

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

Interim Final

Date of Report March 22, 2019

Auditor Information

Name: Robert Lanier	Email: rob@diversifiedcorrectionalservices.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: PO Box 452	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: February 4-6, 2019 Two (2) Certified Auditors

Agency Information

Name of Agency: Georgia Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 300 Patrol Rd.		City, State, Zip: Forsyth, GA 31029	
Mailing Address: PO BOX 1529		City, State, Zip: Forsyth, GA 31029	
Telephone: 478-992-2999		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education, and healthcare.			
Agency Website with PREA Information: dcor.state.ga.us			

Agency Chief Executive Officer

Name: Timothy C. Ward	Title: Commissioner
Email: Timothy.Ward@gdc.ga.gov	Telephone: 478-992-2999

Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: Statewide PREA Coordinator
Email: grace.atchison@gdc.ga.gov	Telephone: 678-322-6066
PREA Coordinator Reports to: Office of Professional Standards, Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator 88

Facility Information

Name of Facility: Georgia State Prison			
300 1 st Avenue			
Reidsville GA 30453			
Telephone Number: 912-557-7222			
The Facility 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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The GDC protect the public by operating secure and safe facilities while reducing recidivism through effective programming, education, and healthcare.			
Facility Website with PREA Information: dcor.state.ga.us			

Warden/Superintendent

Name: James Deal	Warden
Email: James.deal@gdc.ga.gov	912-557-7052

Facility PREA Compliance Manager

Name: Terri Lewis	Compliance Specialist
Email: Terri.lewis@gdc.ga.gov	Telephone:

Facility Health Service Administrator

Name: Charlotte Jones	Title: Health Services Administrator
Email: Charlotte.jones@gdc.ga.gov	Telephone: 912-557-7418

Facility Characteristics

Designated Facility Capacity: 1537	Current Population of Facility: 1341
Number of inmates admitted to facility during the past 12 months	768

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		917
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		889
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		5141
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-74
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A
Average length of stay or time under supervision:		2 Yrs 280 days
Facility security level/inmate custody levels:		Close, Medium, Minimum
Number of staff currently employed by the facility who may have contact with inmates:		549
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		250
Number of contracts in the past 12 months for services with contractors who may have with inmates:		80
Physical Plant		
Number of Buildings: 9		Number of Single Cell Housing Units: 5
Number of Multiple Occupancy Cell Housing Units:		6
Number of Open Bay/Dorm Housing Units:		20
Number of Segregation Cells (Administrative and Disciplinary):		12
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.): Please refer to 115.13		
Medical		
Type of Medical Facility:		Mobile Surgical, Emergency Room, Routine Care, Infirmary, Chronic Care, Crisis Stabilization Unit
Forensic sexual assault medical exams are conducted at:		Georgia State Prison by Contracted SANES
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		26
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		04

Audit Findings

Audit Narrative

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

Pre-Audit Activities

Notice of PREA Audit: The Notice of PREA Audit for Georgia State Prison located in Reidsville, Georgia, was forwarded to the facility's PREA Compliance Manager six weeks prior to the on-site audit, for posting in the facility. The PREA Compliance Manager posted the Notice in areas accessible to staff, inmates, contractors, volunteers and visitors. Confirmation of the posting was provided. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor observed the postings during the site review but did not receive any correspondence from an offender, staff, contractor, volunteer or visitor. During the site-review the auditor observed the Notices of PREA Audit posted in common areas, living units and other places enabling staff, inmates, contractors, volunteers and visitors to communicate with the auditor if they wanted to.

Pre-Audit Questionnaire/ Flash Drive Review: The Facility's PREA Compliance Manager forwarded a flash drive to the auditor 30 days prior to the on-site audit. The reviewed flash drive contained the Pre-Audit Questionnaire, policies and procedures, local operating procedures, memos, certificates of training, training rosters and other documentation specific to facility operations and PREA as implemented in that facility.

The information provided enabled the auditor to get a clear and comprehensive view of the policies and procedures governing operations as well as enabling the auditor to understand the local procedures as well as the state operating procedures (policies) governing the facility. As a result, the auditor communicated with the PREA Compliance Manager, identifying documentation the auditor would need to review during the on-site audit. The auditor had frequent and ongoing communication with the PREA Compliance Manager prior to the on-site audit. When clarification was needed, the auditor communicated with the PREA Compliance Manager, who was responsive and provided information as requested and when the auditor arrived on site, the PREA Compliance Manager had put together a huge binder containing information that was requested, investigation packages for the allegations made during the past 12 months and other documents to demonstrate "practice". The auditor requested and received all the 109 investigations completed during the past twelve months.

The PREA Compliance Manager is the facility's compliance manager and is responsible for compliance with the American Correctional Association Standards, the PREA Standards, and compliance for Departmental Audits. She reports directly to the Warden and has complete access to him.

Prior to the onsite portion of the audit, the Auditor and PREA Compliance Manager discussed a tentative agenda and logistics for the on-site audit. This facility is a close security institution, housing some of the State's most difficult inmates but compounding the complexity of the facility is that it houses offenders in the Tier I and II Programs which are recalcitrant and difficult to manage offenders. Tier II is the most restrictive and offenders in this program may take up to two years to progress

through the required phases to enable them to return to the general population. These inmates are essentially locked down and do not leave the fenced in areas of the prison. Additionally, the facility serves as a mental health facility and houses approximately mental health caseload inmates.

The facility also serves as a medical facility where inmates from all over the state come for surgeries in the facility's surgery unit. The medical unit also houses an emergency room, an infirmary, and a crisis stabilization unit.

The Georgia Department of Corrections collects data from numerous sources. By requesting those reports prior to the PREA Audit, the auditor can identify certain targeted groups of inmates. Prior to the on-site audit the auditor requested and received the following reports for the facility, provided by the Department's PREA Unit:

- Perception Report (Probationer's perception of vulnerability)
- Special Needs Report
- Hotline Calls Report (for last 12 months)

Outreach Prior to On-Site Audit: The auditor reached out to the following advocacy organizations, one nationally, and one locally, to determine whether the organizations have had any communications or information regarding either Georgia State Prison.

- Just Detention International
- The Rape Crisis Center of the Coastal Empire, located in Savannah, Georgia

Just Detention indicated in the past they had received communication from an inmate's family indicating there had been a culture where staff did not respond to inmates. The asked the representative from Just Detention if they could contact the family and ask them to contact the auditor. Just Detention Confirmed via email that they reached out to the family and gave them the auditor's contact information however there auditor never was contacted by the family or anyone else.

The Rape Crisis Center of the Coastal Empire has had no communications regarding the prison from anyone.

On-Site Audit Activities

This audit was conducted by a two (2) Certified PREA Auditors, certified in both adults and juvenile standards. The Associate Auditor was responsible for selecting both random and targeted offenders for interviews.

The auditor arrived at the facility, February 4, 2019 and concluded the audit on February 6, 2019. Prior to entering the secured area of the prison, visitors enter the gatehouse/" bunker" building that contains a body scanner and metal detector. Access to a security level 5 prison requires visitors to empty their pockets, remove their belts, and place backpacks on a belt going into a property scanner. After providing photo ID, the visitor must submit to a body scan, followed by walking through a metal detector. There are several cameras in this area and PREA related posters as well as the Notice of PREA Audit.

After being granted access, the auditor was allowed to enter the secured area of the facility through a main gate. Walking up the sidewalk, the auditor entered the administration building lobby and was greeted by the PREA Compliance Manager.

Following introductions and a brief overview of the process, the Auditors were provided an alpha roster for inmates and staff rosters. Random selections of inmates and staff were made. The auditor had already identified some of the targeted inmates using the reports provided to the auditor by the Georgia Department of Corrections PREA Unit. These were not disclosed to the facility prior to the on-site audit.

Following the meet and greet, the auditor was escorted on a complete site review of the entire prison. Leading the site review was the Deputy Warden of Care and Treatment, accompanied by the PREA Compliance Manager and the Director of Mental Health.

Selection of Staff and Inmates: Inmates were selected from an alpha roster and from a list of targeted inmates. Inmates who were selected included a cross section of inmates representing every living unit and program.

Staff were selected from the facility staffing rosters. A cross section of staff were selected to be interviewed and included day shift security staff, overnight security staff, split shift security staff, general population counselors, administrative support staff, food service and educational support staff.

(23) Randomly Selected Staff:

Because of the complexity and multi missions of this facility, the auditor randomly selected twenty-three staff representing staff from all shifts, including the day shift (0600-1800); Overnight Shift (1800-0600); Split Shift (Overlaps both shifts), security staff and non-security staff:

- 17 Correctional Officer/Security Staff
- 02 Licensed Practical Nurses
- 01 Unit Manager
- 01 Business Manager
- 01 Training Officer
- 01 Food Service Staff

(38) Specialized Staff included the following:

- (1) Previous Interview with the GDC Commissioner
- (1) Previous Interview with the Agency's Contract Manager's designee
- (1) Previous Interview with the Agency PREA Coordinator
- (1) Previous Interview with the Agency Assistant PREA Coordinator
- (1) Warden of the Georgia State Prison
- (1) Deputy Warden of Security
- (1) Deputy Warden of Care and Treatment/Retaliation Monitor
- (1) Chief of Security, Major
- (1) Intake Staff
- (1) Orientation Staff
- (1) Staff Conducting Victim/Aggressor PREA Assessments
- (1) Volunteer Coordinator/Chaplain
- (1) Director of Nurses
- (1) Director of Mental Health Services
- (1) Mental Health Counselor
- (1) Due Process Officer

- (1) Registered Nurse
- (1) GED Teacher
- (1) Additional Medical Staff
- (2) Human Resources Staff/Personnel Manager and Technician
- (1) PREA Compliance Manager/ACA Compliance Manager
- (1) ADA Compliance Staff
- (1) Facility Based Investigator/Medical Unit Manager
- (1) PREA Coordinator
- (1) Staff Supervising Segregation
- (1) Incident Review Team Member
- (1) Grievance Officer
- (2) Previous Interviews with Office of Professional Standards Investigators
- (1) Previous Interview with Special Agent, Southwest Region, Office of Professional Standards
- (1) Executive Director, Rape Crisis Center of the Coastal Empire
- (2) Previous Interviews with Contracted Sexual Assault Nurse Examiners
- (2) Volunteers
- (1) Contractor
- (1) ID Officer – Maintaining the Inmate ID Board

(21) Randomly Selected Inmates

(20) Targeted

- (05) LGB
- (02) Limited English proficient
- (01) History of Prior Abuse
- (01) Physically Disabled
- (07) PREA Incidents at this Facility
- (04) Sexual Aggressors

There were no inmates at the facility who were identified as cognitively, mentally or psychiatrically challenged or who had limited reading skills. There were no inmates who were disabled, either hearing or visually. There were no inmates who were in segregated or other restricted housing as the result of being a victim or a prior victim. The auditor interviewed inmates who were in the Tier Dorms, H and J, but none were in restricted housing as a result of being placed in involuntary protective custody.

