SART Investigator will make notification to the inmate within 30 days of the investigation. The procedure also provides for monitoring for compliance by the PREA Compliance Manager, SART Investigator or alternative. The PREA Compliance Manager is requiring staff to provide a copy of the notification to her as well.

Issue #2. Interviews with inmates confirmed they were not aware of the outside advocacy organization or how to access them. They did state if they needed those services, they could find them.

Remediation: Inform inmates how to access the outside advocacy organization (WINGS); Post the information with mailing addresses and phone numbers. Develop a plan for ensuring newly admitted inmates are advised of the available services, how to access them, and the limitations of confidentiality when talking with them.

Corrective Actions Completed: On February 1, 2018 the PREA Compliance Manager provided documentation indicating WINGS information will be posted in all dormitories. This will include the 1-800 number and mailing address. This information will also be posted on the “flyer”. This information will also be posted on the streaming video for inmates to view and lastly new intakes are to be notified by the Orientation Counselor.



PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Memo from Warden, 10/11/2017 Designating PREA Compliance Manager; Agency Organizational Chart; Resident Handbook (PREA); PREA Pamphlets; PREA Acknowledgment Statements; Pre-Audit Questionnaire.

Interviews: PREA Coordinator; Warden; PREA Compliance Manager; Interviews with 23 Randomly selected staff; 15 specialized staff; 31 randomly selected and 11 special category inmates

Observations: Zero Tolerance Posters located throughout the facility; PREA Pamphlets posted throughout the facility

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

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

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often. Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. 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 newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work.

An additional interview with the Assistant Statewide PREA Coordinator confirmed that he too, is very knowledgeable of PREA and has prior institutional experience. He is also responsible for assisting facilities with any issues they are having complying with PREA, serving as a resource person, and for serving as a PREA resource staff for the state's county prisons.

In addition to the Agency Compliance Director, Statewide PREA Coordinator and Assistant PREA Coordinator, the agency also has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from inmates on the Department of Corrections PREA Hotline. He keeps excellent statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA. The Analyst supports the PREA Auditor by providing listings of inmates making calls to the PREA Hotline in the past 12 months. Additionally, he has been helpful in securing reports identifying disabled inmates for the auditor. On-site when the auditor tests PREA phones, the analyst confirms receipt of the calls via an email to the auditor.

Additionally, the Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. To this end, they are required to develop a Local

Procedure Directive for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. (Local Procedure Directive discussed in a later standard).

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

The PREA Compliance Manager at the Dodge State Prison is the Deputy Warden of Care and Treatment. She reports directly to the Warden. She has the support of the Warden in implementing and maintaining compliance with PREA.

All the prisons and community based correctional facilities have PREA Compliance Managers who relate to the PREA Coordinator. This is confirmed by interviews with the PREA Coordinator and the PREA Compliance Manager as well as reviewed Annual Reports and the Pre-Audit Questionnaire.

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." Sexual Assault Response Team members attend training at least twice a year and PREA Compliance Managers receive updated training several or more times a year as well.

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. Posters were observed in every building, every living unit and in areas like the barbershop and others.

The Resident Handbook (PREA) asserts that the GDC fully supports the Prison Rape Elimination Act and is committed to a zero-tolerance policy against sexual violence.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided multiple PREA Acknowledgment Statements confirming staff have been trained in PREA. The PREA Acknowledgment Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

Discussion of Interviews: Interviewed staff related that they were trained in all the required PREA topics and receive additional PREA training each year in annual in-service training. One-hundred percent (100%) of all the interviewed staff were aware of the agency and facility's zero tolerance for all forms of sexual activity, including sexual assault, misconduct, sexual harassment and retaliation for reporting or for cooperating with an investigation. They also stated they are trained and required to report all allegations of sexual abuse or sexual harassment including suspicions. When pressed about

reporting suspicions, staff indicated they are expected to report everything. When asked about consequences if they failed to report staff stated they would probably be terminated. They related, as well, that allegations and reports, regardless of the source, are required to be documented and investigated.

All Interviewed residents indicated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity. They indicated they have received PREA information in every Georgia facility they have been in and have watched the PREA Video multiple times.

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. 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 Assistant Statewide PREA Coordinator is a professional who serves as resource to the GDC facilities and county prisons who contract with GDC for the confinement of inmates. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. This staff also responds to calls on the agency’s PREA Hotline from inmates. To assist the PREA Auditor, the analyst provides a list of all calls made to the hotline during the past 12 months prior to the on-site audit. Additionally, he assists by securing from the database, a list of disabled inmates in specific prisons prior to their on-site audits. This enables the auditor to know which inmates are hearing or visually impaired. The Warden demonstrated a commitment to PREA by designating his Deputy Warden of Care and Treatment, someone with multiple years of prison experience. She is a knowledgeable PREA Compliance Manager and reports directly to the Warden. Staff and inmates are aware of the zero-tolerance policy and of the agency’s approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation. Posters observed throughout this facility continuously remind staff and inmates of the agency’s zero tolerance for sexual abuse, sexual harassment, or sexual misconduct.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: PREA Coordinator (Agency Director Designee);

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

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

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Dodge State Prison Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, Reviewed Staffing Plan; Log Book pages documenting unannounced rounds

Interviews: Warden, PREA Coordinator, PREA Compliance Manager, Leader of Sexual Assault Response Team, Deputy Warden of Security, Randomly selected staff; Randomly selected inmates.

Other: Observations made during the on-site audit of Dodge State Prison.

Policy and Document Review: The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems. Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are documented in area logbooks. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book.

Staffing Plan Review: The staffing plan for the Dodge State Prison is addressed in the Dodge State Prison Staffing Plan, with an effective date of January 27, 2017. The plan asserts it is the policy of Dodge State Prison to provide an environment of sexual safety to the offender housed. There is a zero-tolerance policy toward all forms of sexual abuse, sexual harassment, or sexual activity. The staffing plan provides for a total of 168 security staff, 17 administrative staff, 20 care and treatment staff, 10 maintenance staff, 12 food services staff, 3 personnel staff, 4 prison industry contractors and 21 medical staff.

Dodge State Prison is a Medium Security Facility with classification levels ranging from minimum to close. The maximum capacity for this facility is 1236 inmates. The housing populations consists of General Population inmates; Administrative Segregation/Isolation inmates; ADA inmates; and an Honor Dorm. A Fire Team, consisting of inmates are housed at the facility's fire department. Insofar as

possible inmates are housed according to age, size, gang affiliation, PREA classification, security classification, behavior status, protective custody and health status.

There are eighteen (18) regular dorms capable of housing fifty (50) inmates each. One unit is Isolation/Segregation that can house fifty (50) inmates. A building that is connected to the Iso/Seg Unit can house thirty-six (36) offenders. The "Q" Building has four (4) open-bay dorms; three of them house a maximum of fifty-eight (58) offenders and one that can house fifty-four (54). "F" Building is in the administrative area and can house up to twelve (12) offenders. "J" Building is located outside the perimeter and can house up to ten (10) offenders who are on the fire team. Unless otherwise stipulated in the report, all the remaining units are two-tier living units. The upper tier has two (2) shower stalls separated by "whole" walls and privacy afforded by shower curtains. Inmates use the restroom in their cells. Every living unit was replete with PREA related posters. Each has at least one (1) KIOSK. All units have phones enabling calls to the PREA Hotline. Instructions are posted. Notices of PREA Audit were posted as well. Inmates all reported having tablets with which they can report sexual abuse or sexual harassment

The staffing plan provides for a total of 169 security staff, including a Warden; Deputy Warden of Security; one (1) Unit Manager; one (1) Captain; nine (9) Lieutenants; fourteen (14) Sergeants; one (1) Fire Chief; one (1) Canine; one-hundred forty (140) Correctional Officers; one (1) Admin Support II; seventeen (17) Administrative Staff; twenty (20) Care and Treatment Staff; ten (10) Maintenance Staff; twelve (12) Food Services; three (3) Personnel Staff; four (4) Prison Industry Contractors; and twenty-one (21) Medical Contract Staff.

