

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

Interim       Final

Date of Report    JANUARY 4, 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: November 28, 2017

### Agency Information

Name of Agency: Georgia Department of Corrections		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 300 Patrol Road		City, State, Zip: Forsyth, Ga. 31029	
Mailing Address: 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: <a href="http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS">http://www.dcor.state.ga.us/Divisions/ExecutiveOperations/OPS</a>			

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

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

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

<b>Name of Facility:</b>	Dooly State Prison		
<b>Physical Address:</b>	1412 Plunkett Road, Unadilla, GA 31091		
<b>Mailing Address (if different than above):</b>	P.O. Box 700, Unadilla, Ga 31091		
<b>Telephone Number:</b>	478-627-2000		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	To protect the public by operating secure and safe facilities while reducing recidivism through effective programming, education and healthcare.		
<b>Facility Website with PREA Information:</b>	www.gdc.gov		

**Warden/Superintendent**

<b>Name:</b> Glen Johnson	<b>Title:</b> Warden
<b>Email:</b> glen.johnson@gdc.ga.gov	<b>Telephone:</b> 478-627-2095

**Facility PREA Compliance Manager**

<b>Name:</b> Mable Chaney	<b>Title:</b> Deputy Warden of Care and Treatment
<b>Email:</b> mable.chaney@gdc.ga.gov	<b>Telephone:</b> 478-627-2096

**Facility Health Service Administrator**

<b>Name:</b> Jennifer Mason	<b>Title:</b> Health Services Administrator
<b>Email:</b> Jennifer.mason@gdc.ga.gov	<b>Telephone:</b> 478-627-2053

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 1678	<b>Current Population of Facility:</b> 1666
<b>Number of inmates admitted to facility during the past 12 months</b>	910
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	900
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	0

<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		749
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 20-70
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		N/A
<b>Average length of stay or time under supervision:</b>		Varies, inmates transfer, but may not be released from confinement
<b>Facility security level/inmate custody levels:</b>		Minimum (131); Medium (1503); and Close (19)
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		235
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		97
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		21
<b>Physical Plant</b>		
<b>Number of Buildings:</b> 16	<b>Number of Single Cell Housing Units:</b> None <small>Click or tap here to enter text.</small>	
<b>Number of Multiple Occupancy Cell Housing Units:</b>	Nine (9); G-1,2; H-1,2; J-1; E-1,2; F-1,2)	
<b>Number of Open Bay/Dorm Housing Units:</b>	Two (2) K and D Buildings	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	24	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>		
K Building (open bay dorm with four (4) pods); camera in each pod., two are at ID, (one at the back entry and one in the front lobby; and in visitation.		
<b>Medical</b>		
<b>Type of Medical Facility:</b>	General/Chronic Care	
<b>Forensic sexual assault medical exams are conducted at:</b>	On-Site by a SANE	
<b>Other</b>		
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		192
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		1



# Audit Findings

## Audit Narrative

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

The PREA Audit of Dooly State Prison was a comprehensive process beginning with communications via email with the Facility's PREA Compliance Manager/Alternate prior to the on-site audit. These communications included both phone calls and emails. The Notice of PREA Audit, to be conducted on November 28-December 1, 2017, was forwarded for posting in areas accessible to staff, residents, contractors, volunteers, and interns. The Facility provided documentation to confirm the Notices were posted in areas accessible to visitors, staff, residents, contractors and volunteers. The auditor did not receive any correspondence from any staff, inmates, visitors, volunteers or contractors. 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.

The Pre-Audit Questionnaire and "flash drive" were provided for review prior to the on-site audit. The auditor began the review of the "flash drive" that contained primarily agency policies and procedures and some confirmation of practice. Policies, procedures and forms were printed out and the policies, procedures and forms and some supporting documentation were reviewed. The "flash drive" did not contain much documentation to confirm practice but was replete with policies and procedures. The auditor 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.

This facility has a maximum rated capacity of 1678 inmates and 1666 inmates were assigned to the prison during the on-site audit. The security level is "minimum and medium", with some "close" security inmates. Because of its security level, the facility, although on a list for receiving additional cameras, only has cameras in the K-Building, a building that was built later after the initial prison compound was constructed and in visitation. Based on the population of the facility the auditor planned for 3-4 days at the facility. The auditor planned to arrive at 0800 in the morning for a brief meet and greet followed by a tour of the entire facility and compound. The auditor also planned to interview a minimum of forty (40) residents, including the targeted population residents, if there were any. The facility was asked to identify these. Additionally, the auditor requested the facility provide all the documents required in the PREA Auditor's Manual.

On-site the auditor and assistant began the audit, arriving at 0800. After being processed through the front gate, going through the normal process for checking staff and visitors for contraband the auditor and assistant reported to the administrative building to conduct a brief meet and greet and explain the strategy for the on-site audit. The entrance briefing was attended by the Warden, Deputy Warden of Care and Treatment, Deputy Warden of Administration, Deputy Warden of Security, Captain, Health Services Administrator, Statewide PREA Coordinator and Assistant Statewide PREA Coordinator.

The auditor and assistant reviewed the staff and inmate rosters and randomly selected staff and inmates to be interviewed. Staff represented each shift and inmates represented all living units as well as special category inmates and specialized staff.

Following the briefing, the auditor began a tour of the entire facility accompanied by the Warden, Deputy Warden of Care and Treatment, Captain, Statewide PREA Coordinator and Assistant Statewide PREA Coordinator.

The auditor toured every area of the facility. Beginning in the Administrative Area, the auditor was impressed with the cleanliness and maintenance of this building. Housing multiple offices, a large conference room and a food services area where inmates prepare staff meals. The auditor informally interviewed three (3) inmates working in this food service area, all of whom knew about the zero-tolerance policy and multiple ways to report. They also related they received PREA information when they arrived at this facility. The Visitation area was a huge open space room equipped with cameras and windows in offices enabling viewing. Counselor's offices and Deputy Warden's office contains multiple windows enabling viewing. The Intake Area was equipped with cameras. PREA related signs were posted. There were windows in this area enabling viewing as well and curtains were on the shower room to provide privacy. The Intake Officer on duty explained the intake process and the PREA information provided incoming inmates. This information included how to access the hotline and how to report sexual abuse or sexual harassment. A segregation unit, houses a total of 96 inmates. PREA Posters were observed, phones are accessible to make reports of sexual abuse or sexual harassment and a KIOSK was observed as well. Inmates may make PREA reports via email to the GDC PREA Unit with one click. They may also email family and friends on their approved contact lists. Informal interviews with staff indicated they received initial PREA training at Basic Correctional Officers Training as newly hired employees and annually during in-service. They also related their duties as first responders. Every general population living unit was toured. They are all constructed the same except for D and K Building which are open bay style dormitory arrangements. In the other general population units each one houses a capacity of 120 inmates. There are double occupancy cells on the top tiers and triple occupancy cells on the bottom tiers. These are all "wet cells" and contain the commode/lavatory units. There are three single occupancy showers on each tier. All of them are furnished with curtains affording privacy while showering. Posters were observed in each living unit. Two to four phones were observed in the dorms. Each dorm had one to two KIOSKS from which inmates could report sexual abuse or sexual harassment via email to the GDC PREA Unit or to family members or friends on their approved lists. They may also file a grievance on the KIOSK, not having to go through any staff member. Multiple informal interviews with inmates in the general population dorms confirmed they understand zero-tolerance and know how they can report sexual abuse and sexual harassment. The laundry was an open space enabling the officer to view her 14 assigned inmates. The only blind spots observed were behind the large commercial dryers and the facility had installed mirrors to enable viewing behind them. An informal interview with the supervising officer indicated in the absence of cameras she positions herself where she can observe all the inmates working there. A storage room is locked, and an inmate restroom door was observed opened. The officer related it stays open and inmates are allowed in the restroom one at a time. The laundry room is also replete with windows. The kitchen is obviously a huge area but designed to have open space facilitating viewing. The office in the kitchen has windows that enable the staff in that office to view large portions of the kitchen. There are 13 food service staff assigned to the kitchen and the food services supervisor related there are 30 inmates assigned to two shifts; 3AM-1030AM and 10:30AM-6:30PM. Inmates were being actively supervised. The kitchen storage area was enclosed in a huge expanded metal (wire) cage enabling viewing. The auditor checked the coolers in the kitchen and all doors were secured with padlocks. The open bay dorms are housed in the K Building. There are four (4) pods or dorms (k-1,2,3

and 4) with an elevated control room in between. Each dorm houses 64 inmates. Each dorm is open and viewing into the dorm is facilitated by the almost floor to ceiling glass. The restrooms in these dorms are separated by half wall stalls and showers have curtains. The auditor toured the control room primarily for the purpose of seeing if the operator could view down into the restroom area and showers. Staff, from this vantage point can only view the inmate's head while using the restroom. Interviewed inmates from the K Building indicated they have privacy while using the restroom and showering albeit minimal. Several inmates from K Building were informally interviewed and later inmates were formally interviewed. D Building consists of D-1,2,3, and 4. There is a day room also serving inmates in D Building. There are 72 inmates per pod in this living unit. The shower and restroom arrangement are similar to that of K Building.

The Education Area, according to staff, is staffed by four (4) teachers, two of whom are full time and two who are part time. Programs include GED, Literacy Remedial, and Adult Basic Education. There are two enclosed classrooms and a class being conducted in an open space in this area. This space is also open and staffed such that viewing, and supervision of inmates is easy. Informal interviews were conducted with teachers and inmates in this area. All were familiar with PREA, zero-tolerance and how to report allegations of sexual abuse and sexual harassment.

Walking along the sidewalk the team met a maintenance staff. The auditor informally interviewed the maintenance staff who reported he has worked in maintenance for the past 23 years. He stated he attends the annual PREA Training, knows how to report allegations of sexual abuse and said that in addition to reporting sexual abuse and sexual harassment verbally, he would report it in writing as well.

The library is staffed by a part time librarian (29 hours per week). An informal interview with her indicated she is certified in Education Leadership, Middle Grades and Elementary (reading). She indicated she had been trained in PREA as a new employee and twice in class. She indicated she is a "proactive" individual and moves about the area supervising the inmates. The library space is open and book shelves are low enabling anyone to view anyone in that area. The law library, manned by three inmates, is easily viewable because of the glass windows in front of that space. The librarian stated she allows only one inmate in the restroom at a time.

During the tour KIOSKs were viewed in each living unit. KIOSKs enable inmates to report via email directly to the GDC PREA Unit. In addition to the KIOSK, GDC issues Tablets to inmates, also enabling them to report via email to the PREA Unit at any time, day or night. Too, if they choose to report through family, inmates have access on the KIOSK and Tablets via email. Video Visitation with approved individuals on the inmate's approved contact list, may be purchased and is available on the KIOSK. An inmate, during the tour, showed the auditor how he could access the PREA Unit via email using his Tablet.

The auditor observed telephones in each living unit.

PREA Posters and Notices of PREA Audit were posted in multiple areas of the facility, including all dormitories, dining areas, visitation areas, barber shop, administrative building, food services, gym and classroom areas. The auditor did not receive any letters from any inmate, staff, volunteer, contractor or intern.