(43) Informally interviewed inmates during the site review

The auditor informally interviewed/interacted with inmates (32) during the site review. The auditor was provided privacy while talking with the inmates. After explaining the auditor's role, offenders were asked about receiving Zero Tolerance and PREA related information at intake and then at orientation and how they would choose to report sexual abuse and sexual harassment if it happened to them or someone else. All the interviewed offenders affirmed they were told about Zero Tolerance and they could report it on their tablets by emailing the GDC PREA Unit, call the PREA Hotline number or tell someone. When asked if they could even talk with the Warden, they consistently indicated he would talk with them and they saw him frequently conducting inspections.

Testing of Processes:

- Two (2) of the PREA Phones in two separate dorms were tested. Communication from the Office of Professional Standards, PREA Unit Analyst confirmed the phones worked as required;
- The auditor reviewed and checked randomly, inmate id cards on the master bed assignment board in the Intake/ID Area to determine if the ID cards were consistent with the Victim/Aggressor Assessment and to determine if a potential or actual victim had been placed in a cell with a potential or actual aggressor. Ten sampled cells were selected to be checked. Review confirmed there were no inmate victims placed in a cell with an aggressor.
- Reviewed sampled inmates from pulled Transportation Lists for the following dates and checked their victim/aggressor assessments to determine if the assessments were conducted within 24 hours as required by Georgia Policy.

10/25/2018
 10/23/2018
 10/18/2018
 11/20/2018
 10/16/2018
 11/29/2018
 12/06/2018

Twenty-Eight (28) of the Twenty-Nine (29) PREA Assessments were completed within 24 hours and One (1) was within Forty-Eight (48) hours.

100% of the reviewed Reassessments were conducted within 30 days of the inmate's arrival at Georgia State Prison

The auditor and assistant reviewed twenty-six (26) inmate files, randomly selected from each letter of the alphabet, to assess whether inmates were given information about the zero-tolerance policy and how to report upon admission and to determine if PREA Education was provided within 14 days. (See 115.33 for discussion)

Documents and Files Reviewed:

- (1) Agency Organizational Chart
- (1) Facility Organizational Chart
- (1) Facility Diagram with Cameras
- (1) Facility Stratification Plan
- (1) Safe Housing Memo from Warden
- (1) Demographics Document and Roster
- (1) Plan for Disabled and LEP Inmates
- (40) Staff PREA Acknowledgment Forms
- (20) Training Rosters documenting 400 Staff Trained (Day 1, Annual In-Service Training; dates: 1/8/18; 1/9/18; 1/10/19; 1/11/18; 1/12/18; 1/16/18; 1/17/18; 1/18/18 1/19/18; 1/20/19' 1/29/18; 1/30/18 1/31/18; 2/1/18; 3/2/18; 3/3/18; 4/3/18; 4/17/18; 5/2/18 12/4/18

- (40) Applicant Verification Forms
- (60) Inmate PREA Acknowledgment Forms documenting PREA Orientation
- (20) Contractor PREA Acknowledgment Forms
- (40) PREA Assessments
- (40) PREA Reassessments
- (91) 10% of All Incident Reports to the 12 months prior to the audit
- (190) Grievances 10% of 1909 total grievances filed in the past 12 months
- (99) of 109 Investigation Packages representing the allegations of sexual abuse and sexual harassment in the past 12 months
- (1) Language Line Access Instructions
- (12) Monthly PREA Reports
- (70) Social Media Checks
- (40) Pages of 2018 Background Checks on Georgia Crime Information Center Log representing 1122 total background checks for staff, contractors, applicants, staffing going to firing range for recertification, and annual checks
- (2) Pages documenting 53 background checks for contractors, applicants and promotions
- (21) Personnel Files for Newly Hired Staff
- (10) Personnel Files for Promoted Staff
- (20) Personnel Files for Staff
- (12) Monthly PREA Meeting Minutes for 2018
- (1) Medical Association of Georgia Accreditation Report
- (1) Comprehensive Training Grid – Medical (Contracted Services)
- (45) National Institute of Corrections Certificates – Medical Care for Victims of Sexual Abuse in a Confinement Setting
- (09) National Institute of Corrections Certificates – Behavioral Health for Victims of Sexual Abuse in a Confinement Setting
- (2) Certificates of Training – Staff Victim Advocate
- (2) National Institute of Corrections Certificates – Investigating Sexual Abuse in a Confinement Setting
- (1) Georgia State Prison Annual Assessment
- (1) Medical Association of Georgia Audit Report for the Georgia State Prison
- (26) Inmate Files Reviewed
- (45) Certificates documenting NIC Training: “Medical/Healthcare for Victims of Sexual Abuse in a Confinement Setting”
- (09) Certificates documenting NIC Training: “Behavioral Health Care for Victims of Sexual Abuse in a Confinement Setting”

- **PREA Unit Reports from the GDC PREA Unit Analyst**
 - 1) LBGTI Report
 - 2) Prior Victimization Report
 - 3) Disabilities Report
 - 4) Hot Line calls for the Past 12 months

Investigations: The auditor reviewed 99 investigation packages of the 109 investigations conducted in the past 12 months.

The following allegations were made during that time period:

- (22) Staff on Inmate Sexual Abuse
- (41) Staff on Inmate Sexual Harassment
- (23) Inmate on Inmate Sexual Abuse
- (23) Inmate on Inmate Sexual Harassment

Multiple allegations were made by 1-2 inmates. See 115. 71 for discussion of investigations and results of investigations.

Investigations are discussed in Standard 115.71, Criminal and Administrative Investigations.

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

Facility Characteristics

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

The mission of the Georgia State Prison is to ensure the safety by effectively operating a safe and secure facility while housing medium general population, mental health and problematic male adult offenders incarcerated in the Georgia prison system. Georgia State Prison is also a transfer hub for the Southeast.

This is a large and sprawling compound housing multiple types of offenders, including a high population of mental health offenders and operating multiple functions.

The prison houses a capacity of 1537 and an operational capacity of 1061. The facility had 1322 offenders on the first day of the audit and an operational utilization of 123%. inmates are housed in both single and double occupancy cells and open bay dorms. Housing is based upon the facility stratification plan that will be discussed later.

This historic facility was opened in 1937 now has a large main unit facing the front toward the parking lot and housing and other units running perpendicular to the main unit. Multiple buildings have been added since the original structure was opened.

The all-male population consists of security levels from trustees to high-maximum inmates and housing some of the state's most dangerous inmates.

Remodeled in 1979, the prison consists of twelve (12) buildings containing four two-tiered cellblocks with single cells. Cell blocks are organized into a general population unit, special management units (tier programs, I and II) housing an extremely difficult population, Mental Health Units, an emergency room, infirmary including a Crisis Stabilization Unit in addition to infirmary beds and a 26-bed surgical unit.

The facility's inmate population consists of the following:

- (842) Black
- (420) White
- (67) Other

That population includes the following security levels:

- (379) Close Security
- (768) Medium
- (87) Minimum

Programs at this facility consists of the following:

- Academic: Including: General Education Diploma, Adult Basic Education, and Remedial Literacy
- Counseling: Including:
 - 1) Motivation for Change
 - 2) Moral Reconciliation Therapy
 - 3) Family Violence
 - 4) Lifers Group
 - 5) Mental Health Counseling

Vocational/OJT: Including the following:

- 1) Barbering
- 2) Career Guidance Technician
- 3) Carpenter Apprentice
- 4) Construction Worker
- 5) Custodial/Maintenance
- 6) Diesel Mechanic
- 7) Electrician Helper
- 8) General Building Maintenance
- 9) Painter
- 10) Pipe Fitters
- 11) Plumbers Helper
- 12) Roofer
- 13) Sheet Metal Worker
- 14) Small Engine Mechanic
- 15) Tile Setter
- 16) Warehouse
- 17) Warehouse Store Clerk
- 18) Welder

Religious Activities: Including worship services, Bible Study, and Kairos (a religious based organization coming on site for services)

The facility also staffs a number of work details including the following:

- 1) City of Reidsville
- 2) Evans County
- 3) Tattnall County
- 4) Georgia Correctional Industries
- 5) Outside Maintenance
- 6) Mobile Construction

The total number of positions at Georgia State Prison includes the following:

- (551) Total Number of Positions
- (449) Security; (108 Vacancies)
- (102) Non-Security
- Staffing, in addition to the regular contingent of security/correctional staff, includes housing a C.E.R.T (Certified Emergency Response Team) and a Tactical Squad.

There are ten (10) Housing Units. They are A, B, C, D (infirmary), D East, D West, E, F, G and K.

The following areas were visited:

- Entire Administration Building with Administrative Offices
- Dorm A-1
- Dorm A-2
- Dorm A-4
- Dorm B-1
- Dorm B-2
- Dorm B-3
- Dorm B-4
- Dorm C-1
- Dorm C-2
- Dorm C-3
- Dorm C-4
- Dorm D West 1
- Dorm D West 2
- Dorm D West 3
- Dorm D West 4
- Dorm D East 1
- Dorm D East 2
- Dorm D East 3
- Dorm D East 4
- Dorm E-1
- Dorm E-2
- Dorm E-3
- Dorm E-4
- Dorm F-1
- Dorm F-2

- Dorm F-3
- Dorm F-4
- Dorm G-1
- Dorm G-2
- Dorm G-3
- Dorm G-4
- Dorm K North and K South
- Intake
- Library
- Mental Health
- Holding Area for Medical
- Infirmary
- Crisis Stabilization Unit
- Dining Halls
- Education
- Offender Store

The facility, in addition to general population and segregated housing, houses inmates in what is referred to as Tier I and Tier II housing. The GDC Fact Sheet, Tier Segregation System, states the purpose of the Tier system is to provide greater management and implementation of programming of long-term Administrative Segregation Offenders.