The staffing plan provides for twenty (20) priority one posts manned by male or female staff that require 24/7 coverage. When a hospital post is required, it is considered a priority one with 24/7 coverage until the inmate is released. Each priority one post is manned 24 hours per day, 7 days per week. If for any reason a specific priority one post cannot be covered the plan requires the duty staff remain until someone can be called in to cover the post. A current listing of all staff is maintained in main control with contact information. Additionally, all priority two and three posts will be pulled/closed to fill the priority one post. The most common reasons for a priority one post not being filled includes: 1) Unexpected call-ins; 2) Unplanned hospital post; and 3) Emergencies.

Staffing in each living unit is described. Most of the living units are the same design and consists of two pods, each with an upper and a lower tier, housing fifty (50) offenders in each pod (often referred to as ranges). One officer is assigned to each living unit and rotates between each pod.

The plan is detailed and considers an assessment of vulnerable areas. The vulnerable areas include the dorms, gym, kitchen. The plan indicates the dorms are vulnerable in that they house 100 offenders with one correctional officer. However, the correctional officer makes checks every hour and every 30 minutes in segregation. The gym is reported vulnerable however, the area is reportedly supervised by two (2) correctional officers monitoring offenders at all times. Lastly the kitchen area is identified because inmates work in this area and there are several rooms and closed spaces in this area. There are food service employees and one (1) correctional officer supervising inmates working in the kitchen and direct supervision is required when inmates are working in the coolers, kitchen warehouse, or storage room. There are blind spots behind the oven racks in the kitchen however the facility has taken steps to mitigate viewing by installing mirrors.

The plan addresses unannounced PREA rounds in all areas that an offender will be in by all supervisory staff including Sergeants, Lieutenants, Chief of Security, and duty officers. Checks, according to the plan are made daily by each shift supervisor, and weekly by the duty officer. Rounds are required to be documented in the area logbooks.

Lastly, the staffing plan states it is designed to keep the facility population safe from harm, including sexual because and sexual harassment. Annual review is required.

Discussion of Interviews: Interviews with the Warden, Deputy Warden of Security, SART Leader, PREA Compliance Manager and previous interviews with the agency's PREA Coordinator confirmed the facility staffing plan prescribes the "adequate staffing levels" as determined essentially by the agency. The agency determines the numbers of positions to be allocated and the Warden and his staff have the responsibility to deploy those staff based on their identified posts, including Priority One Posts, for which there is no deviation. Priority One posts must be manned at all times. The Warden indicated if a transport to the hospital, other transports, or staff calling out, the staff on post is required to remain on post until properly relieved. There is a spit shift that can also be called on to man a priority one or other post. An interview with the Warden indicated staffing at the facility is adequate and there are only six (6) vacancies now.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections PREA Policy, Dodge County State Prison; Pre-Audit Questionnaire, Reviewed Description of Burrus Correctional Training Center; GDC Website.

Interviews: Warden, Deputy Warden for Security, PREA Coordinator, PREA Compliance Manager

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

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

Discussion of Interviews: The Warden, PREA Compliance Manager, PREA Coordinator and staff affirmed that the Dodge State Prison does not house youthful inmates. The Warden stated the Burrus Center is the facility whose mission is, among other things, to house Georgia’s Youthful Offenders.

None of the 42 interviewed inmates were youthful offenders.

Observations: Youthful offenders were not observed during a tour of the entire facility or at any time during the period of the on-site audit. Nor were youthful offenders among the randomly selected inmates who were interviewed.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Certificates of Day 1 Annual In-Service Training; Dodge State Prison Pre-Audit Questionnaire.

Interviews: 23 Randomly selected staff, 31 Randomly selected inmates, 11 Special Category Inmates.

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

Policy Review: Dodge State Prison houses adult male inmates and is staffed with male and female officers providing direct supervision in the living units.

Policy prohibits female staff from conducting strip searches of males absent extreme emergencies.

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.

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

Paragraph 2. Frisk or Pat Search, requires the pat search will be conducted, when possible, by an officer of the same sex. However, male offenders may be frisked or pat searched by both male and female security staff. Instructions for conducting pat searches, including using the back of the hand and edge of the hand are provided at Basic Correctional Officer Training and in in-service training.

Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff are also required by policy to search transgender and intersex inmates in a professional and respectful manner. Staff are required to complete the on-line training provided by the National Institute of Corrections; Communicating Effectively and Professionally with LGBTI inmates.

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

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

Documents Review: The Pre-Audit Questionnaire documented that there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module reminds them that inmates are less resistant when staff treat them with dignity.

Staff are trained to conduct cross-gender searches in exigent circumstances. The auditor reviewed forty (40) Certificates documenting Day 1, Annual In-Service Training.

Discussion of Interviews: The Dodge State Prison houses adult male inmates only. One-hundred percent (100%) of the 23 interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it. All the staff indicated they have been trained to conduct cross-gender pat searches and that this training is conducted in a variety of venues including Field Training at the facility, at Basic Correctional Officer Training (new employees), in annual in-service and through reviewing GDC Policy and in-house training, including during shift briefing. The

auditor asked some of the female officers to demonstrate the techniques they were trained in and all of them demonstrated the back of the hand techniques. Staff indicated a female officer can pat search a male offender but if a male officer is available, the male officer will conduct the search.

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.

Almost 100% of the thirty-one (31) randomly selected inmates stated that if they have never been strip searched by a female officer. They also stated that they are pat searched by male officers as well. A few inmates said they have not been pat searched.

Staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like “male on the floor”. Most of the inmates affirmed that staff of the opposite gender announce their presence when entering the housing unit.

Thirty-one (31) interviewed inmates, as well as a number of informally interviewed inmates during the tour confirmed they have privacy while showering.

Observations: During the site review the auditor observed that the design of most of the dorms provides four (4) shower stalls on each pod; two (2) on the top range and two (2) on the bottom range. Each shower is separated with a “whole” wall and shower curtains. Toilets are in each cell. Open bay dorms have four (4) shower stalls separated by half-walls. Restrooms also have half wall stalls.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policies and Documents Reviewed:

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

Interviews: Randomly selected staff (23); Specialized Staff (15); Randomly Selected Inmates (31); Special Category Inmates (11).

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

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

Document Review: The facility has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. They facility also provided Statewide Contract Information Sheets for a variety of translation and interpretive services. These included: Sign Language and Hearing and limited English proficiency

interpreting (contact information is provided). The auditor reviewed the PREA Brochures in both Spanish and English.

Discussion of Interviews: Interviews with twenty-three (23) random staff, indicated they would not rely on an inmate to provide interpretive services in assisting an inmate in making an allegation of sexual abuse. Most related they would rely on a bilingual staff. Staff related they would use Language Line. Some said, “we have professional resources”, and some said the Supervisors had access to interpreters.

Interviews with the Health Services Administrator indicated she and her staff have access to Language Line Solutions when interpretive services are needed.

Two inmates who were hearing impaired were not completely deaf and were able to hear and understand the PREA Information presented during intake and orientation. The auditor had to speak louder but the inmates were able to hear and understand. They also were able to read written questions. Two limited English proficient inmates, who were interviewed, could answer all the questions in the questionnaire. They had received PREA information and understood their rights as well as how to report. Two (2) mentally impaired inmates also were able to state what PREA was about, that they had the right not to be sexually abused or sexual harassed and how to report it. A hearing and visually impaired inmate stated they received the PREA related information on intake and during orientation and that they understood the information they received. The hearing-impaired inmate said he could hear it, but he could also read it. The visually impaired inmate said he could hear the information on the video and could, for the most part, read the information. He said he understood PREA and had received that information in other facilities, as well.

Interviews with staff also indicated there are some bilingual staff who can translate for some limited English proficient residents.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because the agency requires newly hired staff to complete an "integrity test" to determine how they would respond when faced with ethical situations; requires security staff to have background checks annually; and has the ability to conduct "quick" checks of contractors and visitors, if needed.

Policy and Documents Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Reviewed Applicant Verification Forms; Reviewed Background checks for twenty (20) newly hired and regular staff.

Interviews: Warden; Human Resources/Personnel Manager; PREA Compliance Manager.

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contactor who may have contact with inmates. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. Criminal History Record Checks are conducted on all employees prior to hire and every 5 years. Custody staff must qualify with their weapons annually and prior to that annual qualification another background check is conducted. Criminal History Record Checks are conducted prior to enlisting the services of any contractor who may have contact with inmates. Staff also have an affirmative duty to report and disclose any such misconduct. GDC Policy 208.06 requires in Paragraph e. that material omissions regarding misconduct or the provision of materially false information will be grounds for termination.