Interviewed staff included the following: Twenty-One (21) random staff and Twenty-Three (23) special category staff including the Warden, Deputy Warden of Care and Treatment/PREA Compliance Manager; Captain of Security, Deputy Warden of Administration, the Health Services Administrator, Registered Nurse; Three (3) staff on the Incident Review Team, an OPS Investigator; Staff Supervising

Segregation; Two (2) Staff conducting Victimization Screening; the Advocate/Retaliation Monitor; Training Officer; the Grievance Coordinator, Staff conducting Intake/orientation; Three (3) Human Resources Staff, including the Manager; Volunteer Coordinator, and the ACA Coordinator and Staff Conducting Unannounced Rounds. Eleven (11) Staff were informally interviewed during the tour of the facility.

Forty-one (41) inmates were formally interviewed in the audit process. Selected at random from the inmate roster, inmates represented all the living units, including segregation. Twenty-Seven (27) random inmates were interviewed. Fourteen (14) Special Category inmates, including two (2) hearing impaired inmates, two (2) disabled inmates, a limited English Proficient inmate, One Gay inmate, four (4) inmates reporting prior victimization, One At-Risk for Sexual Abuse; and two (2) inmates reporting sexual harassment at this facility.

The facility reported they did not have any transgender or intersex inmates, nor did they have any inmates in house at the time who reported prior or current sexual victimization. The Agency's PREA Analyst provided the auditor an email confirming there were no transgender inmates at the facility at this time.

Following all the interviews, the auditor reviewed all the documentation requested in compliance with the PREA Auditor's Manual, including a review of grievances and investigation reports for the past twelve (12) months. Fifty (50) inmate grievances, pulled at random, were reviewed. There were no additional PREA related grievances and the most frequent grievance was the result of property issues. The facility reported and provided four (4) grievances were PREA related. All four grievances contained documentation confirming they were had been reported expeditiously and investigated by the SART. Twenty-five (25) investigation packets each containing the Investigative Summary, Witness Statements, Actions taken, Notification to Inmates of the outcome of the investigation, Incident Reviews following investigations and a host of other documents were reviewed.

An exit conference was conducted with the Warden, Agency PREA Coordinator, Agency Assistant PREA Coordinator PREA Compliance Manger, Deputy Warden of Security, Deputy Warden of Care and Treatment/PREA Compliance Manager, Deputy Warden of Administration, Health Services Administrator, Captain of Security, and a unit manager. The Warden and staff were complimented on their obvious efforts to provide a sexually safe environment. The PREA Compliance Manager and the entire executive team and staff were cooperative and forthcoming and provided the auditor access to anything he needed as well as to provide any documentation requested.

The facility's Personnel Manager was complimented for the enormous amounts of documentation she provided the auditor. The facility's hiring process, guided by GDC Policy, was commendable. The auditor reviewed files representing newly hired staff, staff who were promoted, five-year checks, and contractors. Documentation indicated applicants are asked the PREA related questions twice; that background checks are conducted prior to interviews because individuals with certain offenses would be excluded from employment. Security Staff are Peace Officers Standards Certified and must undergo annual background checks to be eligible to recertify in firearms. This facility indicated they are conducting the checks annually on all staff and contractors. Reviewed documentation indicated annual checks in a number of reviewed files. Too, the facility has the capacity to conduct "quick checks" of visitors by conducting electronic fingerprint checks at the "gate house" prior to allowing the visitor in the facility.

The facility was clean, orderly. Inmates were courteous and under supervision. Inmates who were interviewed, both formally and informally, understood the agency and facility's zero-tolerance for sexual



misconduct, sexual abuse and sexual harassment. Inmates are afforded multiple ways to report, including telling a staff, dropping a note, filing a grievance (either in person or on the KISOK or Tablet), emailing the PREA Unit any time day or night on their Tablets, calling the TIP line, emailing family members or friends on their approved list, writing the PREA Coordinator, telling a friend, telling their attorney's, and calling the PREA Hotline.

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

Several areas required additional work. Please see them in the corrective action sections. Staff can complete these within the 45 days prior to the issuance of a report.

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

## Facility Characteristics

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

Dooly State Prison is a medium level prison housing offenders whose security levels range from minimum to close. The facility has a rated capacity of 1702 offender.

Essentially housing consists of nine buildings, each divided into two separate units with 48 cells per unit divided into two (2) tiers, upper and lower. The bottom range of each unit consists of twenty-four (24) cells that are triple occupancy. The top range consists of twenty-four (24) cells that are double-occupancy. The total capacity for each unit is 120 inmates. The cells are "wet cells" and inmates have privacy in showering in one of the three showers separated by stalls with the fronts covered with a shower curtain. Two (2) living units provide housing in an open bay dormitory style. In K Building there is a control room with two (2) pods on each side. Each pod houses 64 inmates. D Building similarly has four (4) pods with a capacity of 72 in each pod. A segregation unit houses a maximum of 96 inmates. Restrooms in the K and D building contain commodes that are separated from each other by stalls of half-walls. Showers again are covered with shower curtains.

Cameras are located in K Building, Visitation and Intake. Mirrors were observed used to mitigate blind spot viewing. The design of the prison included multiple windows throughout offices, food services, and other areas.

The prison has 273 allocated positions which include security, care and treatment, administration, food service and plant operations. At the time of the audit there were a total of 237 staff positions that were

filled. There were 26 vacancies in security. The Facility Staffing Plan provides for a Warden, Deputy Warden, Unit Manager, Chief of Security, eight (8) Lieutenants, eleven (11) Sergeants, one (1) CERT Sergeant, Four (4) CERT Officers, ten (10) Outside Hospital Transport Officers, five (5) Contract Detail Officers, and one-hundred sixty-four (164) Correctional Officers and a total number of correctional officers at one-hundred eighty-three (183). In the security contingent, staffing allows for a Public Safety Training Instructor I, a Fire Captain and two (2) Transfer Officers. The staffing analysis also provided for these non-security positions: five Accountant Paraprofessional, one (1) Administrative Assistance, one (1) Administrative Ops Coordinator 2, one (1) part-time Clinical Chaplain, ten (10) General Clerks, eleven (11) Counselors, one (1) Chief Counselor, five (5) General Trades Craftsmen, one (1) part-time Medical Resource Specialist, one (1) Engineer, Maintenance, one (1) Food Service Director, two (2) Food Service Managers, eleven (11) Food Service Managers, one (1) Mechanic, one (1) Operations Analyst, one (1) Personnel Manager, one (1) Personnel Technician, one (1) Property and Supply Supervisor, two (2) Sales Managers, six (6) Secretary I's, four (4) Secretary 2's, five (5) part-time Teachers, one (1) Trades Supervisor, one Deputy Warden of Care and Treatment, and one (1) Deputy Warden of Administration.

Educationally, the facility offers Literacy Remedial, General Education Diploma and Adult Basic Education. The education area is a wide-open space with two self-contained classes with extensive glass widows enabling viewing from outside the classroom. Staff move about the area providing assistance, instruction and supervision. Special education is not provided at this facility. Staff related inmates identified as needing special education during their initial diagnostics at Jackson State Prison are sent to facilities that have special education staff.

The following programs are offered at this facility: Counseling (Individual and Group, Sex Offender Psycho-Educational Program, Moral Recognition, Therapy, Thinking for a Change, Lifers, Matrix Relapse Prevention, Matrix Recovery Skills, Ray of Hope, Re-entry Skill and TOPPSTEP. Religious services are offered as well.

The facility offers vocational/OJT in the following areas: Food Services; Laundry; Painter; Warehouse; Sanitation; Horticulture; Maintenance Repair; Mechanic; Electrical Helper; Recycling, and General Aide for Library/Education.

## 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:** 4

115.11; 115.17; 115.34; 115.51

**Number of Standards Met:** 41

115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33. 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)

1. The agency has a contract with Language Line Solutions to provide interpretive services for limited English proficient inmates to ensure they have access to the agency and facility's efforts to prevent, detect, respond and report allegations of sexual abuse and sexual harassment however the interviewed staff were not knowledgeable of that nor how to access the services. Although most said they would not rely on an inmate to translate and indicated they would use a bilingual staff, they were not aware of the Language Line Services.

The PREA Compliance Manager agreed to develop procedures to ensure staff, who needed to know, were informed on the services of Language Line and how to access them when needed for LEP Inmates.

**Response:** During the period following the on-site audit, the Warden, reissued the procedures for ensuring that inmates with disabilities or who are limited English proficient can participate fully in the agency's efforts to prevent, detect, respond and report sexual abuse or sexual harassment. Additionally, as requested, the PREA Compliance Manager retrained the shift supervisors and others who will authorize access to Language Line Solutions. A training roster was provided to document that training.

2. The agency has a trained staff person, a counselor, to serve as a victim advocate, if needed and requested by an inmate who is the victim of sexual abuse. The facility reported using HODAC, a rape crisis center in Warner Robins, Georgia however it was determined they were no longer providing services. The auditor suggested the facility enter into a MOU with the Lilly Pad in Albany, Georgia. The PREA Compliance Manager contacted the center and the center indicated they would send a template for a MOU. None of the interviewed inmates knew of the availability of an outside organization providing advocacy and other sexual assault related services if they ever needed them.

The facility agreed to make its best efforts to secure a MOU with the Lily Pad Center. If the facility secures a MOU, contact information must be provided to the inmates and that information include the limits of confidentiality if an inmate contacts them. Lastly the facility agreed to educate the inmates on the availability of those services.

**Response:** The PREA Compliance Manager contacted the Lily Pad and discussed services with the Executive Director of the Lily Pad, a Rape Crisis Center. A memorandum of understanding was developed and signed by the Warden of the prison and the Executive Director of The Lily Pad. Inmates were provided instruction about the Lily Pad, including contact information. Photos were also provided documenting posting of the contact information that included the toll free 24/7 hotline. The auditor contacted the Lily Pad Executive Director who confirmed the MOU and agreement to provide advocacy services 24/7 as well as Sexual Assault Nurse Examiners to conduct forensic exams. In that interview the Director informed the auditor that her organization would be happy to provide services for any prison in the area.

3. The auditor and PREA Coordinator tested a phone in a dorm to see if they could access the PREA Hotline. The prompts required the caller to enter an area code. The PREA Compliance Manager located instructions for dialing and when the prompt tells the caller to enter the area code, the PREA number #7732 is to be entered. Because the dialing instructions were not posted next to the phones, the auditor and PREA Coordinator did not know what to enter at that prompt. It should be noted that inmates who were interviewed indicated they could report by dialing #7732 without having to enter their identifying PIN number.

The PREA Compliance Manager agreed the facility would post all instructions for dialing the agency's PREA Hotline next to the phones. The auditor requested confirmation that the instructions were posted next to the phones, if they were not already located there, in each of the dorms.

**Response:** The PREA Compliance Manager, in an email dated December 7, 2017, documented that the instructions are posted above each phone. They also provided 26 photos confirming the posting.

4. Agency protection duties (115.68): Staff provided documentation for one inmate involuntary placed in protective custody. The documentation described the behavior but did not mention that the facility had considered other options for housing the inmate and had not alternative placements in lieu of the involuntary PC. The Chief Counselor stated in an interview there were no other options but did not document that on the GDC Form. The PREA Compliance Manager and Deputy Warden of Security need to train staff who have the capability of placing inmates in involuntary protective custody in each of the sub-standards related to placement and documenting the justifications for placement in lieu of other alternative placements and document the same upon conducting an evaluation or assessment regarding the continuing need to keep the inmate in involuntary PC.