Tier 1: Tier 1 is the Disciplinary, Protective Custody and Transient Housing. The warden or designee may place an offender in Tier I, when an offender is noted as a threat to the safe and secure operation of the facility's offender management system; awaiting disciplinary hearing for violation of facility rules; subject to an investigation regarding a serious violation of facility's rules and regulations; is involved in incidents involving excessive destruction of state property; is subject to a pending criminal investigation or has pending charge(s) and is awaiting trial in the state of Federal criminal court; is awaiting pending transfer or is on holdover status during the transfer process, or has not been classified. It may also be used for protective custody.

Tier II, Administrative Segregation: Placement in Tier II is the result of a Classification Committee decisions, which is approved by the Warden. To be eligible, the offender must have one of the following: 1) Noted as a threat to the safe and secure operation of the facility's offender management system; 2) Escaped involving violence or serious threats of violence during the past 5 years; 3) Multiple escapes in and escape attempts from a secure facility during the past three years; 4) Lead or participate in major disturbance or riot during the previous five years; 5) Failure in Tier I or refused to participate; 6) Leader in major disruptive event, major disturbance or directing the assault of homicide of other offender(s) during the previous 5 years; 7) Possession of a firearm or an explosive device during the past 5 years; 8) Two or more disciplinary charges within the previous 12 months that involve assaultive or high severity level as defined in the Inmate Discipline Standard Operating Procedures; 9) Assaultive histories; 10) Excessive destruction of state property; 11) Transfer from Georgia Diagnostic and Classification Prison; and 12) Attempting to introduce or trafficking of cellular devices, drugs, tobacco or other illegal contraband. The classification committee will review all recommendations for assignments and submit recommendations based on eligibility criteria. The committee will hold an Administrative Segregation hearing within 96 hours. The offender, in this program, may progress through Phase 1, II and III.

The facility also houses a large population of mental health inmates. This facility has a contingent of mental health professionals who are either licensed professional counselors, licensed social workers, licensed marriage and family counselors, or are eligible for licensure. Mental health services are provided through a contract with MSM, a mental health provider. Policy requires that these offenders are seen by their counselors at least monthly.

The medical unit operates 24/7 and is staffed with approximately 50 health care providers. In addition to routine medical services, including sick call, chronic care, and pill call, a surgical unit, providing statewide surgical services provided by contracted physicians. Additionally, a medical emergency room is staffed to handle medical emergencies at the facility.

The Deputy Warden of Care and Treatment, in addition to supervising other units, supervises Counseling Services. Counseling Services are provided through the Deputy Warden of Care and Treatment, one (1) Chief Counselor, two (2) Behavioral Health Counselors 3, eleven (11) Behavioral Health Counselors 2, three (3) Behavioral Health Counselors 1 and three (3) Administrative Support Staff. Referred to as General Population Counselors, behavioral health counselors provide routine case management and are required to see the offenders on their caseloads quarterly. Additionally, they conduct the PREA Reassessments. They are supervised by a Chief Counselor.

Georgia State Prison houses a large population of inmates who are on the mental health caseload and are of various levels of need. The facility is staffed with the following mental health personnel: One (1) Mental Health Unit Manager, three (3) Mental Health Rehabilitation Counselors 3, two (2) Activity Therapists, one (1) Crisis Stabilization

Because the facility has a large mental health population, mental health is provided through a private provider. Staffing for mental health includes one (1) Mental Health Director (licensed), nine (9) Mental Health Counselors (licensed), four (4) Mental Health Counselors (behavioral health counselors – GDC employees), one (1) contracted Psychiatrist, one (1) Nurse Practitioner, three (3) Activity Therapists and three (3) Administrative Assistants/Clerks. The facility also has access to around 70 hours of Clinical Psychological Services. All the counselors must be licensed in Social Work, licensed as a Professional Counselor, Clinical Social Work, or licensed as a Marriage and Family Counselor. If a counselor is not licensed, they must be licensed eligible.

The mental health population is designated by their mental health level, as either level II, III, IV or V. The facility has levels II, III, and V (in crisis). The caseload consists of 664 mental health inmates. Approximately 590 of the mental health caseloads consists of level II inmates and around 50 plus level III and some who are level V (non-mental health and mental health in crisis). Level II inmates can function and work but need counseling and medication. Level III inmates need daily living skills, need more contact and would be more vulnerable. Staff administer their medications and they are seen more. These are reportedly housed in single cells and are not assigned with level II inmates. Level V inmates are in crisis.

Adult Basic Education and GED Teachers provide educational services.

A Certified Emergency Response Team (CERT) is on-site to respond to emergencies, including disturbances.

The specifics about the housing units and staffing levels are included in 115.13, Staffing Plan. Housing Units typically house the following numbers of dorms and numbers of inmates:

- A, B – Housing a maximum of 218 inmates in four dorms in double bunk cells.
- C – South Side houses 219 offenders on double bunked cells; North Side houses 104 offenders in single cells.
- D- Houses 65 offenders in single bunks; Acute Care houses 13 offenders in single lockdown cells
- D East houses 49 Tier II Mental Health Offenders in single bunks and 26 Ex-Law Enforcement Population Offenders
- E – North houses 104 offenders in single bunk cells and the South side houses 106 in double bunk isolation/segregation/Tier I Cells
- F – has a medical dorm housing 26 single occupancy lockdown cells; and the remainder houses 166 offenders in double bunk cells
- Tier II Housing Unit (G Building) houses up to 218 offenders in double bunk cells
- Infirmary -Houses up to 18 inmates in single cells. Twelve (12) of these are used as medical infirmary cells and six (6) cells are used as the Mental Health Crisis Stabilization Unit
- Tier II (K Building) – Houses 100 inmates in single cell lockdown cells

Typically, in between four dorms in each building there is a control booth, reportedly manned 24/7 as a Priority One Posts. Policies require correctional staff to make 30 minute-checks in each dormitory.

Food service is provided by nearby Rogers State Prison. Meals are prepared at the Rogers Facility and brought to Georgia State Prison to be served.

*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: 3

115.35; 115.51, 115.87

Number of Standards Met: 42

115.11, 15.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34,15.41, 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, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

Issue #1 – The facility has one facility-based investigator. The facility has a large number of allegations that must be investigated and as a result it appears the quality of those investigations may be affected.

Corrective Action: Retrain the Facility-Based Investigator and train additional staff to serve as back-up investigators. The PREA Compliance Manager provided documentation to confirm the facility-based investigator was retrained completing the NIC Specialized Training for Investigators again. This was confirmed by providing the Certificate of Training. Additionally, the facility provided four (4) additional Certificates of Training to confirm four (4) additional staff have been trained to conduct facility-based investigations.

Issue # 2: Reviewed investigations indicated staff did not pull camera footage for reasons including: 1) It does not contain audio; and 2) Equipment was either broken or out of service for some reason.

Corrective Action: Monitor equipment for functionality and repair when necessary. The facility's Major/Chief of Security agreed to monitor equipment in each control room weekly. The facility provided the plan for checking DVR equipment in each control room weekly and to provide for preventive maintenance as needed and the forms documenting that review.

Issue #3: The facility has no formal procedures for documenting that an inmate has been offered a follow-up with mental health after disclosing previous victimization, whether in an institutional setting or not. Staff related they phone or email mental health if an inmate accepts the offer for follow-up with mental health.

Corrective Action: The facility implemented a procedure for offering a follow-up with mental health during the intake process. The form documents that the inmate was asked if they would like a follow-up with mental health as the result of prior victimization issues/PREA related issues or for suicidal issues. Twenty examples were provided to indicate the process has been implemented. An additional twenty samples were provided for review to confirm the practice is continuing.

Issue # 4: Inmates are not aware of the availability of the outside advocacy services provided by the Rape Crisis Center of the Coastal Empire.

Corrective Action: The facility agreed to send the contact information out to the inmates on their GOAL devices. A screen shot of the GOAL Device announcement was provided to document the information has been provided and will continue to be available on the GOAL device. Additionally, the Warden put out a memo to all offenders advising them of the outside advocacy organization and provided the phone number and mailing address for the outside advocacy center.

Issue #5 – The facility has a large number of vacancies, which is typical in the GDC facilities. The facility has implemented a number of strategies to recruit staff. Too, the facility has procedures for covering priority one posts.

Corrective Action: The auditor requested the facility develop a contingency plan describing how priority one posts are to be covered when there are “call ins”. The Chief of Security described. Verbally, the facility’s procedures but the auditor requested that plan be put in writing in a contingency plan. The Chief of Security provided that plan as requested. An additional component of the plan included the facility’s efforts to recruit new staff. The plan documented that the facility has a recruitment team consisting of two Training Lieutenants, one Human Resources Manager and One Administrative Assistant. The team reportedly is in the field at least 3 days a week attending job fairs, holding job fairs, visiting schools and local technical colleges in the area. The team also advertises in several local newspapers and to facilitate the hiring process, have same day Physical Training Test and applications at the facility for drop in individuals.

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 +6standard 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 has policies mandating a zero-tolerance policy and the comprehensive PREA policy (SOP 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program) addresses the agency's comprehensive approach to prevention of sexual abuse and sexual harassment as well as its approach to detection, responding and reporting sexual abuse and sexual harassment. The agency's policy begins with a statement of policy and applicable procedures, followed by extensive sections on Prevention Planning, Responsive Planning, and Reporting with multiple subsections addressing the GDC Procedures and the PREA Standards. The policy prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation as well.

The GDC has developed the Office of Professional Standards Compliance Unit, with a full time Director overseeing compliance with PREA, American Correctional Association (ACA) Standards, and Americans with Disabilities Act Compliance. In addition, the Director of the Compliance Unit supervises the Policy Administrator and the agency's Auditing Component. The Auditing Component audits GDC facilities for compliance with policies and procedures.