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

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired. Applicants are told to inform the committee at this time if they “have anything against them.” The Clerk II questions asks, “What is PREA?” and also asks if the applicant has ever had a substantiated claim of sexual misconduct and asks if the applicant is aware they must disclose any substantiated claims about sexual misconduct.

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

Document Review: The auditor selected and reviewed the following: Background checks for twenty-(20) newly hired and regular staff, including security and non-security staff. Personnel records reflected 100 per-cent of the files contained the PREA related questions, PREA Acknowledgements; two (2) background checks and Professional References, where applicable.

The PREA Questions are documented on the GDC Form, Applicant Verification. The form affirms that the GDC must adhere to the United States Department of Justice Final Rule on the “National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act Standards. It then asserts that GDC may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answer ‘yes’ to any of the PREA related questions. These questions were: 1) have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? 2) Have you ever been convicted of engaging

or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? And 3) Have you ever been civilly or adjudicated to have engaged in the activities described?

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

Volunteers are processed through either the Agency headquarters or at one of the GDC Regional Offices. The volunteer is background checked there as well. The auditor reviewed twenty-seven (27) GCI/NCIC Consent Forms for GDC Facilities with documentation on the lower half of the form documenting approval for volunteer status. Once the volunteer is background cleared and completes orientation, he/she is issued a volunteer badge enabling the volunteer to enter the facility. The badge expires in a year and the volunteer, according to the volunteer coordinator, must undergo another background check prior to being reissued an updated badge.

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

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

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

One letter of termination was provided, documenting the action taken with a female staff having inappropriate relations with an inmate.

Discussion of Interviews: Interviews with the Personnel Manager indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone. It is determined 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. Staff also confirmed the process for background checks for staff who are newly hired or promoted, security and non-security. It includes a check of the NCIC, a driver's license check, and social media check. The agency has recently implemented an on-line 'integrity test' to identify potential employees who may have integrity issues.

Observations: Not applicable

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8.

Interviews: Warden, Deputy Warden of Security, PREA Compliance Manager

Observations: None that were applicable to this standard.

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

Discussion of Interviews: An interview with the Warden confirmed that there have been no expansions or modifications to the existing facility since the last PREA Audit nor have there been any cameras or other monitoring technology added since the last PREA Audit. Departmental staff have visited the facility to assess what camera needs the facility has. The department reportedly has a plan for monitoring technology however obviously, this technology, when implemented, will be based on priorities, which will be higher security level facilities before lower ones.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Sexual Assault Nurse Examiner's Protocol; SANE Call Roster/List; Memo dated October 12, 2017 from the Warden designating members of the Sexual Assault Response Team; Warden's Memo designating the Chief Counselor as the Facility Based Staff Advocate; Letter of Services, Women In Need of God's Shelter (outside advocacy organization): Coordinated Response Plan;.

Interviews: Sexual Assault Response Team Members; Health Services Administrator; Interviews with the Director of Nursing; Assistant Director of Nursing; PREA Compliance Manger; Director of Mental Health; Twenty (20) Randomly selected staff; Interviews with Special Category Inmates; Interviews with Randomly selected inmates; Executive Director of the Statesboro Regional Sexual Assault Center.

Observations: None applicable to this standard.

Discussion of Policy and Document Review: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are

required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

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

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

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

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

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS).

The facility has a memo (MOU) with the Women in Need of Shelter Rape Crisis Center in Dublin, Georgia This organization will provide a victim advocate to accompany an inmate victim during the forensic exam and, if needed and requested, through any investigative interviews.

The facility has designated a staff member; the Chief Counselor, as the facility-based victim advocate.

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, and members of the SART, confirmed that the Sexual Assault Repose Team conducts facility-based investigations and collects evidence as required and directed by the Office of Professional Standards investigator. The SART's role in an actual on-site sexual assault would be to respond to the scene, do an initial inquiry just to find out what happened, ensure the victim gets to medical for evaluation and a forensic exam if needed, ensure the scene is secured and to request the victim not take any actions that could degrade or eliminate evidence and to require the alleged perpetrator not to shower, drink, eat, brush his teeth or use the restroom. The area remains secured awaiting further instructions and direction from the OPS investigator.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Document Review: Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC 90 Day Offender Sexual Abuse Review Checklist; Notes Confirming Retaliation Monitoring; GDC Incident Report; NIC Certificates for the Chief Counselor, Captain, and PREA Compliance Manager

Interviews: Randomly selected and special category staff; informally interviewed staff during the audit; randomly selected inmates; special category inmates (see narrative for breakdown of interviewed staff and inmates); Warden; Deputy Warden/PREA Compliance Manager; Chief Counselor; Sexual Assault Response Team members.

Discussion of Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be

cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional Office will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

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

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

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

The auditor conducted previous interviews with an Office of Professional Standards (OPS) investigator and an on-site interview with a facility based Sexual Assault Response Team Investigator. The OPS Investigator, who has had extensive investigating experience as a former law enforcement officer and Chief of Police. The Office of Professional Standards investigators have arrest powers and handle those cases that appear to be criminal in nature. He related that once an allegation is made, the Regional Officer Staff is notified, after which it goes to the Special Agent In-Charge who assigns the case to a Special Agent and notifies OPS Investigations. He described his role in ensuring the scene is secured, interviewing the victim, staff, witnesses, reviewing videos and getting medical records. He related if an employee involved in an allegation of sexual abuse resigned or terminated his/her

employment prior to the conclusion of an investigation, the investigation would continue. Too, if an inmate who is an alleged abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

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

Discussion of Interviews: An interview with the facility-based investigator confirmed he has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. The process described was comprehensive. It included the evidence the team would collect as well as statements from the alleged victim and alleged perpetrator/aggressor, statements from any witnesses, and reviewed video if it was available. The credibility of the witness would be based on the evidence only and without any bias. In this facility, all the SART members have completed the Specialized Training for Investigating Sexual Abuse Investigations in Confinement Settings.

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

Randomly selected staff, staff informally interviewed during the tour, and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement or an incident report completed prior to the end of their shift. Staff confirmed, when asked, that 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.

Thirty-one (31) randomly selected interviewed offenders, including those randomly selected, specialized and informally interviewed during the site review and during the on-site audit period indicated that inmates know how to report and most of them believed the staff would take their reports seriously and that it would be investigated.

The auditor reviewed twenty-three (23) investigation packages. Ten allegations were made via JPAY (email or hotline); ten were made through statements to officers or counselors; and three (3) were made via grievances.

The investigation packages consistently contained the following:

- 1) PREA Investigation Summary
- 2) Notification of Results of Investigation
- 3) Referrals to Mental Health
- 4) GDC 90 Day Offender Sexual Abuse Review Checklist
- 5) GDC Incident Report

6) Witness Statements

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.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed Certificates of Training (40) documenting Day 1 of Annual In-Service Training; Forty-four (44) Certificates documenting NIC On-Line Training: Communicating Professionally with LGBTI Inmates;

Twenty(20) PREA Acknowledgment Statements; and twenty (20) PREA Acknowledgment Statements observed in reviewing personnel files.

Interviews: PREA Compliance Manager; Randomly selected staff, special category staff

Observations: None applicable for this audit.

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

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

The auditor reviewed 40 certificates documenting staff completing Day 1 of annual in-service training. Day 1 is the day for PREA training. Twenty (20) of twenty (20) reviewed personnel files contained PREA Acknowledgment Statements also indicating indicating staff were trained and that they understood the agency's zero tolerance policy and PREA. An additional twenty (20) were pulled from other files and reviewed. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Forty-four (44) certificates confirming that training were reviewed.

PREA Compliance Managers attend training at least twice a year. The Sexual Assault Response Team receives training at least annually on their roles in responding to allegations of sexual abuse. Specialized training is completed by SART members and medical staff and all staff are required to have completed the specialized NIC Training, Communicating Effectively with LGBTI Inmates.

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

The investigator on the SART and six (6) additional staff have completed the specialized training for investigators through the National Institute of Corrections. Additionally, the SART receives training in

their roles in response to a sexual assault at least annually. The auditor reviewed multiple certificates confirming the specialized training.