The PREA Compliance Manager will ensure the training takes place and training rosters provided to document the training.

**Response:** The PREA Compliance Manager, on December 20, 2017, provided a memo with instructions regarding documenting the justification for placing an inmate in involuntary segregation for protection (protective custody). Additionally, a training roster was provided, as requested, documenting that staff who are authorized to place individuals in segregation, were given refresher training as required.

## 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.*

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 is evident that the Georgia Department of Corrections takes sexual safety seriously. This is based on the fact that 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 many years of experience of institutional work.

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.

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 Dooly State Prison is the Deputy Warden of Care and Treatment. The PREA Compliance Manager, reports directly to the Warden. The Deputy Warden is in a position of responsibility and by virtue of her position and the support of the Warden she has the responsibility and the authority to implement the PREA standards in this facility. This was confirmed through interviews with the PREA Compliance Manager, the Warden, the reviewed organizational chart and observations made during the audit.

Interviews indicated the PREA Compliance Manager has been involved in PREA prior to the first PREA Audit approximately three (3) years ago. She is knowledgeable of PREA and with her experience as Deputy Warden, she understands how to implement and maintain the PREA Standards.

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.

This agency is committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included the fact that they are working with Just Detention International in seeing how offenders might be used to conduct PREA Classes; working with statewide advocate groups in recruiting advocates; through trauma response training, by having the Moss Group review their PREA Policy and by providing additional training for Sexual Assault Response Team Members as well as training for PREA Compliance Managers. The Agency also requires all staff to complete the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates."

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents. Posters in this facility are neatly displayed behind frames and on attractive and orderly bulletin boards. Posters were observed in every building, every living unit and in areas like the barbershop and others.

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

Interviewed staff were all aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. All of them stated they are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Staff indicated if they failed to report there would be sanctions. Allegations and reports, regardless of the source, are required to be documented and investigated.

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.

All Interviewed residents indicated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity.

This standard is rated “exceeds” because of the agency’s and the agency and this facility’s commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency’s Assistant PREA Coordinator. Observations of the work 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. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. 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.

The auditor relied on the following to determine compliance:

- Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program
- Facility Organization Chart depicting the position of the PREA Compliance Manager
- Resident Handbook
- PREA Acknowledgment Statements
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Interviews with staff
- Interviews with residents
- Observed and Reviewed Zero-Tolerance Posters throughout the facility

## **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

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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 Dooly 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.

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

- Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2,
- Interview with the PREA Coordinator
- Reviewed GDC Contracts
- Interview with the Warden
- Reviewed Pre-Audit Questionnaire

## 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

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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.

The staffing plan for the Dooly State Prison is addressed in a staffing analysis developed in Fiscal Year 2014. This plan provides for a Warden, Deputy Warden, Unit Manager, Chief of Security, eight (8) Lieutenants, eleven (11) Sergeants, one (1) CERT Sergeant, Four (4) CERT Officers, ten (10) Outside Hospital Transport Officers, five (5) Contract Detail Officers, and one-hundred sixty-four (164) Correctional Officers and a total number of correctional officers at one-hundred eighty-three (183). In the security contingent, staffing allows for a Public Safety Training Instructor I, a Fire Captain and two (2) Transfer Officers. The staffing analysis also provided for these non-security positions: five Accountant Paraprofessional, one (1) Administrative Assistance, one (1) Administrative Ops Coordinator 2, one (1) part-time Clinical Chaplain, ten (10) General Clerks, eleven (11) Counselors, one (1) Chief Counselor, five (5) General Trades Craftsmen, one (1) part-time Medical Resource Specialist, one (1) Engineer, Maintenance, one (1) Food Service Director, two (2) Food Service Managers, eleven (11) Food Service Managers, one (1) Mechanic, one (1) Operations Analyst, one (1) Personnel Manager, one (1) Personnel Technician, one (1) Property and Supply Supervisor, two (2) Sales

Managers, six (6) Secretary 1's, four (4) Secretary 2's, five (5) part-time Teachers, one (1) Trades Supervisor, one Deputy Warden of Care and Treatment, and one (1) Deputy Warden of Administration.

The Warden submitted, in a document dated September 26, 2017 to the Statewide PREA Coordinator, describing the staffing plan at Dooly State Prison. He reported the facility has 273 allocated positions, including Security, Care and Treatment, Administration, Food Services and Plant Operations. There were 237 positions filled, with two (2) vacancies in Care and Treatment, twenty-six (26) in Security and one (1) in Administration. The Warden, on reviewing his staffing, asserted in the memo that Dooly State Prison is adequately staffed to cover all "Priority One" designated posts. He also asserted the facility follows the approved staffing analysis with minimum deviations. The priority one posts are identified and are described in the staffing analysis. A memo from the Captain to the Deputy Warden of Care and Treatment identified nineteen (19) "priority one" posts. These posts are manned by correctional officers 24/7. Officers on these posts remain on post until they are relieved by another officer or by the immediate supervisor. The posts include the following"

D Building	Two (2) Officers
E Building	Two (2) Officers
F Building	Two (2) Officers
G Building	Two (2) Officers
H Building	Two (2) Officers
J Building	Three (3) Officers
K Building	Two (2) Officers
Front Entry	One (1) Officers
Perimeter Car	One (1) Officer
Kitchen	One (1) Officers

The split shift supervisor maintains a "call back" or "stay over" list of rotating officers assigned to the split shift. If there is a shortage of officers to cover the priority one posts, split shift supervisors provide officers to cover the posts. Officers from other areas (outside detail, CERT etc.,) assist during "feed off", if the shift is short of officers. The Warden in a memo to the PREA Coordinator asserted that in the event of post deviations, the facility has a "call back" list.

The memo states they facility has reviewed Shift Post Rosters for the past year for deviations and the most common reasons for deviation from the shift's post rosters were staff call-ins, Tactical Squad call outs, hospital details, staff training and extended leave. Deviations are covered however by calling staff in or holding staff over or utilizing other assigned staff.

The GDC Facility Operations Deputy Director reviewed the FY 2014 Staffing analysis and stated that at this time there are no modifications required for the staffing plan. According to the Memo the plan was reviewed by the Facility Operations Deputy Director and the GDC PREA Coordinator. The plan, according to the Facility Operations Deputy Director, will be reviewed again in October 2018.

The staffing plan described the deployment of cameras. The Warden related that cameras are located on only one living unit. This unit was the last building built at the facility and cameras were installed once it was completed. This building is an open dorm with four pods (living units). There are two cameras in each pod, seven strategically placed to cover the connecting rear yard, three (3) on the top of the building and one covering the outside Electrical Mechanical Room. The ID Room is equipped with two (2) cameras. Cameras are monitored weekly by the Deputy Warden of Security. The Warden indicated that “over the years additional cameras have been requested.

The staffing plan also addresses unannounced rounds and asserts that the prison ensures compliance with the stain plan by implementing policy and practice of having upper management team members as well as Shift Supervisors conduct and document unannounced rounds in all living units to identify and deter sexual abuse and sexual harassment. Documentation is required in the building logbooks and in the Duty Officer’s Log Book. Documentation was provided to confirm that the Warden’s expectations are that staff are prohibited from alerting other staff of the PREA unannounced rounds. Rounds are required, according to a memo from the Warden, to be conducted every week to include all shifts and all areas and these rounds are documented in the Duty Officer Log Book and Dorm Log Book. PREA Rounds are to be conducted with the intent of identifying and deterring sexual abuse and sexual harassment.

Lastly the Warden indicated monthly SART meetings are scheduled to review and discuss PREA policy guidelines.

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

- 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,
- Memo Documenting Staffing Plan to PREA Coordinator
- Reviewed Staffing Analysis 2014
- Reviewed Memo Documenting Review of Staffing Plan by Facility Operations Deputy Director and PREA Coordinator
- Interviews with Warden
- Interviews with the PREA Compliance Manager
- Interviews with staff
- Observation
- Reviewed Unannounced Rounds
- Interviews with Upper-Level Staff Performing Unannounced Rounds

## **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

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The Dooly Sate Prison does not house youthful offenders. This was confirmed through interviews with the PREA Coordinator, Warden, PREA Compliance Manager and random staff, reviewed Pre-Audit Questionnaire, interviews with inmates and observation. The PREA Coordinator, in a previous interview, stated that the GDC houses its youthful offenders at Al Burrus Correctional Training Center in

Forsyth, Georgia. Additional confirmation was provided by reviewing the Al Burrus Correctional Training Center mission on the GDC Website. The following was located on that page: The facility has housing capacity for 94 offenders sentenced as adults between the ages of 14-16 and At Risk Youthful Offenders between the ages of 17-21 years of age.

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

- Interviews with the Warden
- Interviews with the PREA Compliance Manager
- Interviews with the PREA Coordinator
- Reviewed Inmate Roster
- Observations made during the audit
- Interviews with inmates
- Review of the Al Burrus Correctional Training Center – GDC Website

## 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*)

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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. Dooly State Prison is an all-male facility. Female inmates are not housed in this facility.

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

Staff were reminded by reissuing local policy directive, 115.15, Limits to Cross-Gender Viewing and Searches. The directive requires searches to be conducted in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. The directive essentially reiterates the GDC Search Policy, affirming that male staff can only pat search male and not female inmates. Male offenders will be strip searched by male security staff, except under exigent circumstances. Female offenders will only be searched by female security staff, except under exigent circumstances. Exigent circumstances searches are required to be documented by an incident report. The pat search procedure required in GDC policy is affirmed once again.

The PREA Compliance Manager provided the auditor with the PREA Guidelines (refresher training) and Pat Search Procedures. Pat Search procedures included the requirement and expectation that security staff conduct searches in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. It affirms that male offenders may be pat searched by both male and female security staff. It also reiterates that male offenders will only be strip searched by male security staff, except in exigent circumstances. Female offenders will only be searched by female security staff, except under exigent circumstances. Staff are reminded that policy requires all searches conducted by opposite gender staff in exigent circumstances are documented on an incident report. The guidelines also contain the pat search techniques and staff are told it is important that officers understand the proper procedures to search a person of both genders in the event of exigent circumstances. Staff are reminded searching a person is an invasion of their privacy, even when lawfully done and by respecting the dignity of the offender, resistance will be minimized. After the training, staff signed the PREA Acknowledgment Form and the training roster documenting the training. The guidelines require the acknowledgment form to be maintained in the employee personnel file for the duration of that staff's employment.

The Dooly State Prison houses adult male inmates only. One-hundred percent (100%) of the interviewed random staff affirmed that the male residents are strip-searched by male staff, unless there were emergency situations requiring it and if no other male staff were available. One-hundred percent (100%) of the interviewed random staff confirmed that although female staff can conduct a pat search of a male inmate, staff indicated it is preferable that if a male is available, the male conducts the pat

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

Transgender and intersex offender's gender designation will coincide with the prison assignment made by classification (offenders at a female prison will be searched as a female and offenders at a male prison will be searched as a male offender). When checking the breast of an offender the back of the hand should be used to check the entire breast area and outside the clothing. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's privacy and dignity.