The PREA Unit consists of the Statewide PREA Coordinator. The Statewide PREA Coordinator oversees all PREA related functions and has an Assistant Statewide PREA Coordinator. Additionally, the PREA Unit has a PREA Analyst who collects and analyzes data that is input into the GDC Database, called SCRIBE. The PREA Unit oversees the implementation of the PREA Standards and helps maintain compliance by periodically monitoring facilities and programs, by providing technical assistance, and by providing training. The Statewide PREA Coordinator is a certified Peace Officer Standards Training instructor enabling her to provide certified training to staff. The PREA Unit also collects PREA related data, review Sexual Assault Response Team Investigations (The Sexual Assault Response Team, SART, conduct the initial facility-based investigations). The Statewide PREA Coordinator reports to the Deputy Director of Compliance however she has unimpeded access to the Commissioner of the Georgia Department of Corrections with issues related to PREA. A recent

interview with the Commissioner of the Georgia Department of Corrections confirmed his support for PREA, the PREA Coordinator and Compliance Director. The Commissioner receives message notifications of all sexual assaults in his facilities.

The agency has a Statewide Americans with Disabilities Act/Limited English Proficiency Coordinator who serves as a resource person for accessing interpretive services for disabled or limited English proficient detainees and inmates. The Statewide Coordinator has required each facility to designate an ADA Coordinator in each facility. This is relevant to PREA in that when any issue arises regarding the need for any kind of interpretive services, the facility ADA Coordinator and PREA Compliance Manager have access to the Statewide Coordinator who can expedite interpretive services beyond those offered by Language Line, and these services, provided through multiple statewide contracts, include telephone, video, and on-site interpretive services. For example, on a previous audit, the auditor needed to interview a deaf inmate to determine his awareness and knowledge of PREA including zero tolerance, his rights related to sexual assault, sexual harassment and retaliation. One call to the Statewide ADA Coordinator resulted in access to an interpreter, who used American Sign Language via video. The ADA Coordinator has provided access to multiple statewide contracts for interpretive services for hearing impaired, visually impaired, or limited English proficient.

The Warden of the Georgia State Prison has designated a Facility Compliance Officer/PREA Compliance Manager. The facility PREA Compliance Manager reports directly to the Facility's Warden. This line of authority and responsibility is depicted on the Facility Organizational Chart. This relationship was also confirmed in an interview with the Warden and the PREA Compliance Manager. The Warden confirmed his complete support of PREA and the PREA Compliance Manager. The PREA Compliance Manager has unimpeded access to the Warden and was observed interacting with the Warden in meetings and in the course of normal day to day activities.

The PREA Compliance Manager's position has been designated and set aside to attend to all compliance issues, including PREA and the American Correctional Association Standards. She indicated she has sufficient time and responsibility to take care of her PREA related responsibilities.

Georgia State Prison is required to comply with the Georgia Department of Corrections Policies, including PREA. The agency has also determined its facilities will comply with the Standards promulgated by the American Correctional Association and will undergo auditing by the American Correctional Association. The Georgia Department of Corrections PREA Policy addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reports. The agency has identified sanctions for staff, contractor, or inmates for violating any agency sexual abuse or sexual harassment policy and the presumptive sanction for employees is dismissal/termination and banning contractors and volunteers from further contact with inmates and the facility, until the conclusion of an investigation. The ban is statewide, preventing the contractor or volunteer from entering any GDC facility until an investigation is completed.

GDC Standard Operating Procedures; 208.06, Prison Rape Elimination Action (PREA) Sexually Abusive Behavior Prevention Program affirms that the agency/facility has a zero-tolerance policy towards all forms of sexual abuse, sexual harassment and retaliation for reporting or for cooperating with an investigation.

Zero Tolerance is referenced in multiple documents and publications including the Inmate Handbook, in PREA Acknowledgment Statements for staff, inmates, contractors and volunteer, on issued PREA brochures, in the PREA Video, and continuously through multiple PREA related posters that were observed in virtually every area of this facility, including disciplinary segregation.

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit)); Previously reviewed Job Description Statewide PREA Coordinator; Facility Org Chart; Prison Staffing Plan; PREA Brochures for Inmates and for Staff; Training Rosters documenting 2018 Day 1 Annual In-Service Training and Specialized Training documenting staff completing the NIC Course entitled: Communicating Effectively and Professionally with LGBTI Offenders. Zero Tolerance Posters located throughout the facility;

Interviews: GDC Commissioner; Warden; Deputy Wardens of Care and Treatment; Deputy Warden of Security and Security; PREA Compliance Manager; PREA Coordinator-Previous Interview; Assistant PREA Coordinator – Previous Interview; (23) Randomly Selected Staff; Thirty- Eight (38) Specialized Staff, Twenty (20) Randomly Selected Inmates; Twenty (20) Targeted Inmates, (43) Inmates Informally Interviewed.

Other: Observed PREA related posters throughout the facility; phones with PREA Hotline dialing instructions were observed in all living units; Kiosks in each dorm; Inmate Tablets for Reporting

Policy and Documents Review: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy also 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 strengthen the Department's efforts to prevent occurrences of this nature by implementing key provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. The PREA Policy addresses the agency's approach to preventing, detecting, responding and reporting sexual abuse and sexual harassment.

It appears that the Georgia Department of Corrections and Georgia State Prison takes sexual safety seriously. This is based on a number of factors. An interview with the GDC Commissioner indicated he believes he has put together a team (the Director of Compliance and the PREA Unit, led by the Statewide PREA Coordinator, who have effectively implemented PREA. He affirmed his support for PREA and the efforts of the PREA Unit. During the interview, he showed the auditor how he is notified of every sexual assault in the state via phone message and that he also receives follow-up on those via phone message as well.

The GDC appointed a Director of the Office of Professional Standards Compliance Unit, who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with Disabilities Act and the American Correctional Association Standards. This staff person was previously the agency's PREA Coordinator and is a Certified PREA Auditor. She also supervises the agency's audit team consisting of a Statewide Senior Auditor and 8 security auditors and three physical plant auditors. Additionally, the facility (Georgia State Prison) must comply with the ACA Standards and has a staff dedicated to overseeing the implementation of the ACA Standards in each facility. This facility's medical program is currently accredited as well by the Medical Association of Georgia for having met

the standards promulgated by the Medical Association of Georgia and using standards, as well, that are included in the National Commission on Correctional Health Standards.

Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the Georgia Department of Corrections (GDC) facilities.

The Statewide PREA Coordinator has responsibility for the entire state. Both the PREA Coordinator and Assistant PREA Coordinator are experienced in adult corrections. They are heavily involved in training staff; whether it is training for the PREA Compliance Managers, Sexual Assault Response Team (SART) Members, or staff first responders to mention a few. PREA Compliance Manager training and SART training is held consistently at least twice a year. The PREA Coordinator is training to be a POST Certified Instructor (Peace Officer Standards Training) which means she has met all the requirements to instruct corrections staff, and especially Peace Officer Standards Certified Correctional Staff, enabling them to receive credit toward their ongoing certification and recertification requirements. The Peace Officer Standards Training and certification process are independent of corrections and law enforcement agencies and promulgates the standards for certification for all types of law enforcement and corrections agencies.

The reviewed Statewide PREA Structure, as depicted on the Agency's Organizational Chart, documented that the Statewide PREA Coordinator reports now to the Compliance Unit's Deputy Director. Interviews confirmed she has direct access to the Commissioner of the Department with regard to any PREA issues if needed. A recent interview with the GDC Commissioner confirmed he is very familiar with the Director of Compliance and the Statewide PREA Coordinator. He asserted his confidence in them and the work they do and assured the auditor of his full and complete support. An interview with the PREA Coordinator indicated that the Director of Facilities is also actively supporting the PREA Coordinator and PREA in all facilities.

The PREA Coordinator is an exceptionally knowledgeable staff. She is not just knowledgeable of PREA, but also brings to the table, experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities comply with the PREA Standards and that they maintain compliance. To that end she and the Assistant PREA Coordinator serve as resource staff for the GDC facilities and programs.

The PREA Unit now can review investigations that are uploaded into the agency's database prior to closing them out. This serves as a quality assurance function to provide some oversight to the facility-based investigation process.

The Assistant PREA Coordinator is also a seasoned Corrections Staff with experience in both the private and public sector. He is knowledgeable of PREA and provides technical assistance when needed to the GDC Facilities. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit is heavily involved as well in capturing data for planning, corrective action and other purposes. To that end, the agency and PREA Unit has a PREA Analyst assigned to the PREA Unit. His job, among other things, is to collect and analyze the data that is submitted to the PREA Unit on a monthly basis, by each facility. In working with the PREA Auditor, the PREA Analyst assists by

retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing from the Georgia Department of Corrections Technical Section, rosters of disabled inmates, identifying the inmate and his/her disability, enabling the auditor to select disabled inmates to interview during on-site visits. He also provides a report of inmates or probationers who identify as LGBTI and who have reported prior victimization. He keeps statistics for each facility and cumulatively for the agency. These statistics are used by the Department to analyze issues related to PREA and are used to compile the Agency's Annual Report. The analyst also has a system that populates information from reports onto the SSV Form. He also provides a check and balance in collecting accurate information about sexual assault. Facilities are required to report allegations to the PREA Unit.

The agency has a designated staff responsible for coordinating activities related to compliance with the American Disabilities Act. She has asked each facility to designate a facility-based ADA Coordinator, and has arranged for the GDC to utilize multiple statewide contracts for inmates with disabilities. These contracts provide for interpretive services via phone, video, and in person. This state level position, ADA Coordinator, also under the umbrella of the Office of Professional Standards, Compliance section, has been actively involved in trying get GDC staff trained in ADA. The ADA Director has also assisted facilities in securing interpretive services when needed. On one specific occasion at another facility she expedited, for the auditor, the interview of a deaf inmate by arranging within minutes, a video interview with an interpreter who used American Sign Language.

The PREA Unit has reached out to nationally recognized organizations to assist in implementing PREA. These included Just Detention International and the Moss Group. They contracted with Just Detention in the past to assist in implementing PREA and are now under contract with the Moss Group to help the Department assist in developing the agency's Transgender Policy. The DRAFT Policy has been completed and is being reviewed.

The Moss Group is also working with the Department to assess and recommend additional female programming (gender specific programming).

The Moss Group has completed Train the Trainer Classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates. The Statewide PREA Coordinator and Assistant Statewide PREA Coordinator have been trained by the Moss Group to conduct this training.