Discussion of Interview: Twenty-three (23) interviewed randomly selected staff indicated they receive their PREA training in a variety of ways. They indicated they get PREA information initially during their facility training prior to going to Basic Correctional Officers Training. Non-security staff related they get the training at the facility as newly hired employees. Interviewed security staff stated they get PREA training at Basic Correctional Officers Training and then during annual in-service training, which is now being provided on Day 1 of Annual In-Service Training. Forty (40) Certificates of Day-1 Annual In-Service training were requested, received, and reviewed.

Staff were also asked about conducting searches and if staff receive training in conducting strip and pat searches and cross gender searches. Staff related they get trained in search procedures during Basic Correctional Officer Training. The technique for conducting cross-gender pat searches is to use the back edge of their hands. They stated they receive a refresher in search training during Annual In-Service.

Interviews with twenty-one (21) random staff and fifteen (15) special category staff, confirmed they receive PREA Training annually during annual in-service training. They also said they get it during Basic Correctional Officers Training and during Annual In-Service Training. They also related they receive additional PREA refresher during shift-briefings where the Shift Supervisors bring different PREA topics for discussion.

Staff, both during formal and informal interviews, were knowledgeable of PREA. They all indicated they were trained in each of the required topics (addressed in the questionnaire for randomly selected staff). Additionally, they stated they were trained to take all allegations seriously regardless of where it came from. Both security and non-security were aware of their first response requirements and responsibilities, including the preservation of evidence.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3

Interviews: Volunteer Coordinator; Contracted Employees, Warden

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

Discussion of Policies and Documents that were reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at Tift receive initial PREA training and have a background check completed. Documentation of the training is submitted to the Deputy Warden of Care and Treatment. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) Inmate's right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; 4) The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6)

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

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

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

Discussion of Interviews: An interview with the Volunteer Coordinator, Dodge State Prison Chaplain, indicated that potential volunteers must be processed and certified through one of the regional offices. The Volunteer Coordinator enters a training request date on the agency volunteer training website and the volunteer has a completed background check conducted by the regional office followed by their training. The Statewide Volunteer Coordinator conducts the training of all volunteers, according to the Chaplain. The purpose of this is to ensure the information provided to potential volunteers is consistent. Upon completing the background check and training the volunteer is issued an identification badge that enables the volunteer to enter the facility. The information is then sent back to the facility Volunteer Coordinator. To renew the badge, which is required annually, the volunteer must undergo another background check.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Pulaski State Prison, Local Operating Procedure, Inmate Education; GDC PREA pamphlet; Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (40) Orientation Checklists.

Interviews: Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; Thirty-one (31) randomly selected inmates from every housing unit; Eleven (11) special category inmates.

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

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

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

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

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

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

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

Residents confirm their orientation on several documents

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

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

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

Forty (40) Prison Rape Elimination Act Orientation Video Acknowledgment Statements and forty (40) Orientation Checklists confirming once again that the inmate received the PREA education were reviewed. The auditor reviewed forty (40) Counseling Orientation Checklists confirming receipt of the PREA Information including receipt of the inmate handbook. The handbook is located on the inmate's tablet and KIOSK and accessible to the inmate at any time.

Discussion of Interviews: Staff conducting Intake indicated they give the inmate the PREA brochure upon admission to the facility and tell them how to report.

The counselor responsible for orientation related orientation is conducted every Friday after the offenders arrive on Tuesday and Thursday. She related orientation is conducted in a large room and

she explains Zero Tolerance; who is on the Sexual Assault Response Team; four ways to report, reminds them that posters all around the facility give them PREA information and how to report, and that if they feel threatened or assaulted to tell someone. She said she gives them the PREA brochure, goes over it with the inmates, shows the PREA video and asks the inmates if they have any questions or concerns challenged. When inmates are asked about what she would do if she had a limited English proficient inmate, she said she would take them into counseling and use language line and tell them about it. If an inmate was intellectually challenged she would get him to sit at the table with her; watch the video; and then go over page by page with the inmate so he would understand. The PREA video is available in Spanish. An interview with the Chief Counselor indicated that at intake inmates are given the PREA pamphlet and hold how to report. If an inmate were blind, she indicated that blind inmates are sent to Central State prison. She also reminded the auditor that the PREA Video is streaming in intake as well. If there were a special needs inmate, she indicated the orientation would be done one on one. During orientation, she indicated, the counselor is going into more depth, the PREA brochure, handbook and the PREA Video.

Interviews with thirty-one (31) inmates, including special category inmates, as well as multiple inmates interviewed informally during the site review and during the on-site audit, indicated they did receive the PREA sheet (brochure) during intake. They also said the PREA Video is playing during intake. Orientation, they indicated was conducted either the next day or within the week and during orientation they say the PREA video, that information about PREA and how to report was explained, and they indicated they were given the opportunity to ask questions if they needed to.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Office of Professional Standards Investigator; Two (2) Facility-Based Investigators

Discussion of Policies and Documents: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the Office of Professional Standards to ensure all

investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department is required to maintain documentation of that training.

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

Six (6) staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings.

The Specialized Training provided by the National Institute of Corrections: PREA: Conducting Sexual Abuse Investigations in Confinement Settings was documented in certificates issued by the National Institute of Corrections. These were reviewed by the auditor.

Discussion of interviews: Interviews with the PREA Coordinator and two Facility Investigators confirmed, as well, that the Sexual Assault Response Team Members attend “specialized training” usually twice a year or more. This training covers each area of the team, including investigations, medical and advocacy. Staff articulated the investigative process. An interview with a sergeant indicated training that included modules, interviewing techniques (open ended questions, making the inmate comfortable, no suggestive comments), controlling bias, Miranda and Garrity and evidence collection. Garrity, according to the investigator is for administrative purposes. When direct and circumstantial evidence indicated that the assault did occur, the investigation is sent up to the Office of Professional Standards.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (12).

Interviews: Director of Nurses.

Observations: None applicable at this time to this standard.

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

An interview with the Director of Nursing indicated the following constitutes the medical staffing at Pulaski State Prison:

- Health Services Administrator, RN
- One (1) Director of Nurses
- Seven (7) Registered Nurses
- Three (3) Licensed Practical Nurses
- One (1) Nurse Practitioner
- One (1) Physician
- One (1) Dentist
- One (1) Dental Hygienist
- One (1) Dental Assistant

The facility provided thirteen (13) certificates confirming the NIC online specialized training entitled: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting.

The nurses at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the List of SANEs, which documents the contact information for the SANES.

Dodge State Prison does not have mental health staff.

Discussion of Interviews: The Director of Nursing confirmed in an interview that all his staff have completed the NIC on-line training, Medical Care of Sexual Abuse Victims in Confinement Settings. He described the responsibilities of his staff on becoming aware of a sexual abuse/assault. If the inmate required emergency treatment he would be transported to the Dodge County Hospital.

The Director of Nursing also stated in an interview that all the health care staff have completed and continue to complete the same PREA Training provided to regular staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION ABUSIVENESS

AND

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Forty-five (45) Victim/Aggressor Assessments; Forty-five (45) Victim/Aggressor Reassessments.

Interviews: PREA Compliance Manager; Warden; Unit Manager; Interviews with three (3) counselors who conduct victim/aggressor assessments; Interviews with 31 randomly selected inmates.

Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all inmates be assessed during

intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

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

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

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

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

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

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

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

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

Staff are required to encourage residents to respond to the questions to better protect them, but staff are prohibited from disciplining them for not answering any of the questions. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history

is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

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

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

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

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

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

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

A review of 45 victim/aggressor assessments confirmed that these were conducted within 72 hours and considered all the items required in GDC Policy. Additionally, reassessments (45) were provided to confirm that these inmates were reassessed within 30 days of the initial assessment as required.

Discussion of Interviews: Interviews with three (3) staff who conduct the risk screening indicated that once a resident arrives, the victimization/aggressor assessment is typically conducted on the day the inmate arrives at the facility. Prior to meeting with the inmate, the counselors related they would pull the inmate's information up in SCRIBE to review his history, any previous assessments, case notes, incident reports, or flags as either a victim/potential victim or an abuser/potential abuser. The assessment process is conducted in private and inmates are encouraged to respond but not disciplined if they do not answer any of the questions. Staff stated they would consider age, size, first incarceration, criminal history, nature of the crime(s), institutional behavior, disabilities, mental health issues, and how they identify.