The facility provided multiple Certificates documenting Day 1, Annual In-Service Training. Interviews with staff indicated they receive search training during annual in-service training.

Interviews with 40 inmates representing every housing unit, including segregation confirmed they have never been strip searched by a female staff. They also indicated females can conduct pat searches, but they do not if there is a male around to do it.

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

A tour of the facility and interviews with staff confirmed that residents have privacy while changing clothing, using the restroom and showering. Most of the living units consists of double occupancy cells on the bottom range and triple occupancy cells on the top ranges that are "wet cells" meaning they have the commode/lavatory in the cells. Showers likewise are located on each tier. There are generally three separate showers located on each tier. Each of these has a shower curtain. There is a living unit with four pods where inmates are housed in an open bay style. The control room in this living unit is elevated. Toilets are separated from each other by a half wall and showers have curtains. The auditor toured the control room to ensure the control room operator could not view the inmates who are on the commodes in the stalls. Control room operators were unable to view inmates in an undressed capacity sitting on the restroom. They could see the heads of those on the toilets. None of the interviewed inmates from the open bay dorm complained of not having privacy while showering or using the restroom.

One-hundred percent (100%) of the interviewed residents confirmed they have complete privacy when changing clothing, showering and using the restroom and not naked in view of staff. Residents consistently stated that female staff do not come into the restroom area. Interviews with staff indicated that during counts inmates are required to stand by their bunks and are not allowed in the shower or restroom areas (as in the case of the open bay dormitory).

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.

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

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

Staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like "female on the floor" and that they do this at every day and at every count. Most of the inmates affirmed that staff of the opposite gender announce their presence when entering the housing unit.

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

- Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program
- GDC Policy 226/01, Searches, 1.d.,
- PREA Guidelines (refresher training) and Pat Search Procedures. Pat Search procedures reviewed training module (2017) for Annual In-Service
- Interviews with random staff
- Interviews with inmates
- Observation during the tour
- Observation during the on-site audit

## **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.*

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

The agency has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. Interviews with staff also indicated there are some bilingual staff who can translate for some limited English proficient residents as well as residents who are deaf or hard of hearing. The facility provided the plan for providing access to disabled inmates, inmates who are deaf or hearing impaired, limited English proficient inmates and inmates who are blind or sight impaired. The plan, addressed in a Memo to all staff from the Warden that affirms staff are required to take reasonable action to ensure that available methods are utilized to communicate with all inmates with disabilities, and inmates with limited English language skills to have complete access to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The memo then directs staff to the resources to use when needed. These included Language Line Solutions and two named bilingual staff. The plan for staff who are blind or sight impaired is that information will be provided by reading it to the inmate and providing it on audio. For the hearing impaired, inmates are given written materials. The memo also reiterates that inmate interpreters, readers, or other types of assistance will not be relied on except in cases of emergency in which there is a delay in obtaining an effective interpreter could compromise an inmate's safety.

The PREA Hotline has a prompt to enable Spanish speaking inmates to access instructions how to proceed with reporting a PREA allegation and it informs the inmate to press one for English and two for Spanish.

Interviews with twenty (20) random staff, indicated they would not rely on an inmate to provide interpretive services in assisting an inmate in making an allegation of sexual abuse. Most related they would rely on a bilingual staff however when asked about access to Language Line for professional interpretive services, staff were generally not aware this service was available not did they know how to access it or the procedures for accessing it. An interview with the PREA Compliance Manager indicated the information has basically been limited to shift supervisors. The auditor requested that the PREA Compliance Manager refresh staff on the availability of the Language Line Services and in the other ways residents who are disabled receive intake/orientation and how they may report allegations of sexual abuse and sexual harassment.

Two inmates who were hearing impaired indicated they had hearing devices and were able to hear and understand the PREA Information presented during intake and orientation. The limited English proficient inmate likewise understood the auditor and the auditor's questions and was able to answer all of them; some requiring more explanation than others, but he also said the telephone has instructions for the Spanish language, but he understood and was conversant enough to report in English. There were no visually impaired or blind inmates.

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

- Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient
- Contract with Language Line
- Review PREA Brochures in both English and Spanish
- Observation of PREA Hotline instructions for dialing and speaking in either English or Spanish
- Interviews with random staff as well as specialized staff

- Interviews with residents who were hearing impaired
- Interviews with an inmate who was LEP

## 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.*

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Prior to hiring someone, the PREA Questions, 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.

Interviews with the Personnel Manager and two additional human resources staff indicated that all persons selected for employment or to provide services at the prison must consent in writing (Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone. It if 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. T

As part of the interview process potential employees are asked about any prior histories than may have involved PREA related issues prior to hire and approval to provide services. Human Resources staff related that the PREA Questions are given to applicants and required to be completed. Applicants are also asked to provide information on all their social media accounts, including Facebook, Instagram, Twitter and any other social media accounts.

The facility provided sampled interview questions for correctional officers, counselors, clerks and human resources technicians. The correctional officer interview questions contained these questions: Are you familiar with PREA? Explain and 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.

The Human Resources staff provided the auditor a sample of 26 PREA Audit Questions asked of applicants and staff who are promoted. These 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. The auditor, in reviewing personnel files, discovered letters in some of the files documenting staff reporting within 24 hours, arrests. The arrests were primarily speeding tickets and one was an insurance issue.

The HR Staff at Dooly State Prison “run” the background checks of all staff and contractors. This computerized check includes a check of the Georgia Crime Information Center, the National Crime Information Center Fingerprint checks. A motor vehicle record check is done as well.

Every applicant has a background check completed prior to being interviewed. This was documented in multiple reviewed personnel files containing the applicant pool for a particulate position. An interview with the Warden indicated he wants background checks on all applicants prior to interview because he does not want to spend time interviewing someone who obviously cannot meet the minimum requirements for a position. Too, although the staff stated that all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications the facility made the decision to background every staff annually. The facility also provided multiple rosters representing several hundred staff, documenting background checks. The signature of the appointing authority/designee verified the background checks.

The auditor reviewed twenty-six (26) completed background checks for newly hired staff, and for auditing purposes the auditor reviewed twenty-five (25), five (5) year background checks as well as fifteen (15) background checks for contractors and twenty-seven (27) for volunteers.

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 Dooly State Prison HR attempts to secure information from former employees related to the applicant. The form is 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 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

**The Dooly State Prison also has the capability of conducting rapid checks at the front gate. The PREA Auditor questioned the front gate staff about the use of the rapid check. They demonstrated the instrument that scans the individual's fingerprint that renders results, according to staff, usually not later than ten (10) minutes. All Visitors are subject to being scanned by the Rapid ID as part of the security processing in the front bunker. Obvious individuals to be scanned are the visitors who have come to visit offenders. In addition, it is common for them to screen anyone who is not employed by GDC or a contractor that is not their normal one such as medical. Once they are scanned, the device will generate a hit or no hit. If it is a hit, staff are required to review the information to ensure that the person does not have anything of concern, such as warrant, active probation/parole, or sex offender. If they are denied entry, they are to report this on the rapid id summary report to facility operations.**

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

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

- Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions

- Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent
- Reviewed Applicant Verification Forms
- Form SOP IV00312, Attachment 1), Criminal Background Check and a Driver History Consent
- Employee Reports of Arrests
- Professional Reference Checks
- Interviews with the HR Staff
- Reviewed PREA Questions asked of applicants
- Interviews with the Personnel Manager and Two Additional Personnel Staff
- Reviewed background checks for newly hired staff
- Reviewed background checks for contractors
- Reviewed background checks for volunteers

## 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.*

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

An interview with the Warden confirmed that there have been no expansions or modifications to the facility since the last PREA Audit. He also related there have been no modifications to existing monitoring technology nor have there been any additional cameras since the last audit. An interview with the Deputy Warden of Administration also confirmed no expansions or modifications to the existing facility or any additional cameras or other monitoring technology since the last PREA Audit. The Deputy Warden stated the facility is one the Department's list for additional cameras and that staff had come to the facility to examine where cameras might be added however there are no timelines set for a project. He also reiterated that because the facility houses minimum and medium custody inmates the facility, while needing cameras, is a lessor priority than the needs at The Warden affirmed that he and his staff would be actively involved in determining the location of new cameras and of course, sexual safety would be a prime importance in considering where to place them.

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

- Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8,
- Interviews with the Warden
- Interviews with the Deputy Warden of Administration

## 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.*

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and



criminal prosecutions. These procedures are covered in standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders, GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is 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.

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 facility provided the auditor with the Medical PREA Log documenting actions taken when inmates alleged sexual abuse. The PREA Log documented, and the Health Services Administrator acknowledged, one (1) inmate in the beyond the last 12 months referred for a forensic examination. Documentation confirmed that the inmate was examined at the prison initially with results documented on the "Nursing Assessment Form for Alleged Sexual Assault". The inmate initially refused examination but changed his mind. In the education section of the form at the conclusion of her exam of the inmate, the nurse discussed the SANE Nurse Exam and told the inmate not to drink, shower, brush his teeth etc. The SANE Nurse was notified, dates were documented on the Medical PREA Log and the SANE conducted the forensic exam the same date the incident was reported. The GDC chain of Custody documented that the Rape Kit was accepted by security on the same day. All the exams were conducted by a Sexual Assault Nurse Examiner.

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 from the Hodac Victim Resource Center, entitled: "Collaboration with Dooly State Prison (DSP) Georgia Department of Corrections dated May 29, 2015. The memo confirms the Hodac Victim Resource Center provides support to victims of sexual assault, domestic and dating violence, elder abuse and teen dating violence. The Resource Center states for those sexually assaulted, Hodac's trained Crime Victim Advocates provide prompt, compassionate care. When a sexual assault victim arrives at the hospital emergency department, an advocate will be contacted and arrive to provide the victims with information, referral, necessary supplies and emotional support. The memo goes on to affirm that in collaboration with the Dooly State Prison, a Hodac advocate will meet a transported prisoner who has been victimized and provide crisis call services. Follow-up and referral information will be given to the transporting office. The Resource Center will provide a male advocate, who is also bilingual, to be the primary to respond to sexual assault cases.

The Director of the Hodac provided a certificate to confirm she has been credentialed by the National Organization for Victim Assistance as a Credentialed Advocate (CA) at the Advanced Level with a designation of Comprehensive Victim Intervention Specialist. The agency's trained victim advocate provided training certificates documenting on-line training through the Office of Victims of Crime, Training and Technical Assistance. The training documented included the following: Victim Assistance Advocacy, Assessing Victims' Needs, Confidentiality, Collaboration, Conflict Management and Negotiation, Crisis Intervention, Self-Care, Trauma Informed Care, Problem Solving, Documentation and Basic Communication Skills. The auditor attempted to contact the Hodac staff prior to the audit to discuss the services the agency could or would provide the prison and/or prison inmate victims of sexual assault or abuse. The auditor called and then left a voice mail that was never returned. The PREA Compliance Manager related she thought the agency may not be functional anymore. The auditor recommended she contact the Executive Director of the Lily Pad in Albany, Georgia to see if they would be amenable to providing advocacy services. A later interview indicated the Lily Pad Director agreed to send a template for a Memorandum of Understanding to guide the facility in drawing up a MOU.