The PREA Unit, realizing the quality of the Facility-Based investigations needed to be monitored, has implemented a computer-based program to enable the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to monitor investigations. This enables them to review the investigation and to require additional action, including instructing the facility-based investigators to look at other areas if warranted. Investigations, prior to closure, for the investigation to be approved by the PREA Unit. This provides a quality assurance component to evaluate investigations. Plans, according to the PREA Coordinator, are underway for the PREA Coordinator, Assistant PREA Coordinator and PREA Analyst to use video to go into each facility to review, with them, their investigations.

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

Wardens/Superintendents are also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. The Warden designated a staff who is responsible for “compliance” not only with the PREA Standards but also with the American Correctional Association Standards. Because her duties are limited to compliance, she indicated, in an interview that she has sufficient time to perform her PREA related duties. She also indicated that she has the complete support of the Warden and he has given her the authority and responsibility for implementing the standards and for maintaining compliance with them. The Facility Organizational Chart depicts the PREA Compliance Manager as reporting only to the Warden.

The agency’s proactive approach to working towards preventing, detecting, responding and reporting PREA incidents was described by the PREA Coordinator and included the fact that they have been working with Just Detention International on a variety of initiatives and projects. The agency, in the past, provided documentation of their JDI PREA Demonstration Grant, including the Final Close-Out Report dated March 2, 2018. The grant included nine (9) GDC project pilot facilities. The initiatives included: 1) Promote broad-based culture shift within GDC through new staff training programs that comply with the PREA Standards and address each employee’s role in preventing and responding to sexual abuse. This included assessing the cultures in the pilot facilities and then developing and providing training. 2) Develop a trauma-informed response to sexual assault, ensuring incarcerated survivors have access to the same quality of care that is available in the community. During this part of the project the JDI worked with the Georgia Network to End Sexual Assault (GNESA in providing training to staff in providing trauma-informed response to inmates reporting sexual abuse, in building partnerships with community-based rape crisis centers and to provide training to the facility-based sexual assault response team members, ensuring a coordinated response to inmates reporting sexual abuse. This goal included objectives related to more training for staff and SARTs as well as securing written MOUs with rape crisis centers. 3) Develop PREA inmate education programs that address the needs of inmates with GDC’s facilities. This included an assessment of existing inmate education curricula and materials, identifying inmate education delivery methods best suited for each of GDC’s facility types and revising or developing new inmate education curricula and materials tailored to the needs of each facility type, and establishing a plan for delivering that education to new inmates and on an ongoing basis. 4) Enhance GDC’s procedures regarding PREA standards and audit compliance.

Zero Tolerance appears to have been reinforced in the GDC prisons, Probation Detention Centers, Transitional Centers and contracted County Prisons, this auditor has audited. Inmates consistently tell the auditor they have received this information in every facility they have been in and most have been transferred multiple times throughout the years. One inmate during a recent audit thanked the PREA Auditor for PREA and said that he has seen serious sexual assaults during his years in prison but that since PREA he has not seen that much and said that at his present facility, he has not been aware of any sexual assaults.

Zero Tolerance is also reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and inmates. Posters were observed in every area of the building, and in every living unit.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The auditor reviewed Training Rosters documenting completion of Day 1, Annual In-Service Training that includes PREA Training. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have

received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

The auditor reviewed PREA Acknowledgment Statements for employees and contractors that were in personnel files selected for review. These affirm zero tolerance.

GDC also requires staff to complete the NIC on-line training, Communicating Effectively and Professionally with LGBTI Offenders. The auditor reviewed 20 Certificates documenting that training.

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members, as well as ongoing training for PREA Compliance Managers. Sexual Assault Team Members (SART) attend training at least semi-annually. This training was documented in training rosters (previously provided and reviewed) and through interviews with SART members, the PREA Coordinator and Assistant PREA Coordinator. Designated staff complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and Mental Health. Healthcare staff attend training in Nursing Protocols and complete the NIC Training entitled, Medical Care for Victims of Sexual Abuse in a Confinement Setting. A qualified staff in most or all the GDC facilities is trained to serve as an advocate for victims of sexual abuse and advocates are generally a part of the Sexual Assault Response Team. In this facility two (2) staff provided documentation of having completed training to serve as a Victim Advocate (facility-based).

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake and according to staff, inmates are provided information about zero tolerance and are provided the PREA Brochure. If not completed on the day of admission, inmates also receive an orientation in which they watch the PREA video, going over the PREA pamphlet, explaining zero tolerance and how to report. Following the PREA education during orientation, the inmate signs the PREA Acknowledgment Statements acknowledging understanding zero tolerance and the consequences for being involved in an incident of sexual assault or sexual harassment. Additionally, the orientation checklist is initiated by the inmate confirming having received the information. These were confirmed through reviewing 26 inmate files randomly selected by the auditor.

Interviews: An interview with the Commissioner of the Georgia Department of Corrections confirmed he is knowledgeable of PREA, including some of the nuances of facility operation related to PREA. He also showed the auditor how he receives messages anytime there is a sexual assault in any of his facilities. It seemed he was very familiar with the Statewide PREA Coordinator and the Director of the Compliance Unit and indicated he was very aware of the good PREA Team he has.

The Warden indicated he supports PREA and has appointed a staff, whose duties are implementing and maintaining compliance with the PREA Standards and ACA Standards. Because her primary responsibilities are compliance her time is dedicated to those duties. He indicated he fully supports her and that he has a zero tolerance for all forms of sexual abuse and sexual harassment.

One-hundred percent (100%) of the 23 interviewed random staff and 38 specialized staff were aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. They are trained to and required to report all allegations of sexual

abuse or sexual harassment including suspicions and staff actions that may have contributed to an incident or allegation.

Allegations and reports, regardless of the source, are required to be documented and investigated. Staff stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift. They said they would report “everything” regardless of how they received the information or regardless of whether it involved a staff, inmate, contractor or visitor.

Interviewed staff affirmed that they have been trained in each of the topics required by the PREA Standards and that those topics were covered in Pre-Service Training and each year in annual in-service training. Staff also are required by the PREA Unit to complete the National Institute of Corrections on-line training entitled: “Communicating Effectively and Professionally with LGBTI Offenders”. Interviews confirmed that each of the interviewed staff completed that training as well.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. This was confirmed through reviewed acknowledgment statements, reviewed training rosters, certificates of training and interviews with them. All formally interviewed offenders as well as 43 informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity and how to report. Most of the informally interviewed inmates acknowledged they received information on admission and that they viewed the PREA Video. They also indicated they have received that information in every facility they have been assigned to. They also pointed out posters all over the facility.

Other: Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and inmates. Posters were observed in every building, every living unit and throughout the facility.

Inmates at this facility have access to at least one and often two KIOSKs in each dorm from which they can report directly to the GDC PREA Unit via email and email anyone on there approved visitors list. They may also conduct video visitation if they have enough funds on their account. Additionally, inmates have GOAL Devices (tablets) from which they can report to the PREA Unit, anytime day or night, with privacy.

This standard is rated “exceeds” because of the agency’s and the facility’s commitment to zero tolerance and to PREA. This was evidenced in an interview with the GDC Commissioner, Warden, staff and inmates. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA, the American Correctional Association Standards and ADA compliance.

Additionally, the Department has designated a Statewide PREA Coordinator and Assistant PREA Coordinator to oversee the implementation of PREA in the GDC facilities. Interviews with the Commissioner and Coordinators confirmed they have direct access to the Commissioner, if needed, with regard to PREA related issues. Observations of the work of the Statewide PREA Coordinator and the Assistant PREA Coordinator seemed to indicate that they are “hands on” and work with their facilities by monitoring and providing technical assistance. They are very knowledgeable of what was going on in their facilities. Either the PREA Coordinator or Assistant PREA Coordinator make themselves available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of

PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. He is also a valuable resource to auditors in that he can pull PREA reports from facilities; identify inmates who have called the PREA Hotline in the past twelve months; and can provide a roster identifying the disabled inmates in the prisons. The Agency has an Americans with Disabilities Coordinator who facilitates getting interpreters/translators for inmates. The state has multiple statewide contracts for interpretive services in addition to Language Line, a telephonic interpretive service.

PREA related posters are posted throughout the facility for viewing and keeping zero-tolerance in the forefront.

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.

All the interviewed inmates, including 20 randomly selected inmates, 20 were targeted, and 43 informally interviewed inmates confirmed having been provided information on the Zero Tolerance Policy and how to report and that they have received it in each of the Georgia Department of Correction’s Facilities they have been in.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts (Previously Reviewed); Reviewed Intergovernmental Agreement County Capacity, July 2018 (for the confinement of offenders); Pre-Audit Questionnaire.

Interviews: Commissioner of the Georgia Department of Corrections; PREA Coordinator (Agency Director Designee) prior interview; Assistant PREA Coordinator previous interview, PREA Compliance Manager; Warden; Previous interview with Contracts Manager's Designee.

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

An example of contract language was provided to the auditor previously and since then, the auditor reviewed contracts for housing inmates at Harris County Prison, Smith County Prison and Smith County Prison.

The language in the Intergovernmental agreement between the Georgia Department of Corrections with the county governments for the confinement of offenders includes the following language in Paragraph 8, Prison Rape Elimination Act, that states, "County agrees it will adopt and comply with 28 CFR 115, entitled Prison Rape Elimination Act (PREA) as required in 28 CFR 155-12. The Columbus Consolidated Government also agrees to cooperate with Department (GDC) in any audit, inspection, or investigation by Department or other entity relating to County's compliance with PREA. It also agrees the Department will monitor the County's compliance with PREA and shall have the right to inspect any documents or records relating to such audit, inspection, or investigation and County will provide such documents or records at Department's request. Counties acknowledge that failure to comply with PREA is a material breach of this Agreement and is a cause for termination of this Agreement."

Georgia State Prison does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator (previous interview), Warden, PREA Compliance Manager, and the reviewed Pre-Audit Questionnaire.

The Agency PREA Coordinator previously provided the auditor two additional 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 has reviewed contracts (known as intergovernmental agreements) for 5-6 county prisons. The agreements are between the Georgia Department of Corrections and the Governmental Entity responsible for operation of the county prison. Each of the reviewed contracts contained the same verbiage requiring the County adopt the PREA Standards and comply with them. They also acknowledged that the Department will monitor the facilities for compliance.