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

If an inmate endorses the 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 conducting the screening, are completed at the end of thirty (30) days; any time the inmate goes out of the facility and is gone for a time and returns, and if the inmate is involved in any incidents.

The auditor interviewed thirty-one (31) randomly selected inmates and asked specifically if they recalled being asked questions like these: 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? Most of the inmates who had been at this facility for 12 months or less recalled being asked those questions and some of them recalled being asked those questions again. Some said every time we see the counselor every 30 days, and some said yes, at 30, 60 and 90 days however most of the inmates had been incarcerated at this facility for multiple years.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing;

Interviews: Warden; Staff conducting Victim/Aggressor Assessments; ID Staff; Classification Staff

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

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

Discussion of Interviews: Staff conducting victim/aggressor assessments, the Chief Counselor, and members of the classification committee indicated that incoming inmates are assigned to the intake dorms, A-1, 2, and 3 and are there for two weeks or less. If there are aggressors, the staff indicated they would be house in another living unit, D Building. Initial housing assignments for newly assigned inmates are made by ID after having reviewed SCRIBE for any flags. The classification committee meets on Tuesdays and reviews the victim/aggressor assessment, reviews the inmate's history; and review the inmate's record in detail after which they assign the inmate to housing; programs and work details and based on all the available information decide on the housing for the inmate. Housing depends on the program assignments and work details and classification ensures then that the inmate is not placed in the cell with an abuser. Also, if a new inmate reports prior victimization or is alleges abuse at this facility, he is referred to mental health at Central State Prison.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
 Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Document Review: Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; Reviewed (23) Investigation Packages; Coordinated Response Plan; Warden's Email confirming there were no inmates placed in involuntary segregation during the past 12 months.

Interviews: Warden; Staff supervising segregation; Randomly selected staff; PREA Compliance Manager; and Special Category Inmates who disclosed victimization.

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

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

If possible, inmates (according to the Pulaski Coordinated Response Plan) will use Dorm E-7A/B as safe housing. E-7A/B houses inmates with medical issues and who are general population inmates.

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

The auditor reviewed twenty-three (23) investigation packages. None of the packages documented any inmate being placed in involuntary segregated housing for protection. Inmates were separated but not placed in involuntary segregated housing. One investigation indicated the inmate requested protective custody.

Discussion of Interviews: If an inmate was placed in segregated housing for protection staff related they would have access to programs, privileges, education or work opportunities and if restricted the facility documents what has been restricted, the duration of the limitation and the reasons for the limitations

Interviews with the Warden and PREA Compliance Staff indicated that inmates are not automatically placed in protective custody/ administrative segregation. The Warden indicated the alleged perpetrator would be placed in segregation pending investigation but, if possible, the alleged victim would be housed in a less restrictive environment.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because the Georgia Department of Corrections(GDC) provides not only multiple ways to report inside and outside the facility, the agency allows residents of the Dodge State Prison to have personal Tablets enabling them to report allegations of sexual abuse with privacy and anytime they decided to without anyone knowing. They can do this by emailing the PREA Unit with one click and sending an email to family or others and requests to staff. They also have access to KIOSKS that were observed in every pod/range for making reports via email to the PREA Unit and to email anyone on their approved list.

Policy and Documents Reviewed: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Twenty-three (23) Investigation Packages.

Interviews: Thirty-one (31) inmates, both randomly selected and special category; Twenty-three (23) randomly selected staff representing a cross section of positions.

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

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

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

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

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

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

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

Ten (10) of the twenty-three (23) reviewed investigation reports for 2017 documented reports made by JPAY; generally described as via JPAY email, which could have been via a tablet or the KIOSK. The other reports were made either by reporting to a staff or by writing a statement.

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

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

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

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

Phones were observed on the walls of each dorm. Posted at the phones were instruction for dialing the PREA Hotline. A PREA Phone was tested. The auditor received confirmation that the call was recorded in an email from the GDC PREA Unit's PREA Analyst who responds to the PREA Hotline Calls by notifying the facilities and providing them with a recording of the call.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explain that residents have the right to report, stressing the facility wants to

keep the resident safe and that an investigation will be conducted for reported incidents and the perpetrator will be held accountable. Multiple ways to report are listed on the poster. These include:

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

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

Discussion of Interviews: Interviews with 31 randomly selected inmates and 11 special category inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named 2-3 ways to report. They most often mentioned ways they would report included using the phone (hotline) or tell as staff or write a statement. Staff interviews indicated they are trained to report "everything" and that includes any suspicions. They also indicated they are trained to treat everything as real and report it to their immediate supervisor and SART to have it investigated.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: The Pulaski State Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, investigation packages for investigations from 2016 -2017; reviewed forty (40) grievances.

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

Observations: Not applicable for this standard.

Discussion of Policies and Documents: The Pre-Audit Questionnaire documented there were three grievances alleging either sexual abuse or sexual harassment during the past twelve (12) months. Once a grievance alleging sexual abuse or sexual harassment is received, the formal grievance process ceases, and it is turned over to the Sexual Assault Response Team for investigation and response.

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

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

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

offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

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

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

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

The auditor reviewed twenty-three (23) investigation packages for investigations from-2017 and three of the reports made were through the grievance process. In every case, once the grievance was received the Sexual Assault Response Team was notified and the grievance was turned over to them for investigation.

Discussion of Interviews: An interview with the grievance officer confirmed that an inmate may file a grievance alleging sexual abuse and that upon receipt of such a grievance, the staff is required to immediately refer the grievance to the Sexual Assault Response Team (SART) for investigation. Three interviewed members of the SART confirmed that process. There were three (3) grievances alleging sexual harassment during the past 12 months and all of them were turned over to the SART for investigation. These were investigated as required. Interviewed staff, when asked, stated that inmates could report sexual abuse or sexual harassment through the grievance process. Interviewed inmates, did not mention the grievance process as a way they would report sexual abuse or sexual harassment but, when asked, indicated, they could file a grievance to report sexual abuse or sexual harassment.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy 208.6, PREA, Memorandum from the WINGS (Women in Need of God's Shelter) Rape Crisis Center in Dublin, Georgia; dated 09/26/2016. Dodge State Prison Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification.

Interviews: PREA Compliance Manager, PREA Coordinator, Thirty-one (31) randomly selected interviewed inmates; Advocate, MOU with WINGS (Women in Need of God's Shelter, outside advocacy organization).

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

GDC Prisons are often located in areas with limited or non-existent resources, including outside confidential support services. In response to that need the facility asked Just Detention International to help develop and secure these services for a number of prisons experiencing that issue. Just Detention International, according to interviews with the Agency's PREA Coordinator, brought together the PREA Compliance Staff and Rape Crisis Centers and Outside Advocacy Organizations throughout the state to attempt to pair specific prisons up with an outside agency. In response to the lack of resources, the GDC trained a staff advocate(s) to accompany inmates during forensic exams if requested. The Victim Advocate serves as a member of the Sexual Assault Response Team.

The facility has an agreement with an outside Rape Crisis Center, also providing advocacy services. The reviewed agreement provides a 24/7 crisis line with a 1-800 number. The agreement affirms the hotline is manned twenty-four hours a day by trained staff. It also affirms the organization is has a TTY machine for responding to the hearing impaired and a contract with a telephone interpreting service for responding to limited English proficient victims. The services statement indicates WINGS is a participant agency with the national sexual assault hotline sponsored by the Rape Abuse Incest National Network. The hotline is available for "victims, friends or family to call day or night to ask a question, find out about services, or just to talk." In addition to the hotline number, the mailing address if proved as well. The services statement asserts the organization will provide accompaniment and emotional support during the forensic examination. If the organization is asked to conduct a forensic exam for evidence collection, the victim must consent to the exam.

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

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

Discussion of Interviews: The facility originally relied on an organization called WINGS to provide outside advocacy services. The auditor interviewed the advocate at WINGS. The services provided were confirmed during the interview and the advocate affirmed the organization is in partnership with RAIN and have advocates available to accompany inmates during forensic exams and to provide emotional support and information.

Inmates were not aware of the outside advocacy services nor were they aware of how to contact them.