The facility will continue to work on achieving a MOU with Lily Pad or some other rape crisis/advocacy center and when completed train all staff and inmates in the services provided as well as the contact information for the agency, including the mailing address and phone number.

The facility's Sexual Assault Response Team (SART) investigates allegations of sexual assault and sexual harassment. A facility Senior Counselor serves as advocate for inmate victims of sexual abuse. The Victim Advocate provided multiple certificates confirming that she has received training related to serving as an advocate. An interview with the Victim Advocate indicated her role would be to provide emotional support for the inmate who has been sexually assaulted. She also provided multiple certificates confirming her training to provide these services to inmate victims if an outside advocate should not be available.

The Facility did not have an outside advocacy organization to provide emotional support services for inmate victims of sexual abuse. The Auditor provided information about the Lily Pad Rape Crisis Center in Albany, Georgia. The PREA Compliance Manager contacted them to see if they could work out a MOU with the center to provide an advocate for an inmate victim of sexual abuse. The facility agreed to attempt to secure the MOU and if secured to educate staff and inmates regarding the organization and

the services provided, and to provide contact information for the organization including the mailing address and phone number. The auditor contacted the Lily Pad Executive Director who stated she is happy to provide services to the prison and any other prison within the area that might need those supportive services. She signed the MOU and the facility informed the inmates of the services and how to access them. Posted information was photographed as well and sent to the auditor.

An interview with an Office of Professional Standards confirmed the investigative process as well. The OPS investigator is an experienced former Police Chief with extensive training in conducting investigations. He related he has also completed the NIC online training; PREA: Conducting Sexual Abuse in Confinement Settings.

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

- DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning
- Sexual Assault Nurse Examiner's Protocol
- Medical PREA Log
- Nursing Assessment Form for Alleged Sexual Assault
- SANE Call Roster/List
- SANE Progress Notes
- Memorandum of Understanding with HODAC Center
- Interviews with the SART members
- Interviews with the facility investigator and an OPS Investigator
- Interviews with the Superintendent
- Interviews with random staff
- Interviews with inmates

## **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.*

GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the

case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator. When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

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

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

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and 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 interviews with an Office of Professional Standards (OPS) investigator and with the facility's 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 allege abuser is transferred to another facility or terminated or otherwise discharged from the program, the investigation, according to the investigators would continue.

The standard of evidence required to substantiate a case, he indicated was a preponderance of the evidence.

Twenty-one (21) randomly selected staff, eleven (11) staff informally interviewed during the tour, and twenty-one (21) specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They often said, see something, say something. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment.

Interviewed residents named multiple ways to report and indicated they believed staff would take their allegations seriously and investigate it. Over 40 inmates interviewed formally and ten (10) interviewed informally during the tour confirmed they were informed how to report and were that the report would be investigated. Several of them demonstrated how they could make reports on their tablets.

The auditor reviewed Twenty-one investigation packages.

The investigation packages consistently contained the following:

- 1) PREA Investigation Summary
- 2) Notification of Results of Investigation
- 3) Referrals to Mental Health
- 4) PREA Initial Notification Form
- 5) Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment
- 6) GDC 90 Day Offender Sexual Abuse Review Checklist
- 7) Notes Confirming Retaliation Monitoring on the Retaliation Monitoring Forms
- 8) GDC Incident Report
- 9) Counseling Witness Statement

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

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

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

- Pre-Audit Questionnaire
- PREA Investigation Summary
- Notification of Results of Investigation
- Referrals to Mental Health
- Notes from Central State Prison Psychologist on Referrals
- 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
- Medical Witness Statement
- Counseling Witness Statement
- Interview with the Investigators
- Interview with the Warden, PREA Compliance Manager, Captain, Chief Counselor
- Interviews with Random Staff
- Informal Interviews with Staff and Inmates During the Tour
- Interviews with Residents

## 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.*

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.

An interview with the Facility Training Officer indicated that staff receive PREA Training during their Facility Orientation, during Basic Correctional Officer Training, and in annual in-service training. She also indicated staff are trained, as well, in search procedures, including searching with the back edge of the hands. She related staff receive the training at BCOT and must perform the technique and afterwards receive it as a refresher during annual in-service training. She indicated that all the PREA topics are covered at BCOT and during annual in-service training. The training officer provided the auditor with the BCOT curriculum that briefly includes PREA.

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

One-hundred forty-three security out of one-hundred fifty-one security staff were documented as having completed Day 1 of Annual In-Service Training as of this date. The Day 1 curriculum covers PREA. Computerized training documents also confirmed Sixty-five out of 70 non-security staff completed their Day 1 Annual In-service as of this date. Additionally, the training officer provided the auditor with COMPSTAT reports for both security and non-security staff, documenting the cumulative numbers receiving the training.

The facility provided twenty (20) certificates documenting staff completing Day 1 of Annual In-Service Training. multiple pages of computerized training rosters confirming staff received their required PREA Training.

Twenty-five (25) of twenty-five (25) reviewed personnel files contained PREA Acknowledgment Statements also indicated staff were trained and that they understood the agency's zero tolerance policy and PREA.

The auditor reviewed a sample of GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statements for Employees and Unsupervised Contractors and Unsupervised Volunteers. This statement affirms 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.

Interviews with twenty-one (21) random staff and twenty (21) special category staff interviewed, confirmed they receive PREA Training annually during annual in-service training. They also said they receive it during shift briefings and through emails and communications from the PREA Compliance Manager. Staff stated that security staff attend Basic Correctional Officer Training, for newly hired Correctional Officers and that there is a block of instruction on PREA. They also stated they receive it from their Field Training Officer during their on-site on-the-job training. When specifically asked if they were trained in each of the topics required by the standards, staff reviewed the topics and confirmed they were trained in all those topics. Eleven (11) staff who were informally interviewed during the tour of the facility were aware of the zero- tolerance policy and how to report allegations of sexual abuse and sexual harassment.

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

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. Additionally, the PREA Compliance Manager and the Chief Counselor (who is the lead staff on the Sexual Assault Response Team) completed the NIC On-Line Training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings". Additionally, the SART receives training in their roles in response to a sexual assault at least annually. The auditor was provided the NIC Training Certificates to confirm that training.

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

- Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education
- GDC PREA Training Curriculum
- GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Acknowledgment Statements
- Certificates of Training, Annual In-Service and Communicating with LGBTI Residents
- Training Rosters

- Reviewed PREA Brochures
- Observed PREA Related Posters
- Interviews with Staff, both random and special category

## 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.*

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

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

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.

An interview with the Volunteer Coordinator, the Dooly State Prison Chaplain, indicated that potential volunteers must be processed and certified through one of the regional offices, Leesburg, Atlanta and Reidsville. 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.

The auditor reviewed twenty-six (26) volunteer packages. They all contained documentation of approval of background checks, PREA Acknowledgment Statements and the Employee Standards of Conduct Acknowledgment Statement. There is an acknowledgment statement for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and if they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge,

as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

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

- DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training,
- Twenty-Six Volunteer Packages
- Interview with the Warden
- Interview with the Chaplain/Volunteer Coordinator
- Interview with a Volunteer

## 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.*

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)

An interview with the Counselor who is responsible for providing the initial PREA related information at intake indicated that as a part of the intake process he issues the PREA brochure to inmates and tells them there is a zero tolerance for all forms of sexual activity and how to report it. Inmates then sign an acknowledgment documenting receipt of the PREA brochure. He said he does this with newly assigned inmates and with inmates who are transferred or who leave the prison for a few days for appointments or for court. These receive another PREA brochure.

The auditor reviewed the Acknowledgment of Receipt of PREA brochure. Rosters documenting that inmates received their PREA brochure documented 266 inmates receiving that information at intake. Documentation also confirmed 104 inmates returning to the facility received the PREA brochure.

The Counselor conducting orientation stated inmates arrive on Tuesday and Thursday and orientation, depending on the numbers of inmates arriving, are given an orientation either on Wednesday or Friday. He related inmates are shown the PREA Video and is given the opportunity to ask questions. The inmate handbook with the PREA information on Page 43 and 44 (reporting) is given to the inmate as well. 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.

The auditor reviewed forty (40) PREA Acknowledgment Statements acknowledging they have been given the information pamphlet explaining the GDC Sexual Abuse Zero Tolerance Policy, that they have seen the video, "Discussing Prison Rape Elimination Act", and that they have been informed of the reporting procedure and given a verbal introduction to the Prison Rape Elimination Act process at Dooly State Prison. They also acknowledge on the Offender Orientation Checklist that they have viewed the PREA Video and were issued the PREA brochure, explained the grievance process, and received the inmate handbook (which is also maintained on the inmate's tablet).

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.

Interviews with forty (40) inmates, including inmates who were physically impaired (hearing impaired), at risk for victimization, reporting prior sexual abuse/harassment, limited English proficient, and gay inmates confirmed they did receive the PREA information during intake and time frames prior to receiving the PREA Video and orientation ranged from receiving it the same day to within a week of arrival. Inmates affirmed they were told about the agency's rules against sexual abuse and sexual assault, that they had the right to be free from sexual abuse and sexual harassment, and how to report it if it happened to them or someone else.

The auditor reviewed multiple Counseling Orientation Checklists confirming receipt of the PREA Information. Additionally, the auditor reviewed multiple PREA Acknowledgment Statements signed by residents as well as acknowledgments that they received the Inmate Handbook.

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

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



- Reviewed Multiple Samples of Orientation Checklists
- Reviewed multiple Education Training Rosters
- Interviews with staff conducting intake and orientation
- Interviews with 51 inmates representing all housing units, including Tier 1 and Tier 2 Segregation
- Review of 30 Orientation Packages

## 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.*

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

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

The facility houses an Office of Professional Standards Investigator. In an interview with the investigator he related that as an OPS investigator he is responsible for any assigned investigations, including PREA, however he related OPS has an agent who is the primary PREA investigator. He also described the training he had received and with multiple years of experience as a law enforcement officer and Chief of Police he was very knowledgeable of the investigatory process.

Three staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. These included the Chief Counselor who is the Sexual Assault Response Team Leader; the Captain, who serves as an investigator; and the PREA Compliance Manager. The auditor interviewed the Captain who articulated the training he received. He described a thorough investigation

process. Training was confirmed through interviewing the investigators and reviewing the Certificates issued by the National Institute of Corrections documenting the specialized training,

Interviews with the PREA Coordinator and the Facility Investigator 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.

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

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

### **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.*

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

An interview with the Health Services Administrator (HSA) indicated the following constitutes the medical staffing at Dooly State Prison:

- Health Services Administrator, RN
- One (1) Director of Nurses
- Eight (8) Registered Nurses/Licensed Practical Nurses
- One (1) Medical Doctor
- One (1) Physician's Assistant
- One (1) Nurse Practitioner (Vacant)
- One (1) Dentist

- One (1) Dental Hygienist
- One (1) Dental Assistant

The HSA stated, in an interview, that all her staff have completed the NIC on-line training, Medical Care of Sexual Abuse Victims in Confinement Settings. She also provided a memo dated 12/5/2017 affirming all the medical staff at Dooly State Prison have completed the NIC PREA Training except a newly hired medical staff who is being scheduled for the training. Too, she documents this staff has completed “in-service” training.