Discussion of Interviews: The Commissioner informed the auditor that GDC does not have any union employees and he is not involved in any form of collective bargaining. He asserted he can remove from contact, any staff, alleged to have violated an agency sexual abuse or sexual harassment policy.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections Policy requires each facility to develop a staffing plan addressing adequate staffing and deployment of video monitoring in an effort to protect offenders from sexual abuse. Additionally, the facilities also develop a stratification plan that essentially provides a brief overview of the facility and the plan for housing the wide-range and diverse population served by this facility. The Staffing Plans and reviews are guided by a template developed by the agency PREA Team to address each of the required items in the PREA Standards. These are developed with input from the agency PREA Coordinator and approved by the Warden and PREA Coordinator or Assistant Coordinator.

Plans are required to be documented and take into account and consider the items required by the PREA Standards. The Department (GDC) sends teams to facilities to assess the staffing needs and, after identifying Priority One Posts and other lessor priority posts, applies formulas with consideration of relief factors and recommends allocating the numbers of staff to be adequate for the mission of that facility.

Staffing levels then are essentially based on the mission of the facility and the numbers of identified priority one posts. Priority one posts are those that are so critical they must be manned 24/7. The facility may also have other posts that need to be staffed but are a lessor priority than the posts that must be manned 24/7. Priority two and three posts are such lower priority posts and may be closed or “pulled” in order to staff higher priority level posts. Some posts may be closed because their function has ceased at a given time of day or night.

Georgia State Prison (GSP) is a complicated facility with a diverse population and a variety of missions.

The population analysis just prior to the on-site audit consisted of the following:

The facility's inmate population consists of the following:

- (842) Black
- (420) White
- (67) Other

The staffing plan considers the security levels of offenders assigned to GSP. The population just prior to the on-site audit included the following security levels:

- (379) Close Security
- (768) Medium
- (087) Minimum

Programs at this facility are consistent throughout most of the GDC facilities and includes the following:

- Academic: Including: General Education Diploma, Adult Basic Education, and Remedial Literacy
- Counseling: Including:
 - 6) Motivation for Change
 - 7) Moral Reconciliation Therapy
 - 8) Family Violence
 - 9) Lifers Group
 - 10) Mental Health Counseling

The Vocational/OJT Programs offered at the facility include the following:

- (1) Barbering
- (2) Career Guidance Technician
- (3) Carpenter Apprentice
- (4) Construction Worker
- (5) Custodial/Maintenance
- (6) Diesel Mechanic
- (7) Electrician Helper
- (8) General Building Maintenance
- (9) Painter
- (10) Pipe Fitters
- (11) Plumbers Helper
- (12) Roofer
- (13) Sheet Metal Worker
- (14) Small Engine Mechanic
- (15) Tile Setter
- (16) Warehouse
- (17) Warehouse Store Clerk
- (18) Welder

Religious Activities are provided and Include worship services, Bible Study, and Kairos (a religious based organization coming on site for services)

The facility also staffs a number of work details including the following:

- (1) City of Reidsville
- (2) Evans County
- (3) Tattnall County
- (4) Georgia Correctional Industries
- (5) Outside Maintenance
- (6) Mobile Construction

The facility houses a large population of Tier I and Tier II offenders. These inmates are recalcitrant and spend a good portion of their sentences in segregation. The Tier Program allows for progressing through phases to eventually demonstrate that they are capable of following rules and being placed back into general population. Tier II houses the most problematic offenders and requires a minimum of one officer per dorm 24/7, while lessor problematic inmate dorms may be staffed with a control room staff and a roving officer between 2-4 dorms minimally every 30 minutes. These will be discussed later.

Georgia State Prison houses a large population of inmates who are on the mental health caseload and are of various levels of need. There are approximately 600 plus mental health offenders.

Because the facility has a large mental health population, mental health is provided through a private provider. Staffing for mental health includes one (1) Mental Health Director (licensed), nine (9) Mental Health Counselors (licensed), four (4) Mental Health Counselors (behavioral health counselors – GDC employees), one (1) contracted Psychiatrist, one (1) Nurse Practitioner, three (3) Activity Therapists and three (3) Administrative Assistants/Clerks. The facility also has access to around 70 hours of Clinical Psychological Services. All the counselors must be licensed in Social Work, licensed as a Professional Counselor, Clinical Social Work, or licensed as a Marriage and Family Counselor. If a counselor is not licensed, they must be licensed eligible.

The mental health population is designated by their mental health level, as either level II, III, IV or V. The facility has levels II, III, and V (in crisis). The caseload consists of 664 mental health inmates. Approximately 590 of the mental health caseloads consists of level II inmates and around 50 plus level III and some who are level V (non-mental health and mental health in crisis). Level II inmates can function and work but need counseling and medication. Level III inmates need daily living skills, need more contact and would be more vulnerable. Staff administer their medications and they are seen more. These are reportedly housed in single cells and are not assigned with level II inmates. Level V inmates are in crisis. One correctional staff must be assigned to the infirmary, housing both medical infirmary beds and the Crisis Stabilization Unit, housing any offender in crisis and in need of stabilization.

The medical mission, likewise, is large and complex. In addition to routine medical services, this section also staffs an emergency room, an infirmary and a surgical unit. The surgical unit serves inmates from various prisons in the area or statewide, as needed. Physicians and surgeons conduct the surgeries in self-contained units inside the compound but apart from the building proper.

The facility also houses special high- profile offenders as well as general population offenders.

To provide for the missions of the facility, the following staffing was determined to be the staffing needed:

Total Staffing: 551

Security Staff: 449, including the following:

- (1) Warden
- (2) Deputy Warden of Security
- (4) Unit Managers
- (1) Major; Chief of Security
- (3) Captains
- (19) Lieutenants
- (27) Sergeants
- (07) Correctional Officers Certified Emergency Response Team
- (16) Correctional Officers IRT
- (310) Correctional Officers
- (26) Transfer Officers
- (02) Training Lieutenants
- (12) Police Sergeants
- (16) Hourly Part-Time CO's
- (01) Deputy Warden of Administration
- (1) Financial Operations III, Business Manager
- (2) Admin Assistants
- (1) Operations Analyst

Administrative Staff include:

- (16) Admin Support Staff
- (2) Financial Ops Generalist I
- (1) Administrative Support Supervisor
- (1) Facility Compliance Manager
- (1) Recreational Director
- (1) Recreational Supervisor
- (1) CO/Warehouse

Food preparation is completed at the nearby GDC Facility, Rogers State Prison, therefore food services is limited to getting the food for each meal and preparing it for service, Food Service Staff (14), including the following:

- (1) Food Service Director
- (1) Food Service Assistant Director
- (12) Food Service Operation Workers

Programs include the following staffing levels for Education, Counseling, Mental Health, and Medical. Mental Health and Medical Services are contracted out however there are several GDC Employees assigned to medical and/or mental health. Staffing levels are following:

Education

- (1) Teacher
- (2) Instructors
- (2) Part Time Librarians

Counseling Staff (GDC Employees)

- (1) Deputy Warden of Care and Treatment
- (1) Behavior Health Chief Counselor
- (16) Behavior Health Counselors
- (3) Administrative Support Staff

Mental Health Services (GDC Employees)

- (1) Mental Health Unit Manager
- (1) Mental Health Rehabilitation Counselor
- (2) Activity Therapist
- (1) Crisis Stabilization Coordinator
- (2) Administrative Support Staff

Contract Employees

MHM Contract (1) Dentist and (2) Dental Assistants

Augusta University Medical Contract

- (1) Medical Director
- (1) Director of Nursing
- (1) Assistant Director of Nursing
- (1) Health Service Administrator
- (2) Medical Doctors
- (1) PA
- (2) Nurse Practitioners
- (9) Registered Nurses
- (18) Licensed Practical Nurses
- (1) Certified Nursing Assistant
- (1) Lab Tech
- (1) Podiatrist Surgeon
- (2) General Surgeons
- (1) Orthopedic Surgeon
- (3) Registered Nurses Mobile Surgery Unit
- (1) Surgery Tech
- (2) Licensed Practical Nurses Mobile Surgery Unit
- (2) Ultrasound Techs
- (1) X-Ray Tech
- (6) Physical Therapist
- (1) Optometrist
- (1) Optometrist Assistant

- (1) Pharmacy Regional Director
- (1) Pharmacy Director
- (2) Pharmacists
- (4) Pharmacy Techs
- (1) Mental Health Coordinator
- (1) Mental Health RN
- (4) Mental Health LPNs

Mental Health Contracted Staff include the following staff:

- (1) Mental Health Director
- (9) Mental Health Counselors

Maintenance

- (1) Health Safety Inspector
- (1) Facility Engineer
- (2) General Trades Tech Supervisors
- (4) General Trades Techs
- (7) General Trades
- (6) General Trades/CO

Human Resources

- (1) HR Manager
- (3) Human Resource Techs
- (2) Admin Support Staff

In considering the layout of the facility, the staffing plan describes the staffing and video deployment.

The Front Entry Building inside the perimeter is staffed by one Control Officer and one Porta Sergeant. These are priority one posts and are manned 24/7. There are two cameras in this area.

The administrative area consists of five (5) Offices including the Warden's Office, his secretary, business office, human resource offices, and inmate records offices. Officers are not assigned to these areas. There are no cameras in the administrative area, no officers assigned, and inmates perform janitorial duties under limited supervision.

The medical area as two (2) relieved nurses 24/7 in the Emergency Medical Room, two (2) in the infirmary, and five (5) nurses for pill call, a non-relieved post. There is one camera facing the medical cabinet in the emergency room and three cameras in the infirmary.

Counseling Area: there are seven (7) non-relieved counselors Monday through Friday 8AM to 4:30PM, excluding holidays and eight (8) non-relieved counselors Monday through Friday 7:30AM to 4PM. There is no camera coverage in the area.

Mental Health: Mental Health Counselors are on duty Monday through Friday, excluding Holidays. There are no cameras in this area.

Security Office: There is one non-relieved Major, and one non-relieved Deputy Warden of Security and two secretaries Monday through Friday 8AM to 4:30PM excluding state holidays. There is also on non-relieved Administrative Lieutenant in this area as well. Hours are 8AM to 4:30PM, Monday through Friday, excluding holidays. There are no cameras in the area. One inmate is used for janitorial duties and under limited supervision.

ID/Intake: This area is staffed by three correctional officers and the area is operational Monday through Friday, 8AM to 4:30PM. Intakes arrive on Tuesday and Thursday and staff are assigned as needed to process new intakes. There are four cameras in this area.