Corrective Action Required: Remediation: Provide inmates with the name of the organization providing outside advocacy services, provide the toll-free 24/7 contact number and mailing address and let inmates know the limits of confidentiality if they contact the organization.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Dodge State Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The

Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Twenty-three (23) Reviewed Investigation Packages; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

Interviews: Thirty-one (31) inmates, randomly selected and eleven (11) special category inmates; Twenty-three (23) Randomly Selected Staff; PREA Compliance Manager

Observations: Review of the Agency's Website

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

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

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

The auditor reviewed twenty-three (23) of the incident and investigation reports for 2017. Ten of the reports were made via JPAY email or hotline, writing a statement and lastly filing a grievance.

Discussion of Interviews: Staff were asked to name the ways inmates could report allegations of sexual abuse. One of the questions asked is, could an inmate report verbally, in writing, anonymously and through third parties. One-hundred percent (100%) of the staff affirmed that inmates could make reports through third parties and that they would treat a third-party report like any report and report it immediately to their immediate supervisor. They also stated they would be expected to write a statement just as soon as possible and prior to the end of the shift.

Most of the inmates who were interviewed, when asked if a family member or another inmate could make a report for them and/or make a report for them, so they did not have to be named, indicated they were sure they could.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; and Twenty-three (23) investigation reports for 2017; Memo from the Warden confirming Dodge State Prison does not house youthful offenders.

Interviews: PREA Coordinator; PREA Compliance Manager; SART Leader; Twenty-three (23) randomly selected staff; Director of Nurses; Two (2) Investigators; Warden.

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

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

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

The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement affirms staff's understanding they are to report anything they witness or that is reported to them. A sample of 25 PREA Acknowledgment Statements were requested and reviewed.

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

Discussion of Interviews: Every Interviewed staff (23 randomly selected; eleven (11) special category staff) affirmed they are expected and required to report any allegation of sexual abuse or sexual harassment. When asked about the procedures staff stated they would report it verbally to their immediate supervisor. When asked if they would have to document those reports they said they had to do an incident report or a statement within 24 hours, but the expectation is that the report is done prior to leaving the shift. Asked if they would report something they suspected they said they would and that they are required to report anything and everything. They said they would take reports from third parties, including inmates and family members. When asked specifically how they would handle an anonymous report such as a "kite" they said they would report it to their immediate supervisor like any other report and document it in a statement. When asked what would happen if they failed to report, most of them related they would be disciplined and may be terminated.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Email from Mental Health Director asserting that Pulaski State Prison has not had any inmates placed in Protective Custody due to a PREA allegation.

Interviews: Warden; Grievance Officer; PREA Compliance Manager; Twenty-three (23) randomly selected staff; Staff Supervising Segregation; Interviewed inmates in segregation; and thirty-one (31) inmates, randomly selected.

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

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

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

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, random and special category staff, inmates, and reviewed incident reports for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months and only one inmate placed in involuntary Protective Custody in the past two (2) years.

The Warden indicated an inmate would be placed in Protective Custody only as a last resort. He stated the inmate most likely and preferably would be moved to A1 and A2, safe housing and if necessary, where he could not protect the inmate, or the inmate felt unsafe in the facility the inmate could be moved to another facility the same day, if needed.

The supervisor (Unit Manager) of segregated housing stated the facility has designated pods A1 and A2 as safe housing. He also related, inmates at risk or victims of sexual abuse would only be placed in involuntary protective custody as a last resort and if they were placed there because they could not protect them otherwise, it would be only until the investigation is completed enabling staff to know what is going on with the inmates. Classification meets and would make decisions about housing if there was an inmate at risk

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

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

None of the thirty-one randomly selected interviewed residents stated they had ever been at risk of imminent sexual abuse. None of the eleven (11) interviewed special category inmates stated they have been at risk of imminent sexual abuse and none related they were placed in involuntary protective custody.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire; Twenty-three (23) reviewed investigation packages.

Interviews: Warden; PREA Compliance Manager, SART Members

Discussion of Policy and Reviewed Documents: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide

notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The Pre-Audit Questionnaire and interviews with the Warden, PREA Compliance Manager and SART members confirmed there were no allegations received from other facilities that an inmate was sexual abused or sexually harassed while at Dodge State Prison nor did the prison receive any reports from an inmate that they were abused while confined in another facility.

Discussion of Interviews: Interviews with the PREA Compliance Manager and the Warden confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. The Warden indicated he would contact the Warden of the sending facility if an inmate alleged sexual abuse while confined elsewhere and if an inmate confined in another facility reported being abused while in Dodge State Prison, the Sexual Assault Response Team would investigate the allegations and cooperate with any investigations conducted by the other facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Twenty-three (23) Investigations for 2017; Memo from Warden Designating SART Members; First Responder Cards

Interviews: Three (3) SART Members; twenty-three (23) randomly selected staff; Two (2) Facility Based Investigators; PREA Compliance Manager; Director of Nursing; Special Category Inmates.

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

The Sexual Assault Response Team will be notified and will implement the local protocol. The Warden issued an Memorandum to all staff designating the following as members of the SART: Warden; Deputy Warden of Security; Deputy Warden of Care and Treatment; Unit Manager; and Captain; Mental Health Unit Manager. Two staff have been trained in the Evaluation and Treatment of Sexual Assault, a six-hour course, conducted by the GDC Senior Clinical Director. This was confirmed by reviewing the Certificates documenting the training.

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 who would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

Discussion of Interviews: All staff, including the non-security staff, are potential first responders, including medical and other non-security staff described the actions they would take in response to a sexual assault. Staff, without hesitation, said they would first separate the victim from the alleged aggressor and keep the victim safe. They also said they would report the incident to their immediate supervisor and treat the room or area as a crime scene, close it off and make sure no one comes in or out and log it if anyone did. They also discussed the actions they would take to protect evidence on the alleged victim and alleged abuser and would ask the victim not to take any actions that would contaminate or destroy evidence, including no showering, bathing, changing clothing, brushing teeth or using the restroom. They said they would ensure 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. Interviews with medical staff, counseling staff and other non-security staff were able to tell the auditor the steps they would take after learning a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; Memo from the Warden, Prison Rape Elimination Act Staff First Responder Duties; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Eleven (11) reviewed investigation packages, PREA Medical Log.

Interviews: Twenty-three (23) staff, randomly selected from a staff roster and representing a cross section of employees, both security and non-security; three (3) members of the SART, Director of Nursing;

Discussion of Policies and Documents: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Dodge State Prison's Coordinated Response Plan in a document entitled: PREA Reporting Process/Staff First Responder Duties. This document describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Warden's Notification, the actions of the Sexual Assault Response Team Leader, medical involvement and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART Team Leader-Security, the Counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan.

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

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured, and, notify the Office of Professional Standards investigators who would advise the SART and then come on sight if needed to collect evidence and assume the investigation. This facility does not have any mental health staff so inmates needing mental health would be referred to Central State Prison.

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

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

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

A review of twenty-three (23) investigation reports for 2017 documented the staff's responses upon being notified of an allegation of sexual abuse. Only one allegation involved an allegation of coerced oral sex. The inmate was taken to medical who conducted the initial evaluation and contacted the SANE who responded and was on-site conducting the forensic exam later that same afternoon.

Discussion of Interviews: The auditor interviewed twenty-three (23) staff, randomly selected from a staff roster and representing a cross section of employees, both security and non-security; three (3) members of the SART, the Director of Nursing. The SART has members from security, care and treatment and medical.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire, DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Twenty-three (23) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form).

Interviews: Retaliation Monitor; Warden; PREA Compliance Manager; Thirty-one (31) randomly selected inmates; Eleven (11) Special Category inmates; Twenty-one (21) randomly selected staff.

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

The auditor reviewed twenty-three (23) investigation packages. Packages consistently contained the GDC Retaliation Monitoring Sheets.

Discussion of Interviews: The auditor interviewed the facility's Retaliation Monitor. The retaliation monitor related that once an allegation is made, she has the inmate come to the office to meet with inmate in private. She related she informs him of her role and if has any issues to contact her. Too, she related she calls him back into the officer every 30 days and in between is monitoring for signs of retaliation. Things she would monitor include Disciplinary Reports, housing changes, work assignments and detail changes, and any movements from his dorm. If the person being monitored is a staff, she stated she would be monitoring any shift changes, transfers from work assignments, any adverse or

other disciplinary actions, any favoritism and performance reviews. She related the inmate's housing assignment could be changed if he would feel safer somewhere else, building, pod, or to another facility. She advised she documents monitoring on the GDC Retaliation Monitoring Form and that she documents monitoring and meeting with the inmate or staff, every 30, 60 and 90 days but would monitor beyond if needed.