The facility provided fifteen (15) Annual Training Record Forms. All but one documented annual facility training. The Health Services Administrator provided fifteen (15) certificates confirming the NIC online specialized training entitled: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting.

The HSA 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. She provided multiple annual training rosters for her staff and stated her staff are required to complete annual in-service training, just like any regular employee.

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. The HSA indicated that if an inmate required treatment for serious injuries, the inmate would be transported to the Cordele, Georgia emergency room.

This facility does not have any mental health staff. If a resident needed mental health counseling or assessment, a referral would be made to the GDC mental health staff at Central State Prison. The facility provided multiple referrals to Central State Prison to assess inmates reporting prior sexual victimization or victimization at this prison.

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

- Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6
- Review of 15 NIC Certificates for health care staff
- SANEs List
- Reviewed Pre-Audit Questionnaire
- Interviewed Registered Nurse
- Interviews with staff and residents

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 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.

Interviews with four (4) counselors who conduct the risk screening indicated that once a resident arrives, the counselor conducts the assessment within 72 hours. An interview with the Counselors indicated that the Chief Counselor has a list of incoming inmates and assigns them to a counselor prior to arrival. Following their intake and orientation, the following day, and consistently within 24 hours, the inmate is escorted to the counselor's office where they are assessed for potential for victimization and abusiveness.

They affirmed, when asked, that the assessment is conducted in privacy in their cubicle and if there is concern

They also indicated the screening considers body type, age (20 or below or 60 and over), offenses, first time in prison, previous sexual assaults/prior sexual victimization, non-violent or violent offense history, previously an aggressor, their identify, their feelings of vulnerability and other factors. Following the inmate's responses, the counselors indicated they go into SCRIBE to verify information the inmate reported or disclosed in the assessment.

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

Reassessments, according to staff, are completed and documented in case notes in SCRIBE at 30 days. If a resident, during the assessment process discloses prior victimization either in an institution or elsewhere is offered a referral for follow-up with a mental health counselor. Staff stated each transgender and intersex resident would be reassessed twice a year. Information from the assessment is limited to the Warden, PREA Compliance Manager and Case Manager. Staff reported they do not have any transgender inmates at Dooly State Prison. This was confirmed by interviews with staff, observation and a memo from the PREA Analysts documenting there are no transgender inmates incarcerated at Dooly at this time.

The facility provided a sample of twenty (20) of the Victim/Aggressor Classification instruments that populates to generate the Offender PREA Classification Details. The samples were paper copies. Twenty (20) reassessments were also provided. The provided reassessments were conducted on or about 30 days following the initial assessment.

The majority of the 40 inmates who were interviewed, stated they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment.

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

- Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness
- Reviewed Offender PREA Classification Details (Victimization/Abuser Assessment)
- Interviews with four (4) Counselors who conduct assessments and reassessments
- Interviews with the PREA Compliance Manager
- Interviews with the Warden

## **Standard 115.42: Use of screening information**

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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.

A memo from the Warden to all staff, in May 1, 2017, designated Dorm G-2 as a "safe dorm" for inmates who have been identified as being at risk of possible sexual victimization. This same memo, designates J-2, Administrative Segregation Unit to house alleged perpetrator during initial investigation period. Too, based on investigation findings and/or recommendations, Inmate Affairs and the PREA Coordinator, inmates may be transferred to alternate facilities.

If an inmate reports prior victimization or prior abusiveness or is the alleged victim of sexual assault at this facility, the inmate is referred to mental health staff at Central State Prison for assessment. The facility was asked about specific referrals and documentation was provided to confirm referral.

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

- DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information
- Reviewed Standard Operating Procedure for Macon State Prison
- Interviewed ID Staff
- Interview with the Chief Counselor, Classification
- Interviewed Warden
- Interviewed random staff
- Interview staff conducting the screening assessment

## **Standard 115.43: Protective Custody**

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

### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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.

Additionally, inmates placed in segregated housing for this purpose 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.

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 Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months however there was one inmate placed in Protective Custody because of the inmate's multiple complaints about fearing his safety (See comments Below).

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.

Inmates at risk for victimization are housed in G-2. If a resident has been sexually assaulted, he initially may be placed in J-1 Dorm pending for protection pending investigation but staff and the Pre-Audit Questionnaire as well as interviews with inmates indicated there was one occasions where the inmate was involuntarily held in protective custody. Interviewed staff did describe the documentation required to place someone on either voluntary or involuntary protective custody. The Chief Counselor documented the reasons for the involuntary placement however he did not document that there were no other available alternatives for housing in lieu of other placement options, if any.

Staff related that in segregated housing inmates have access to almost everything other inmates have access to. They also are permitted to have their Tablets in restricted housing enabling them to continue any educational work, to correspond via email with family and friends on their approved visitors list, to file a grievance via the Tablet, including PREA Grievances. They are offered recreation and have access to medical and to their counselors. They also, according to staff have access to the law library.

Interviews with the Warden, PREA Compliance Staff and Chief Counselor indicated that inmates are not automatically placed in protective custody/ administrative segregation. They related the inmate, if possible, would be placed in the safe dorm if there was room and if there were no issues regarding safety from other inmates. Too, the inmate may be placed on the opposite side of the camp (there is an east and west side), or the inmate may be transferred to another facility. None of the interviewed inmates related they were held involuntarily in protective custody as a result of a PREA related issue.

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

- Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation
- Reviewed Form 1, documenting reasons for placement in involuntary protective custody
- Interviews with the PREA Compliance Manager
- Interviews with the Chief Counselor
- The reviewed PAQ
- Interviews with staff
- Interviews with the Warden
- Interviews with inmates

## REPORTING

## Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

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

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

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

This standard is rated exceeds because the Georgia Department of Corrections(GDC) provides not only multiple ways to report but allows residents of the Dooly State Prison to have 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, sending an email to family or others on their approved visitors list, and by filing a PREA related grievance.

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 brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), provides was to report in the section entitled: Reporting is the First Step. 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.

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, file a grievance from it, 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, file a grievance, and email facility and/or friends on their approved visitation lists.

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.

The Dooly State Prison inmate handbook, page 41 and 42, E. How Do I Report Sexual Misconduct, tells the inmate to report the activity or solicitation by mouth or by writing a letter or witness statement to any staff member or probation officer or by phone, and/or call the PREA Hotline. It also states all correctional staff have been informed of their responsibility and obligation to report such activity. The contact information is provided for GDC Office of Internal Affairs, PREA Coordinator, and the Office of Investigations and Compliance/Ombudsman as well as providing, once again, the GDC Sexual Assault Hotline.

Prison Rape Elimination Act, instructs inmates to report sexual assault to staff or call the confidential GDC Sexual Assault Hotline \*7732. Inmates are told to call the number and leave a message and that the line is checked every business day. They are told that by making the call they are accessing the treatment they need to deal with the consequences of being victimized, but also that the inmate is doing his part to prevent the perpetrator from victimizing others. The handbook advises them that the information is received in a confidential manner.

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

Interviews with 41 inmates confirmed that they are aware of how to report sexual assault/abuse or sexual harassment. The majority of those interviewed named 3-4 ways to report and the most frequently mentioned methods for reporting included using the hotline, filing a grievance, via their TABLETS and telling a staff. Other ways mentioned included telling a relative, third party, and sending a letter or note.

The auditor reviewed all the investigation reports from January 2016 through 2017. Inmates reported primarily through telling staff, filing a grievance, and through the PREA Hotline either via the KIOSK or

their tablet. The reviewed PREA related grievances were turned over to the Sexual Assault Response Team and investigated.

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.

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.

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.

During the audit process, the auditor and PREA Coordinator tried to place a call to the PREA Hotline to test the system. The instructions for dialing the hotline are not posted next to the phones in all of the dorms and in attempting to place the call, the telephone prompt asked for an area code. Dialing instructions do explain that on this prompt inmates are to enter the hotline number. They can access the PREA Hotline without entering the inmate ID number/pin. The instructions were posted in the dorm but not next to the phones. The PREA Compliance Manager secured the instructions enabling the auditors to dial the hotline. The PREA Coordinator left a message that was confirmed by the PREA Analyst

upon receiving the hotline call. All of the interviewed inmates, did however, know how to dial the hotline #7732.

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

- Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting,
- Interviews with 51 inmates
- GDC Policy IIA23-0001, Consular Notification
- Reviewed PREA Pamphlets/Brochures
- Reviewed Inmate Handbook
- Observed PREA Related Posters
- Observed KIOSK in all living units during the tour
- Observation of Inmates possessing TABLETS
- Observation and Test of PREA Hotline
- Reviewed Incident Reports and Investigation Reports from January 2017 to November 2017
- Interviews with multiple staff, including random as well as special

## 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.*

GDC Policy delineates the agency and facility grievance process. Upon entering the GDC, each offender is required to receive an oral explanation of the grievance procedure and receive a copy of the Resident Handbook, which includes instructions about the procedure. Interviews with residents confirmed they were provided an inmate handbook during the admission process.

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 Paragraph F. Emergency Grievances Procedure, requires that emergency grievances must be immediately referred to the Grievance Coordinator (or Duty Officer if after hours), such as allegations of sexual abuse and other PREA Concerns. The Grievance Officer/Duty Officer must determine if the Grievance fits the definition of an emergency grievance. If it does, the Grievance Officer/Duty Officer must immediately take whatever action necessary to protect the health, safety or welfare of the offender, and provide an initial response within 48 hours. This information is required to be documented and 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

Inmates at Dooly State Prison have access to a KIOSK. A KIOSK is in each dorm/housing unit. Using the KIOSK, the inmate can email the PREA Unit with one click; email family and friends on their approved visitors list, video-visit family; and file a grievance. Inmates are also provided a TABLET for each inmate. The TABLET has the capability like the KIOSK and the inmate can notify PREA with one click; email family and friends on their approved visitors list; and file a grievance. Reviewed

investigation files confirmed that grievances were filed using either the tablet or KIOSK. These were investigated as required.

The Pre-Audit Questionnaire documented there were 4 grievances alleging either sexual abuse or sexual harassment. The auditor reviewed investigation packages for investigations from 2016 through 2017. Consistently the methods for reporting were telling a staff, filing a grievance or calling the PREA Hotline. Each of the grievances was immediately turned over to the Sexual Assault Response Team for investigation.

The auditor also reviewed fifty (50) 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 fifty (50) reviewed grievances, the auditor found three PREA related grievances and documentation confirmed that each one was turned over to the SART for investigation.

Interviewed staff related they would accept any form of report for allegations of sexual abuse or sexual harassment, including a grievance. They also said they understood if a grievance were filed, it would be treated as an emergency grievance and turned over to the SART for investigation. An interview with the Grievance Officers/Counselors screens all grievances to ensure they are not PREA related. If they are, they are turned over to the SART for investigation and the inmate is notified of the results of the investigation. Inmates can file their grievances directly on their tablets and using the KIOSK.

Forty-One (41) inmates named multiple ways to report sexual abuse and sexual harassment. The most common ways to report, they indicated, was to tell a staff, on the PREA Hotline, via their TABLET, and through a grievance.