Property: This area is staffed with one Correctional Officer and is operational Monday through Friday, 8AM to 4:30PM. This is a restricted area and no offenders are allowed access.

Visitation: This area is operational for visitation Saturday, Sunday, and all state Holidays from 9AM to 3PM. There are between three and five Correctional Officers working the area during visitation. This area is critical with regard to the possibility of contraband and 16 cameras are monitored the area in the Visitation Control Booth.

Staff Dining/Barbershop: One non-relieved Correctional Officer works in and supervises the area. There is no camera coverage in the area.

Housing Unit A Building: This building consists of four dorms and the staffing plan requires three relieved Correctional Officers assigned 24/7. This is a priority one post. This unit houses up to 218 offenders in double bunks. One officer is assigned to the control booth and two officers make checks of the dorms minimally every 30 minutes. There are 8 cameras covering the dorm and are monitored, according to the plan, in the building control room.

Housing Unit B: This building consists of four dorms and the staffing plan requires three relieved Correctional Officers assigned 24/7. This is a priority one post. This unit houses up to 218 offenders in double bunks. One officer is assigned to the control booth and two officers make checks of the dorms minimally every 30 minutes. There are 8 cameras covering the dorm and are monitored, according to the plan, in the building control room.

Housing Unit C: This building consists of four dorms and the staffing plan requires three relieved Correctional Officers assigned 24/7. This is a priority one post. This unit houses up to 210 offenders in double bunks in the South Side of the Building and 104 offenders in single cells on the North Side of the building. One officer is assigned to the control booth and two officers make checks of the dorms minimally every 30 minutes. There are 15 cameras covering the dorm and are monitored, according to the plan, in the building control room.

D West houses four dorms and the staffing plan requires three relieved Correctional Officers assigned 24/7. This is a priority one post. The unit houses 65 offenders in single bunks. The acute care unit of this building houses 13 offenders in single lock-down cells. There are 12 cameras covering the area.

Housing Unit D East has four dorms and the staffing plan requires 5 relieved Correctional Officers 24/7. This building houses 49 Tier II Mental Health Offenders in single bunks and 26 Law Enforcement Population Offenders. There are 12 cameras covering the dorms.

Housing Unit E consists of four dorms and requires four relieved Correctional Officers (according to the staffing plan). This is a priority one post with one officer in the control booth and three officers who are

required to make rounds of the dorms at least every 30 minutes. The North Side of the unit houses up to 104 offenders in single bunk cells and the South Side houses up to 106 offenders in double bunk isolation/segregation/Tier I cells. Fourteen cameras cover the dorms.

Housing Unit F houses four dorms with three relieved Correctional Officers. The medical dorm can house up to 26 offenders in single cells. This building can house up to 106 offenders in double bunked cells and there are 9 cameras covering the dorms.

Tier II Housing Unit, AKA G Building houses four dorms with five relieved Correctional Officers. These are priority one posts. This unit houses up to 218 Offenders in double bunk lockdown cells. There are 8 cameras covering the dorms.

The Infirmary is staffed with one relieved Correctional Officer. The unit houses up to 18 offenders; 12 of which are medical cells and 6 cells are designate for Mental Health Crisis Stabilization. There are 3 cameras covering the infirmary. There is a camera in each of the Crisis Stabilization Cells because of the extreme potential for self-harm.

K Building houses Tier II offenders in four dormitories. This is a priority one post with 6 Officers assigned. One officer is assigned to each control booth (K South and K North) and four officers, one for each dorm. This housing unit will house up to 100 offenders in single lockdown cells. There are 16 cameras covering the dorms.

Main Control is a priority one post manned by one staff 24/7. There are no cameras in the control room.

There are two dining halls A North and A South. One Correctional Officer is required to be present while offender meals are being served. The dining halls seat up to 56 offenders. There are 2 cameras and offenders are under supervision when in operation.

H House/Food Service has one relieved Correctional Officer supervising between 10-15 offenders, when the area is operational. There are no cameras in this area.

The store has three non-relieved clerks Monday through Thursday. There are 6 offenders assigned to this detail working during the hours of operation. They are under the constant supervision of staff. There is 1 camera in the rear hallway monitoring the entrance door.

The mailroom is staffed with 2 non-relieved Correctional Officers Monday through Friday. The area is highly restricted and offender presence is prohibited.

The laundry has 2 non-relieved Correctional Officers assigned during operational hours. There are between 15-25 offenders working in the laundry under the supervision of the Correctional Officers. There is no camera coverage in this area.

The back-gate has one non-relieved Correctional Officer during hours of operation. There is no camera coverage in this area.

The maintenance area has one non-relieved General Trades Staff assigned Monday through Friday. There are 11 maintenance staff working details of between 2-4 offenders. These work throughout the facility under the supervision of the maintenance staff. There is no camera coverage in the area.

The chemical Room has one non-relieved Correctional Officer Monday through Friday. The offender detail consists of 3 offenders who work under the supervision of the officer. There is no camera coverage.

Education is staffed with 2 non-relieved Correctional Officers Monday through Friday. There are approximately 30-70 offenders in the area attending classes. There are 2 cameras covering the area.

The Warehouse has 2 non-relieved staff Monday through Friday supervising a detail of 1-2 offenders.

The portal is staffed with 1 Portal Sergeant and 1 Correctional Officer This post is staffed 24/7. One camera covers the body scanning machine.

The staffing plan asserts there have been no occasion in which a priority one post was not filled. All priority two and three posts will be pulled to fill priority one gender specific posts.

Unannounced PREA Rounds are a part of the staffing plan. Rounds are conducted by Sergeants, Lieutenants, Captains, Major, and Duty Officers. Sergeants are required to conduct three rounds per shift. Other rounds are conducted by duty officers. Rounds are documented in the area logbooks.

Policy and Documents Reviewed: Georgia State Prison Staffing Plan, Facility Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3; Reviewed Log Book pages documenting unannounced rounds; Georgia Department of Corrections SOP, 11A07-0012, Security Post Rotation/Security Rosters; Contingency Plan for Covering Priority One Posts

Interviews: Commissioner; Warden, Deputy Warden of Security; Chief of Security; PREA Compliance Manager; Shift Supervisor; Agency PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview), Leader of Sexual Assault Response Team, 23 Randomly selected staff; 38 Specialized Staff; 20 Randomly selected offenders that included 20 Targeted Offenders.

Other: Observations of staffing levels made during the on-site audit; Observations of interactions and supervision of inmates during the on-site audit. The auditor observed staff assigned to the “bunker” entrance area outside the fenced in perimeter where visitors enter. There was always one staff in the key room and one sergeant who conducted the searches and staff body and personal property scans. In each of the general population dorms the auditor observed one staff in the control booths and one staff on the floor. In the Tier program the auditor observed one staff in the booth and one staff on the floor in each of the dorms. Cameras were observed in each of the pods of each of the living units.

Policy and Document Review: The reviewed Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3, requires each facility to develop, document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department’s PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems.

Additionally, policy requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These

rounds are documented in area logbooks and staff are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are required to be documented in the Duty Officer Log book. Shift rosters confirmed the minimum staffing required. All priority one posts were staffed as required without deviations. Logbook reviews were documented above.

Georgia State Prison houses a capacity of 1005 offenders, many of whom are close security offenders meaning they are not allowed off the prison grounds, are under the supervision by a correctional officer and are generally considered escape risks, have histories of assault, and often have detainers for other serious crimes. The facility also houses medium and minimum offenders whose primary responsibilities are to work on details that close security inmates cannot perform. A large population of offenders include Tier I and Tier II offenders who are seriously disruptive and must be confined in these units and must complete various phases to eventually earn their way back into the general population.

This is a complex facility and staffing must consider the layout of the facility, the housing of close security, medium, and minimum-security level offenders, mental health offenders, inmates requiring medical care, including surgery, programs and work details.

Housing has been described previously and priority one posts identified. The facility has identified 52 priority one posts that must be covered 24/7.

This facility, like most GDC facilities operates two shifts, 6AM to 6PM and 6PM to 6AM. Priority one posts included the “bunker”/portal at the entry into the prison, main control, control booths in each building, one floor staff in each Tier dorm, and at least one staff in each general population building and one staff in the infirmary/Crisis Stabilization Unit.

The staffing plan documented consideration of the inmate population and programs that are going on different shifts, the presence of video monitoring, and priority one (24/7) posts. The population consists of offenders who are close security inmates with a contingent of medium and minimum level offenders to perform work details that close security inmates cannot work on.

Deviations are discussed. If the facility was short of staff on a shift, short at the beginning or at the start of a shift or during the shift, for covering a priority one gender specific post, the on-duty staff will be required to stay to cover the post until the Chief of Security is notified. The Chief will then grant permission to contact off-duty staff and give additional instructions as the situation dictates. The post will always remain manned by staff of the previous shift until relief has arrived.

The plan requires unannounced rounds to be conducted by all supervisory staff.

The staffing plan and review is conducted by the Warden and PREA Compliance Manager and then, by either the Statewide PREA Coordinator, or Assistant Statewide PREA Coordinator.

The facility had 108 vacancies, however on March 1, 2019 the rate had been cut to 98 vacancies. To mitigate the shortage, the facility has been proactive in recruiting potential staff and, according to the Chief of Security would utilize their local procedures to ensure that priority one posts are covered. The proactive portion of the plan identifies a Recruitment Team at the facility composed of two Training Lieutenants, one HR Manager, and one Administrative Assistant. The team, according to the Lieutenant, is in the field at least three times a week attending job fairs, holding job fairs, and visiting schools and local technical colleges in the area. Additionally, the team advertises in several newspapers. To facilitate the hiring process, the team provides same day physical tests as required.

The Chief of Security stated the facility's contingency plan if staff call in includes the following:

- Overtime may be used to compensate staff for staying over beyond their shift (the facility maintains a list and requires staff, including Sergeants and Correctional Officers, to pull one mandatory day of OT)
- Pull supervisory staff to man posts
- Implement a "call in" using the "call in roster"
- Split Shift Staff, who work normal business hours Monday through Thursday or Friday are called in
- Utilize available part time Correctional Hours (who may be retired officers who can work 29 hours per week)

The Warden indicated he has an aggressive recruiting process and anticipates he will be able to continue to recruit and retain officers, reducing the vacancy rate.