The retaliation monitor indicated and documented on numerous reviewed investigation packages that if the victim was an inmate she would monitor a number of things including the following: 1) Offender Disciplinary Report(s) History Review; 2) Offender Housing Unit Placement Reviews; 3) Offender Transfer(s) Placement Reviews; 4) Offender Work Performance Review; 5) Offender Schedule Review; and 6) Offender Case Note(s) Review. Personal contact is made at 30 days, 60 days and 90 days. These checks are documented on the 90 Day Offender Sexual Abuse Review Checklist (GDC Form) In addition to initialing each item checked the monitor documents by signature, title and date the 30, 60 and 90- day checks. The Retaliation Monitor also documents the inmate's comments after contacting him on the GDC Monitoring Form, documenting 30,60 and 90 -day checks. The auditor reviewed 10 investigations conducted between 2016 and 2017. The GDC 90 Day Offender Sexual Abuse Review Checklist was documented in all the applicable cases. There were no cases in which a staff member was involved in the need for retaliation monitoring.

The Warden related that he does not tolerate any retaliation and if a staff retaliated against another staff or an inmate disciplinary action will be taken, up to and including termination. If an inmate retaliates, disciplinary action will be taken as well in compliance with the GDC Disciplinary Code. Too, if a staff is alleged to have committed sexual abuse or sexual harassment, the staff is not allowed any contact with that inmate until the completion of an investigation.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody.

Interviews: Dodge State Prison Pre-Audit Questionnaire; Warden, PREA Compliance Manager; Staff Supervising Segregation (Including Protective Custody); Office of Professional Standards Investigator; Twenty-three (23) staff, randomly selected; Thirty-one (31) Inmates, randomly selected and Eleven (11) special Category Inmates.

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

The Pre-Audit Questionnaire documented that there have been no inmates involuntarily placed in protective custody because of an allegation of sexual abuse or sexual harassment. The reviewed investigation packages (23) documented one inmate was placed in Protective Custody at his request.

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, and the Segregation Unit Manager indicated that involuntary protective custody or the use of administrative segregation to house and protect a victim of sexual abuse would be a last resort and if the inmate could be safely housed elsewhere lessor options would be tried. The facility has identified safe housing in A-1, A-2, and A-3. The Warden stated the use of involuntary protective custody is a last resort and his preference would be to house them in a safe dorm if that could be done safely. He indicated the perpetrator would be placed in segregation and if necessary to protect the inmate; the victim would be placed there during the investigation or until the staff were able to determine what was going on. For example, if the incident is gang related, the facility would have to ensure they were not putting the inmate in harm's way without knowing what was going on. The PREA Compliance Manager stated there have been no inmates involuntarily placed in protective custody in the past 12 months.

If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, visits from medical; recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the logbook. Classification would meet to determine when the inmate could be safely released from protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Warden, PREA Compliance Manager; Two (2) Facility Based Investigators; One (1) Office of Professional Standards Investigator; SART Members; Twenty-three (23) randomly selected staff; Director of Nursing.

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

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

The Warden provided the auditor with a memo designating the members of the prisons' Sexual Assault Response Team. The team consists of the Deputy Warden of Care and Treatment PREA Compliance Manager; Unit Manager (representing security); the Health Services Administrator (serves as the SART Nurse); and backup members include the Security Captain, and Sergeant, both of whom have also completed the NIC Specialized Training for Investigating Allegations of Sexual Abuse in Confinement Settings.

A review of 23 investigations for 2017 indicated there were a total of 23 reports or allegations. Only one of the investigations involved alleged sexual abuse and that was an allegation of being coerced to have oral sex; several involved allegations of inappropriate touching, mostly related to searches (male on male searches); an allegation a male staff exposed his private parts to an inmate through the tray door in a segregation cell and derogatory or other inappropriate comments. One inmate accounted for four allegations, three against staff and against another inmate.

The allegation of coerced sex was turned over to the Office of Professional Standards Investigators by the Facility-Based Sexual Abuse Response Team, following their initial inquiry into the allegation. The inmate was taken to medical following the allegation and the SANE responded to the facility later the same day to do the forensic exam and complete and provide the Rape Kit for the investigators. The remaining allegations were investigated by the SART. One (1) allegation of sexual abuse was substantiated; Seventeen (17) allegations were unsubstantiated; and five (5) were unfounded.;

The investigation packages consistently contained the following:

- Incident Reports
- PREA Investigation Summary/Supplemental Reports
- Witness Statements
- Referrals to Mental Health (including the statements made by medical and counseling staff)
- PREA Initial Notification Form
- GDC 90 Day Offender Sexual Abuse Review Checklist

Although the allegations were made in a variety of ways, the most common way to report was via the JPAY email. The next most common way for reporting was through written letters or statements. Three allegations were made by filing grievances.

The facility provided Certificates of Specialized Training for six (6) investigators. The primary investigators are the Sergeant and Captain.

The reviewed notification process appears flawed. This is based on notification dates that are not consistent with the investigation dates and the completion of the investigation and two notification forms that were just “blank” and not completed. Policy requires the SART to make the notifications and SART members stated they do make the notifications. When asked about the time between the conclusion of the investigation and the notification, the staff stated that inmates often go to other facilities and return later and that some go to another facility because of a mental health referral and stay a while before returning. Because of those discrepancies however, the auditor asked the facility to develop a corrective action plan to address notifications and if an inmate is at another facility, to consider having the other PREA Compliance Manager or SART representative provide the notification and return it to the sending facility to keep filed with the investigation package.

Discussion of Interviews: An interview with two facility-based investigators; the PREA Compliance Manager; Warden, and randomly selected and special category staff; and interviews with the special category inmates confirmed the Sexual Assault Response Team will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. The sergeant, who serves as investigator, was knowledgeable and articulate in describing the investigative process. She had completed the NIC’s online training for investigating sexual abuse in confinement settings and was able to articulate the topics she was trained in. She related that once an allegation is made, the SART initiates an investigation. She stated that it did not matter where or how the allegation was made all allegations would be investigated the same as all others. The initial action following an allegation would be to ask the alleged victim to tell the SART what happened and to write a statement. Depending on the nature of the allegation, the inmate would be taken to medical and all evidence secured, and the inmate asked not to take any actions that would destroy evidence. If there was an allegation of sexual assault or abuse, the inmate would receive a forensic exam from the SANE. In these cases, the inmate would be protected, and the investigation referred up to the Office of Professional Standards investigators who have arrest powers. In the event one of the few cameras captured anything, the video would be reviewed. Other witness statements would be taken. The SART would then meet and decide if there was enough evidence, based on a preponderance of the evidence to substantiate the case.

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. 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 and they 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 the members of SART confirmed the investigatory process.

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14; Twenty-three (23) Investigation Packages.

Interviews: Warden, PREA Compliance Manager; SART Members; Sergeant and Captain (both of whom are the NIC Trained Facility-Based Investigators).

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

The Sergeant, a facility-based investigator, was very knowledgeable of the investigation process and was very familiar with the training she received online through the NIC. The Captain, who serves as a facility-based investigator also was NIC Trained. The Sergeant, in an interview, without hesitation confirmed the standard for substantiating an allegation. She indicated that standard was "the preponderance of the evidence".

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed 23 investigation packages; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire.

Interviews: Warden, PREA Compliance Manager; Sexual Assault Response Team Leader

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

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

A member of the SART is required to notify the resident when a staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the

staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

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

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

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Reviewed Pre-Audit Questionnaire; Reviewed Twenty-three (23) incident reports and investigation reports.

Interviews: PREA Compliance Manager; Warden; Twenty-three (23) Randomly selected.

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

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

disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

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

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

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

The auditor reviewed 23 Investigation Packages. Four investigations alleged staff sexual harassment or misconduct, including an allegation staff touched his penis during an escort; staff touching an inmate inappropriately during a search; and staff allegedly sticking his penis through the tray opening in the segregation cell door. These were all investigated and found to either be unfounded or unsubstantiated. One inmate made four allegations against staff and was disciplined on several of the unfounded ones.