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

- GDC Policy, 227.02, Statewide Grievance Process
- DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports and Investigation Packages
- Reviewed Resident Files/Grievances (50 Grievances)
- Interviews with the Grievance Officer
- Interviews with
- Interviews with Staff

## **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.*

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. The facility has a memo from HODCAC agreeing to provide emotional support through the provisions of an advocate to meet and accompany an inmate through the forensic exam. HODCAC was no longer able to provide advocacy services. The auditor informed the PREA Compliance Manager about the Lily Pad in Albany, Georgia, a Rape Crisis Center. She contacted the facility and the Lily Pad agreed to provide advocates to accompany inmates during the forensic exam and investigative interviews. Also, the Lily Pad offers inmates a 24/7 toll free hotline enabling inmates to talk with an advocate if they ever needed to. The facility agreed to ensure inmates were informed of the services of the Lily Pad and how to access their services. The facility documented providing inmates the contact information for the Lily Pad. They also provided photos of information posted in all the dorms advising inmates of the availability of the services as well as a contact number and mailing address.

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. Documentation was provided to confirm the advocate completed the Specialized Training provided by the National Institute of Corrections.

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

Interviews with inmates indicated they may have received information about the outside advocacy organization but because they did not need it they did not pay attention to it if they did receive it. The information was not observed to be posted. In the corrective action period, the facility posted the contact information for the outside advocacy center, the Lily Pad Center. Photos were sent to the auditor to confirm the posting.

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

- Interviews with the Agency PREA Coordinator
- Interviews with the Macon State Prison PREA Compliance Manager
- Reviewed Memorandum of Understanding with Lily Pad for Outside Support Services
- Reviewed NIC Certificate for Victim Advocate
- Interview with the Lily Pad Staff
- Interviews with 51 inmates
- Photos of the Lily Pad Posted Contact Information

## **Standard 115.54: Third-party reporting**

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

The auditor reviewed the incident and investigation reports for 2016 through 2017. Most of those reports were made via the PREA Hotline and the grievance process. One was made by a third party (another inmate) and the allegation was investigated just like any other investigation.

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

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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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.

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.

Interviewed staff affirmed they are expected and required to report any allegation of sexual abuse or sexual harassment. They 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 written 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, as a result of recognizing, for example, that an



inmate's demeanor etc. indicate he is not acting as he usually does, they said they would and that they are required to report anything. They said they would take reports from other inmates, by family members, dropped notes, or verbally made to them and in any way the report came to them. When asked what would happen if they failed to report, most of them related they would be disciplined and may be terminated.

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

The auditor reviewed investigation reports for 2016 through 2017. The majority of reports were made either to a staff, via the PREA Hotline (JPAY) or through the grievance process. Once the hotline information was made available or the counseling staff received a PREA related grievance, the facility's Sexual Assault Response Team responded. Four (4) grievances were received and determined to be PREA related. The auditor reviewed all four of the grievances and all were referred to the SART for investigation.

The auditor, PREA Coordinator, Assistant PREA Coordinator and PREA Compliance Manager visited a dorm on the last day of the audit to see if the phones for reporting to the PREA Unit were operational. The auditor and PREA Coordinator had some initial difficulty in completing the call and dialing instructions were not posted next to these phones. After retrieving a copy of the dialing instructions, the PREA Coordinator placed the call using the directions. She left a message for the PREA Analyst, who receives the calls and he responded expeditiously via email confirming receiving the report.

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

- Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties
- Reviewed Incident Reports for the past 12 months
- Observed PREA Related Posters, including "See Something, Say Something"
- Interviews with the Superintendent
- Interviews with the PREA Compliance Manager
- Interviews with the Facility Investigator
- Interviews with Random and Special Category Staff

## Standard 115.62: 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**

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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 Macon State Prison's PREA Local Procedure Directive is the facility's specific Coordinated Response Plan. It identifies actions to take in the event of a sexual assault. The Coordinated Response Plan includes an action stating that staff are required to ensure the alleged victim is housed separately

from the alleged perpetrator. It also requires the alleged victim place in involuntary protective custody only after other alternatives have been exhausted to ensure the safety of the victim and if applicable, place the alleged perpetrator in administrative segregation. If the alleged perpetrator is a staff member the first responder is required to separate the staff from the alleged victim. If applicable, staff are required to consult with the SART, District Director and OPS within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population, and document the final decisions with specific reasons for returning the offender to the general population or keeping offenders segregated.

The Warden identified safe housing for inmates. The safe housing for victims or potential victims is G-2. He also identified the segregation unit to house abusers.

The Pre-Audit Questionnaire documented there have been no incidents in which an inmate was at substantial risk of imminent sexual abuse during the past twelve months. Interviews with the Warden, PREA Compliance Manager, random and special category staff, inmates, and reviewed incident reports for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months.

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

An interview with the Grievance Officer confirmed there were no grievances alleging imminent sexual abuse during the past twelve months. The auditor reviewed fifty (50) grievances. There were three grievances alleging sexual harassment. These were investigated as PREA issues. None of the reviewed grievances alleged that an inmate was at risk of imminent sexual abuse.

The Chief Counselor indicated there was one inmate who alleged sexual harassment who was placed in involuntary protective custody after complaining of multiple harassment incidents. The Chief Counselor documented the reason the inmate was placed in involuntary protective custody however he did not document that there were no alternative placements to keep the resident safe. The same was documented on a 72-hour review.

None of the 41 interviewed residents stated they had ever been at risk of imminent sexual abuse.

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

- GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties
- Reviewed Incident Reports Past 12 Months
- Interviews with the Warden
- Interview with the PREA Compliance Manager
- Interviews with the Deputy Warden of Security
- Interviews with random staff
- Interviews with residents
- Reviewed Pre-Audit Questionnaire
- Reviewed Investigation Packages for January 2017 to November 2017

- Reviewed 101 grievances filed by inmates

## 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

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DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at

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

The facility reported one inmate reporting that he was sexually assaulted while at another facility. The inmate made the disclosure to medical staff at the Dooly State Prison. Documentation was provided on the investigation report confirming that the Telfair County State Prison was notified and provided the documentation requested as the investigation was conducted into the allegations.

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

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

- DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports and Investigations for January 2017 to November 2017
- Interviews with the Warden and PREA Compliance Manager
- Interviews with Random and Special Category Staff
- Interviews with Random and Special Category Residents

## 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

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

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

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

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

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

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

- Georgia DOC Policy, 208.6
- Pre-Audit Questionnaire
- Reviewed Coordinated Response Plan
- Interviews with Sexual Assault Response Team members
- Interviews with Security First Responders
- Interviews with Non-Security First Responders

- List of SANEs

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 Macon State Prison's Coordinated Response Plan in a document entitled: PREA Reporting Process.

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



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

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

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

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

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

The facility does not have mental health staff per se and if mental health staff were needed the inmate would most likely be transported to Central State Prison where mental health staff are available. The Sexual Assault Response Team has a trained advocate who may provide emotional support to the resident on site. The SANE would come to the facility if needed as would an outside victim advocate provided by the Lily Pad, a community based rape crisis center in Albany, Georgia.

A review of all the investigation reports between 2016 and 2017 documented the staff's responses upon being notified of an allegation of sexual abuse.

Staff have been trained in first responding. These included both custody staff and non-custody staff. The auditor interviewed at least twenty (40) staff formally. The interviewed staff included medical, administrative and security staff. All were knowledgeable about the actions they would take in response to a sexual assault or an allegation of sexual assault.

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

- GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response
- Macon State Prison "PREA Reporting Process" Coordinated Response Plan
- The GDC Sexual Abuse Response Checklist (208.06, Attachment 6)
- Interviews with staff
- Interviews with residents
- Reviewed Pre-Audit Questionnaire
- Reviewed incident reports and SART Investigative Reports

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining. This was confirmed by interviews with the Statewide PREA Coordinator, Warden, PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head's Designee. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.

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

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

## 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.*

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

The auditor interviewed the facility's Retaliation Monitor. She told the auditor she would meet with the offender after the SART Leader advised her that an allegation has been made and SART is investigating. The related she meets, then, with the offender and explains who she is and what she does as retaliation monitor. She states she advises the inmate if he feels he is being retaliated against in any manner to contact her. She also stated she tells the inmate she will be meeting with him every 30 days up to 90 and beyond if needed. She also said she asks them about disciplinary issues, housing issues etc. and tells him that what may seem small to him may be important, so he should tell her. She also stated she tells them that whatever they tell her is shared only on a need to know basis.

She 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 14 investigations conducted between 2016 and 2017. The GDC 90 Day Offender Sexual Abuse Review Checklist was documented in all the applicable cases. The auditor also observed in the packages documentation that the retaliation monitor, when an inmate was transferred to another facility, followed up and sent the retaliation monitoring form to the sending facility to continue to monitor the inmate. GDC has a separate form for monitoring retaliation of staff. The process is essentially the same but the Items to be reviewed would be items such as shift changes, job changes, denial of leave, transfers, and performance reviews. There were no cases in which a staff member was involved in the need for retaliation monitoring.

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

- Both DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program

- Reviewed GDC Retaliation Monitoring Form-90 Day Offender Sexual Abuse Reviews contained in Investigation Files
- Reviewed Incident and investigation reports for January 2017-November 2017
- Interviews with the Retaliation Monitor
- Interviews with the Warden
- Interviews with staff
- Interviews with inmates

## 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.*

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.

An interview with staff, including the Chief Counselor, indicated there was one (1) inmate alleged to have suffered sexual harassment who was assigned to involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no inmates involuntarily housed in segregated housing for longer than 30 days while awaiting alternative placement. If an inmate were involuntarily housed in segregated housing the inmate would have a review every 30 days to determine whether there is a continuing need to continue or why there is no alternative placement.

The Chief Counselor provided documentation on the GDC Form 1, that he documented the reasons for placing the inmate in involuntary segregated housing and that was due to the inmate indicating he was being harassed by multiple inmates. The Form 1 did not document the rationale for not placing the inmate in a less restrictive environment or justify the placement based on the fact that there were no other alternative means to keep the inmate safe. This was also not documented during a 72- hour review.

If a victim was placed in involuntary segregation for protection, interviewed staff stated the inmate would receive programming, visits from medical and mental health, recreation and any mandated education while in protective custody and if any of those services were not provided, the reasons would be documented in the logbook.

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

- Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, 3. Protective Custody
- Interviews with the Staff Supervising Segregation
- Interview with the Warden
- Interviews with Staff who work in Segregated Housing

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)



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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections Policy, 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. These included the lead SART member, whose primary role is investigation; a counselor whose primary role is to serve as victim advocate; and lastly a registered nurse (the Health Services Administrator). An interview with the investigator confirmed the SART will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. 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.

The facility provided Certificates of Training for the Chief Counselor, Captain and PREA Compliance Manager.

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

An Office of Professional Standards investigator is stationed at Dooly State Prison and is responsible for OPS investigations in a specified area. An interview with this staff indicated he has multiple years of experience in law enforcement and in investigations.

A review of 25 investigations from November 2016-November 2017 indicated there were a total of 25 reports or allegations. One (1) of those investigations involved an allegation of sexual abuse by another inmate; eight (8) of those involved staff-on-inmate sexual harassment, all of which were either unsubstantiated or unfounded; none (0) of the allegations were staff-on-inmate sexual abuse and sixteen (16) of the investigations involved allegations of inmate-on-inmate sexual harassment, all of which were either unsubstantiated or unfounded.

The investigation packages consistently contained the following:

- 3) PREA Investigation Summary
- 4) Sexual Abuse Incident Review Checklist
- 5) Notification of Results of Investigation
- 6) Referrals to Medical and Mental Health (including the statements made by medical and counseling staff)
- 7) PREA Initial Notification Form
- 8) Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment
- 9) GDC 90 Day Offender Sexual Abuse Review Checklist
- 10) GDC Incident Report
- 11) Counseling Witness Statement

Although the allegations were made in a variety of ways, the most common way to report was to staff, including verbally or in writing to them. The next most common way for reporting was through email to the PREA Unit and calls made on the PREA Hotline. Three of the allegations were made through filing a grievance.

Reviewed investigation packages documented that staff took the allegations seriously and reported them. When notified by the PREA Unit that an inmate had reported through email or the PREA Hotline, the SART took the report and investigated the allegations promptly. However, many the allegations of harassment did not technically meet the criteria for sexual harassment, but staff took those reports, reported them, and investigated them anyway.

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

- Georgia Department of Corrections Policy, 208.6, G. Investigations
- Memo from Warden designating SART members
- Reviewed 25 Investigation Packages

- Reviewed NIC Certificates
- Written Institutional Plan
- Coordinated Response Plan
- Interviews with SART members
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Reviewed Pre-Audit Questionnaire
- Reviewed Investigation Packages 2016-2017 (November)

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The SART Leader is the facility investigator, along with his counterparts on the Sexual Assault Response Team. He has completed the NIC On-Line Training, PREA” Investigating Sexual Abuse in Confinement Settings”. The Chief Counselor, SART Leader, the Captain, Investigator, and the PREA Compliance Manager completed the NIC Specialized training for Conducting Sexual Abuse Investigations in Confinement Settings. The SART Investigator related that the standard of investigation used to substantiate an allegation of sexual abuse is the preponderance of the evidence.

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

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

- The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14
- Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports
- Reviewed 25 Investigations from November 2016– November 2017
- Interviews with the SART Leader/Facility Investigator
- Interviews with SART Members
- Interview with the Warden
- Interview with the PREA Compliance Manager

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit?  Yes  No

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

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

The notification form would document, for the resident, if the investigation was determined to be 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.

Interviews with the SART Leader and other members of the SART confirmed the SART would be responsible for notifying a resident of the outcome of an investigation. Notification is documented on the GDC Notification Form.

The auditor reviewed 25 investigation packages. All the reviewed investigation packages contained the required Notification to the inmates of the outcome of the investigation into his allegations of sexual abuse or sexual assault. All but one of the notifications was signed by the inmate, acknowledging the notification. In one case the inmate refused to sign, and this was documented. Investigations are conducted expeditiously, and notifications are provided promptly.

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

- GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15,
- Interviews with the Warden, PREA Compliance Manager
- Interviews with the members of the Sexual Assault Response Team
- Reviewed Pre-Audit Questionnaire
- Reviewed GDC Notification Form (See Investigation Packages from January 2017 to November 2017)

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution.

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A.

16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity.

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

The auditor reviewed 25 Investigation Packages. None of the reviewed packages contained allegations of sexual activity/misconduct between an inmate and a GDC Staff member. There were allegations of inappropriate comments and harassment. Staff, in every case, were placed on no-contact with the inmate during the investigation. None of the staff on inmate sexual harassment allegations were substantiated. The presumptive action in the event of a staff violating a sexual abuse police is termination.

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

- Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff
- GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers
- Interviews with the Warden and PREA Compliance Manager
- Interviews with the facility investigator
- The Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports/Investigations from November 2016 until November 2017

## 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.*

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

The 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 25 investigation packages documenting allegations from November 2016 until November 2017. None of the allegations involved either a contractor or a volunteer.

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

- 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
- The Reviewed Pre-Audit Questionnaire
- Reviewed 25 Disciplinary Reports and Investigation Packages
- Reviewed 50 Inmate Grievances
- Interviews with the PREA Compliance Manager
- Interviews with the Warden

## 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

*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.*

Interviews with staff confirmed that inmates who violate a sexual abuse policy will be charged with a crime and referred for prosecution. Sexual harassment may be dealt with through the in-house disciplinary process. Sexual Harassment and Sexual Abuse are major rule violations. Sanctions will consider past history as well as any mental or developmental issues. Sanctions, according to the due process officer, may include progressive sanctions including loss of store, phone, visitation, packages from family, or they may have their security level raised or referred to the Tier II program.

The auditor reviewed 25 incident reports and the accompanying investigation packages. None resulted in a substantiated allegation and inmates on two occasions were charged with a major rule violation, E – Lying.

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

- Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff
- GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers
- Interviews with the Warden and PREA Compliance Manager
- Interviews with the facility investigator
- The Reviewed Pre-Audit Questionnaire
- Reviewed Incident Reports for the past 12 months
- Reviewed 25 Investigation Packages

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Interviews with assessment staff confirmed that if an inmate discloses previous sexual abuse, the inmate is offered a referral to mental health for a follow-up, if needed. The inmate has the right to refuse the referral and follow-up. Staff related Macon State Prison does not have mental health staff therefore

referrals are made to the Baldwin State Prison, who have mental health staff. The referral is made via several referral forms documenting the reason for the referral. Most often the files contained a fax sheet documenting the referral was forwarded to the mental health staff at Baldwin State Prison.

The Pre-Audit Questionnaire and reviewed victimization assessments indicated there were two inmates, during the past 12 months would reported on the assessment that they were previously the victims of sexual abuse. Two interviewed inmates who had disclosed prior victimization indicated in their interviews that they were offered a follow-up with mental health. Mental health

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

- The reviewed Pre-Audit Questionnaire
- Reviewed Assessments
- Reviewed Investigation Packages containing referrals
- Reviewed Mental Health Referral Forms
- Mental Health Assessments
- Interviews with staff conducting victimization assessments
- Interviews with counselors

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

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



### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

GDC Policy, 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. Reviewed PREA Medical Logs documented the SANEs arriving within 12 hours of the report. The facility made arrangements for the examination and treatment is provided at no cost to the inmate. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (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. A list of SANE Nurse call schedules is to be posted in the medical unit along with the physician on-call schedule. Macon State Prison has medical staff on duty 24/7.

The facility Health Services Administrator 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.

The facility provided the Medical PREA Log maintained by medical staff. This document logs the date of the incident, reported within 72 hours, Transport to ER, Inmate consent signed, SANE notified, Time notified, Date Exam scheduled, Date exam completed, time SANE arrived, Sane Conducting the Exam, Company Chain of Command for Rape Kit, and Date the rape kit is accepted by security. The form documented that all time frames were within 72 hours, that none had to be transported to and outside healthcare facility and that the SANE responded in times ranging from about 3 hours to 8 hours.

The Health Services Administrator related there have been no allegations requiring a forensic exam during the past twelve (12) months.

The inmate would be referred for a mental health assessment and that would be conducted at Central State Prison. One hundred percent (100%) of the facility's investigation packages contained referrals to

mental health staff at Central State Prison. The referrals were consistently completed expeditiously and documented as well. Several of the packages contained the mental health assessments conducted by mental health staff at Central State Prison.

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. Dooly State Prison has medical staff on duty 24/7. If emergency treatment is needed the resident would be taken to the Cordele Georgia Hospital.

The Central State Prison however does not have mental health staff however the facility has a staff victim advocate to accompany the resident during any forensic exam, if requested. Central State Prison is responsible for providing mental health services to inmates incarcerated at the Central State Prison. Referrals to mental health at Central State Prison was documented in each investigation package.

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

- GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program
- Reviewed Facility Coordinated Action Plan
- GDC Nursing Assessment Form for Alleged Sexual Assault
- Reviewed List of SANEs with contact information
- Reviewed Incident Reports and Investigation Packages from November 2016 to November 2017 (25 Packages)
- Interviewed Facility Health Services Administrator
- Interviewed Chief Counselor
- Interviewed Superintendent, PREA Compliance Manager
- Interviewed First Responders
- Interviewed residents (41)

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

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The Health Services Administrator articulated medical's role in responding to an allegation of sexual abuse as well as their role following a forensic examination.

If the resident goes to Cordele Hospital because of significant trauma or serious injury, the hospital would conduct the forensic exam and offer the inmate STI prophylaxis. The resident would be offered STI prophylaxis at the hospital however if not, the facility's medical doctor would prescribe anything the resident needed for follow-up.

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

Twenty-five (25) reviewed investigation packages included referrals to mental health at Central State Prison.

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

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

- Procedure for Sane Nurse Evaluation/Forensic Collection"
- Interviews with the Health Services Administrator
- Interview with the Central State Prison Counselors and PREA Compliance Manager
- Reviewed Pre-Audit Questionnaire
- Reviewed investigation packages for November 2016 to November 2017

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 Central State 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.

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. The PREA Compliance Manager described the membership of the team as well as the things the team would be looking at in that review. Team members consistently documented on the Sexual Abuse Incident Review Checklist the PREA Compliance Manager, SART Leader/Chief Counselor, SART Investigator/Captain of Security, SART Medical/Health Services Administrator, Retaliation Monitor/Counselor, and Unit Managers.

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

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

The auditor reviewed twenty-five (25) investigation packages. One-hundred percent (100%) of the investigations requiring Incident Review contained the documented reviews. These included recommendations for additional cameras. The facility's security level makes it a lessor priority at this time for additional cameras however the Deputy Warden of Administration indicated the facility is on the Department's list for cameras. He also indicated GDC Staff have been on site to look at the existing system and to determine the needs.

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

- GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review
- Memo from the Warden designating SART Members
- The Reviewed Pre-Audit Questionnaire
- A Review of Investigation Packages from November 2016 to November 2017 (25 packages)
- Interviews with staff, including the PREA Compliance Manager, Warden, SART Members and random staff
- Interviews with residents

## **Standard 115.87: Data collection**

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



### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

- GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3,

- The Reviewed 2016 Annual PREA Report
- Interviewed PREA Compliance Manager
- Interviewed PREA Coordinator

## Standard 115.88: 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.*

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 thirty-three (33) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

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

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

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

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

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

## Standard 115.89: 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.*

Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at

least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

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

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

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

- GDC Policy 208.06, Prison Rape Elimination Act -PREA, Sexually Abusive Behavior Prevention and Intervention Program, VI. Record Retention of Forms Relevant to this Policy
- Interview with the agency PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

- Were 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.*

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

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

Department's PREA Coordinator upon completion of the audit and must be conducted every three years.

The auditor was provided complete and unfettered access to all areas of the facility. Space in an office was provided for the auditor to conduct interviews with complete privacy. 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 PREA Notice was observed posted in virtually every area of the facility. The notice, posted in both Spanish and English, contained contact information for the auditor. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with 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.

None of the inmates corresponded with the auditor.

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

- GDC Policy, 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, K. Audits
- PREA Notices
- Reviewed documentation
- Reviewed Disciplinary Histories
- Reviewed Disciplinary Reports (write-ups)
- Observation
- Interviews with the Warden and PREA Compliance Manager
- Interviews with residents

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the



case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

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

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Robert Lanier \_\_\_\_\_

JANUARY 4, 2017 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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