Discussion of Interviews: An interview with the Warden confirmed that staff alleged to have violated any sexual abuse or sexual harassment policy would be removed from contact with the inmate and if the allegation was substantiated the recommendation would be termination and referral for prosecution. Interviews with the PREA Compliance Manager indicated the same consequences if a staff violated an agency sexual abuse policy.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers; GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers; Pre-Audit Questionnaire; Reviewed twenty-three (23) Incident Reports and Investigation Packages.

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

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

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

Contractors and Volunteers, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from

entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

The Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months. This was confirmed as well through interviews with the Warden, PREA Compliance Manager, and SART Leader. Twenty-three (23) investigation packages documenting allegations made during 2017 were reviewed. None of the reviewed investigation packages contained any allegations against a contractor or a volunteer.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Documents Reviewed: GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports; Reviewed Investigation Reports.

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

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

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

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

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

The Pre-Audit Questionnaire documented there were no inmates who were no administrative findings or criminal findings of inmate on inmate sexual abuse or sexual harassment. All the investigations, with the exception of one were found to be unsubstantiated or unfounded and one case was referred to the Office of Professional Standards for investigation.

Discussion of Interviews: Interviews did confirm that an inmate who violated a sexual abuse policy would be charged with a crime by the Office of Professional Services Investigator, who has arrest powers, and referred to the prosecutor for prosecution for the offense. If the violation was less than sexual abuse it would be treated as a rule violation and the inmate would be provided a “due process” hearing. Prior to sanctions being imposed the officers are required to consider past history as well as any mental or developmental issues. Sanctions may include an increase in the inmate’s security level, disciplinary segregation, loss of store, phone, visitation, receiving packages from family and others.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Interviews: Health Services Administrator, Director of Nursing; Assistant Director of Nursing; Director of Mental Health; Executive Director, Teal House; Mental Health Counselors; Staff Conducting Victim/Aggressor Assessments

Observations: Intake Process; Victim/Aggressor Assessment Process

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

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

The Pre-Audit Questionnaire and interviews with staff confirmed there were no inmates who disclosed prior abusiveness. Staff were aware that if they had made a disclosure the same procedures for referral would occur.

Care is taken to protect reported information. Information reported by offenders related to prior victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and

management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law.

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

The auditor requested and reviewed fifteen (15) referrals to mental health for inmates disclosing prior victimization. The reviewed referral forms documented whether the inmate wanted follow-up or not; and in those cases where the inmate accepted the referral, inmates were seen by mental health on the same day or next. Mental health staff are conducting the screening, so they have knowledge of disclosures quickly.

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

Observations: The auditor interviewed staff conducting the victim/aggressor process and while making those observations, there were no inmates disclosing prior victimization or abusiveness.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; 23 Reviewed Investigation Packages.

Interviews: Director of Nursing; PREA Compliance Manager; Interviews with 23 Randomly Selected Staff; Security and Non-Security First Responders

Discussion of Reviewed Policies and Documents: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the health services administrator. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When

medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

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

Dodge State Prison does not have mental health staff. Inmates needing mental health services are sent to Central State Prison.

Discussion of Interviews: The facility Director of Nursing indicated, in an interview, that medical's responsibility would be to treat any emergency once an inmate is brought to medical following a sexual assault, medical will conduct a preliminary examination for major injuries. The Sexual Assault Nursing Protocol is initiated. The Satilla Sexual Assault Response Team is contacted and typically they arrive within 6-8 hours to conduct the examination. The rape kit is turned over to security and the chain of evidence is documented on a log chain of custody.

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

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

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

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Policy and Documents Reviewed: GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire; Reviewed Medical PREA Log; Reviewed 23 Investigation Packages; Reviewed Referrals to Mental Health Following an Allegation.

Interviews: Director of Nursing; SART members; Facility-Based Investigator; 31 Randomly selected inmates; eleven (11) Special category inmates; PREA Compliance Manger.

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

The reviewed investigation packages indicated there was one allegation of sexual assault/abuse. That inmate alleged another inmate coerced him to perform oral sex. The inmate was taken to medical for assessment and consented and received a forensic exam by the Sexual Assault Nurse Examiner the same day the allegation was made. The rape kit was turned over to security staff to turn over to the OPS investigator. These actions were documented on the Medical PREA Log.

Discussion of Interviews: The Director of Nursing explained medical's role in responding to an allegation of sexual abuse. If an inmate came to the clinic with substantial or emergent injuries, he would be taken to the hospital (Fairview Hospital in Dublin, Georgia) for emergency treatment. The SANE would either go to the hospital to conduct the forensic exam or the SANE at the hospital would conduct it. A "Sexual Assault/Rape Kit" would be sent to the hospital to be completed there. If an inmate is not provided information on sexual transmitted infection prophylaxis at the hospital the facility can offer it to the inmate and it can be ordered by the facility's physician.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Twenty-three (23) Reviewed Investigations; Pre-Audit Questionnaire

Interviews: Warden; PREA Compliance Manager; SART Leader; SART Members;

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

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

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

The reviews are conducted after the investigation, as required. A review of 23 investigation packages confirmed that incident reviews were conducted for all substantiated and unsubstantiated allegations. The Georgia Department of Corrections Incident Review form, documenting all the required items as used. All the reviews were conducted within 30 days of the conclusion of the investigation.

Discussion of Interviews: Interviews with the PREA Compliance Manager/Deputy Warden for Care and Treatment, Warden, Health Services Administrator and other members of the Sexual Assault Response Team, confirmed the facility does have a process for conducting incident reviews following an investigation. Interviews with team members confirmed the reviews are conducted within 30 days of the conclusion of the investigation and that the team would consider, what motivated the incident (identification, status, gang related etc.), where it happened, blind spots, the presence of cameras, staffing and other items included on the Incident Review Checklist (Sexual Abuse Incident Review Checklist).

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Policies and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report;

Interviews: PREA Coordinator (previous interview); PREA Compliance Manager; Warden

Discussion of Policies and Documents: The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of 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.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly COMSTAT Report, providing statistics on a multitude of topics, including PREA incidents.

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 facility sends a monthly PREA report (208.06, Attachment 2), to the Agency's PREA Analyst. This report, according to the compliance manager, consists of the numbers of PREA Cases, victims and predators, statistics on allegations of sexual abuse, assaults, grievances filed, the results of investigations and a response to the question, "was the investigation or allegations sent to the OPS investigators.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Review: Reviewed Georgia Department of Corrections Annual Report; Pre-Audit Questionnaire; Reviewed Agency's Website

Interviews: Warden; Agency PREA Coordinator; PREA Compliance Manager

Discussion of Policies and Documents Reviewed: The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future. The auditor reviewed twenty-three (23) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

Likewise, the agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem

areas; taking corrective action on an ongoing basis and to prepare 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 PREA Analyst collects data from each facility on a monthly basis. He also maintains data on the PREA Hotline calls.

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

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

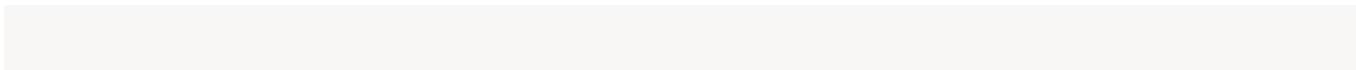
Policies and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy,

Interviews: PREA Coordinator (previous interview); PREA Compliance Manager; Warden

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

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

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



AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

The auditor was provided complete and unfettered access to all areas of the facility and to all the inmates. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously.

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

The audit resulted in identification of several issues that required remediation. Remediation commenced during the audit and continued after the on-site audit and culminated in the facility providing the required documentation on February 2, 2018.

The PREA Notice was observed posted in multiple areas accessible to inmates, staff, contractors, volunteers and visitors. The notice, contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with inmates and staff. None of the residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident chosen for interviews participated in the interviews. The audit was free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to. Informal interviews were conducted during the site review and on-site audit as the auditor moved about the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

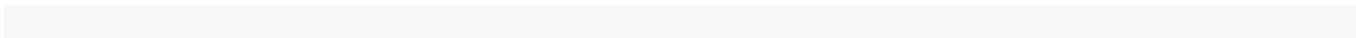
- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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



AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Robert Lanier

February 6, 2018

Auditor Signature

Date

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

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