Discussion of Interviews: The Warden described the staffing levels at his facility and identified the priority 1 post that are covered 24/7, as well as priority 2 and 3 posts that can be pulled to cover a priority 1 post if needed. He described the actions that would be taken to ensure a priority one post is never deviated from. The Warden indicated he has undertaken an aggressive recruiting program and has reduced the vacancies significantly since he has become Warden. Interviews with staff indicated the minimum staffing is almost always maintained and there are enough staff to supervise the inmates. They indicated that there consistently is a staff in the booth between 4 dorms who can see into the dorms and in the general population dorms, at least one to two officers who rove between the four dorms making checks in an unpredictable manner but at least every thirty minutes. They also related that in the Tier programs there is one staff in the control booth and one officer in each dorm. The major, who serves as Chief of Security, indicated that priority one posts are covered. When asked about the vacancies she indicated staff have one mandated day in their tour that they may be called on to work over time to help meet minimums. Additionally, she indicated that if a Lieutenant must be placed on a post, that will happen. Supervisors may pull posts. Additionally, the facility has a significant number of what is referred to as "split shift" staff. These staff are usually the key and tool officer, chemical control officer, due process officers etc. The facility also has part time (29) hour staff who can be called in. They traditionally work normal duty hours but can be pulled from their assigned duties to staff a post. The Commissioner of GDC related that agency has a Tiger Squad made up of staff from other facilities who may be called on to assist.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Georgia State Prison does not house youthful offenders. Male youthful offenders are housed by the Georgia Department of Corrections at the Burrus Training Center in Forsyth, GA. This was confirmed by reviewing the Burrus facility's website (GDC), interviewing the Warden, Deputy Warden for Care and Treatment and the Deputy Warden of Security.

Policy and Documents Reviewed: Georgia Department of Corrections PREA Policy 208.06, Georgia State Prison; Pre-Audit Questionnaire; Burrus Training Center webpage.

Interviews: Warden; PREA Compliance Manager; 23 randomly selected staff; 38 specialized staff; previous interviews with the Agency PREA Coordinator and Assistant Statewide PREA Coordinator.

Policy Review: The Georgia Department of Corrections PREA Policy requires that youthful offenders are sight and sound separated from adults and that where youthful offenders are maintained they must be housed in a separate unit and have access to programs and exercise. When outside the unit, they must be sight and sound separate unless they are accompanied by and supervised by a correctional officer.

There are no youthful offenders assigned to this program. This was confirmed through the reviewed Pre-Audit Questionnaire, site review, reviewed inmate rosters, and interviews with staff and a memo from the Warden/Division Director. During the on-site audit the auditors did not observe any youthful offenders. Reviewed inmate files did not identify any youthful offenders.

Discussion of Interviews: Interviews with the Warden; Deputy Wardens; Shift Supervisors; Medical Staff; and randomly and specialized staff confirmed there are no youthful offenders housed at this facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections (GDC) prohibits cross gender strip searches or cross-gender visual body cavity searches, and cross gender pat searches of females except in exigent circumstances

that are approved and documented. Documentation is required via a GDC Incident Report. This is confirmed through the reviewed policies, annual in-service training lesson plan, and interviews with both staff and inmates. In practice, interviews with staff and inmates confirmed that female staff do not conduct cross gender strip searches however both male and female officers conduct pat searches.

GDC Policy does allow female staff, who have been trained in conducting cross-gender searches, to conduct pat searches of male inmates. The facility's practice, consistent with GDC Standard Operating Procedure, 226.01, Searches, Security Inspections, and Use of Permanent Logs, I.2, is however that if a male staff is available to conduct the pat search, the male conducts it. The practice at this facility, as confirmed through interviews with staff and with inmates, confirmed that female staff can and do conduct pat searches however if a male staff is available, the male staff conducts it. Reviewed investigations indicated there were no allegations regarding cross-gender pat searches and inmates and staff confirmed females do not conduct strip searches.

The GDC Search Policy in 1.d requires that a strip search of females shall be conducted by female correctional officers while males shall be strip searched by male correctional officers, however in an emergency such as an escape, riot etc., the provision may be waived.

This is an all-male facility however GDC Policy requires that the requirement for prohibiting cross gender pat searches of females will not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with those provisions. This provision in the Standards is not applicable to this male facility.

GDC policy and practice requires that inmates can 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. On-site, the auditor observed showers in the general population dorms, open bay dorms and Tier I and II (restricted housing). Showers in the general population dorms consisted of three single occupancy showers on the upper and lower tiers. Showers were separated by full walls and privacy afforded by shower curtains. Toilets in these dorms are inside the cells. Inmates change clothes in their cells where they have that privacy. Showers in the Tier Program are similar with the exception that they have solid doors with a small window and a flap because inmates in this unit must be handcuffed during their walk to and from the shower escorted by a Correctional Officer. In the open bay dorms, there are three or four shower heads in the showers however there is a large curtain that affords privacy while showering. Toilets are separated by ½ walls affording a degree of privacy while using the restroom and ensuring they are not in full view of staff while using the restroom. Female officers may conduct headcounts periodically however inmates are reportedly not in the shower/restroom area when the officers conduct the headcounts and the female officer is required to announce her presence when entering the shower/restroom area.

Forty inmates were formally interviewed. All but one of the randomly selected inmates said they are not naked in full view of staff while showering, changing clothing or using the restroom. They indicated they have privacy while showering and using the restroom however they may be seated on the toilet when an officer makes his/her security checks.

Staff in the Tier Programs must be strip searched before leaving their cells and are escorted to the showers by a Correctional Officer. Inmates do not like stripping down to comply with policy and the strip search practices and procedures frequently result in an allegation of sexual harassment.

Staff of the opposite gender are required by policy to announce their presence when entering the housing units. Female staff who are working the unit will announce once after taking the shift over however other female's coming into the unit must announce. The facility also requires the inmates to announce anytime the Warden, Deputy, or other administrative level staff enter the dorms as well. Signs are also posted in each pod, explaining that female staff typically work in the pod. The sign does not negate the requirement to announce their presence and they indicated they do announce their presence. One of the 20 Randomly Selected interviewed offenders stated female officers do not announce their presence. Nineteen said they do announce their presence. 100% of the 23 interviewed random staff, that include female officers, nurses, and other female staff who may have to go into a dorm indicated they announce their presence but that an offender usually announces before they have the opportunity to announce. Procedures in GDC facilities require one offender in the dorm to announce the presence of not only female staff but of the Warden and his team when entering the dorm.

Policy requires that the facility refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status and If an inmate's genital status is unknown, the facility may 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. GDC Policy and the local policy directive require this.

100% of the interviewed staff affirmed they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the resident's genital status. They indicated essentially that they would ask them or have medical make that determination. None of the interviewed transgender offenders reported that they were searched for the sole purpose of determining their genital status.

The agency trains staff to conduct cross gender pat down searches in a professional and respectful manner. Staff related they receive this training at Basic Correctional Officers Training (BCOT). BCOT is the training that results in successful candidates becoming certified as a Correctional Officer by the Peace Officers Standards Training Committee. Staff indicated they also get the training in annual in-service training and, at times, during shift briefings. GDC Policy 208.6 and Standard Operating Procedure, 226.01, Searches requires this as well. Those same policies require the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. GDC staff are required to take the National Institute of Corrections on-line training, Communicating Effectively and Professionally with LGBTI Offenders. The auditor reviewed 51 sampled certificates and observed certificates documenting that training in personnel files while reviewing background checks. All the interviewed staff stated they took the on-line National Institute of Corrections Training, "Communicating Effectively and Professionally with LGBTI Offenders".

Policies and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Policy 226.01, Searches, 1.d; Training Module for In-Service Training for 2017; Pre-Audit Questionnaire; Reports from the PREA Analyst; SOP 11B-01-0013, Searches

Interviews: 23 Randomly selected staff, 38 Specialized Staff; 20 Randomly selected inmates; 20 targeted inmates; 43 Informally interviewed offenders during the site review.

Observations: Showers were observed to afford privacy by being single occupancy stalls, separated with whole walls, and shower curtains for privacy. No searches were observed.

Cameras were in four cells in the Crisis Stabilization Unit. The explanation for the cameras is that these offenders are presently in crisis and in need of being stabilized. They were described as at extremely high risk for self-harm. The auditor asked if the toilet seat could be blocked out without putting the offender at risk and staff said they could not be blocked out because of the high risk these offenders in crisis present. The auditor requested and was provided a memo from the Mental Health Director and signed by the Psychologist or Psychiatrist explaining why the toilet bowl cannot be screened or blocked out for privacy.

Policy and Documents Review: Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and GDC Policy 226.01, Searches, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

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.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months. All the interviewed staff confirmed that female staff are prohibited from conducting cross-gender strip or body cavity searches unless there were exigent circumstances that are documented.

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 are provided during search training. 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

The auditor reviewed the training module for in-service training. That training reaffirmed the verbiage in policy. Multiple pages of training rosters documenting Day 1 In-Service for over 400 staff were provided for review. Staff also affirmed, in their interviews, that they have been trained in how to conduct a proper pat search of offenders, to include transgender and intersex offenders. Staff were asked to demonstrate the technique they were taught, and staff demonstrated how they would use the back of their hands to avoid an allegation of groping the inmate.

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. 100% of the interviewed staff confirmed they would not and would not be allowed to search a transgender or intersex offender for the sole purpose of determining the offender's genital status.

SOP, 11B01-0013, Searches, again reiterates that males strip search males except in exigent circumstances and even then, only if same sex officers aren't available. It also affirms the expectation that pat searches, when possible, are conducted by same sex staff. Cross gender strip searches, should they be done in an exigent circumstance, are required to be documented on an incident report.

GDC 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. Observations of the showers in every dormitory confirmed that offenders have privacy while showering. Toilets are in the cells except in the open bay dorms. Showers there have curtains and toilets are separated by half wall stalls.

Interviews with staff and 40 offenders confirmed inmates can shower, perform bodily functions and change clothing without being viewed by staff.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Signs are prominently posted in each pod informing inmates that female staff typically work in the pod. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. Almost 100% of the interviewed inmates asserted that female staff announce their presence when entering the housing units. They also said the inmates announce it as well.

Discussion of Interviews: Interviewed staff affirmed they are prohibited from conducting cross-gender strip searches except in dire emergencies and then only if a male staff is not available. They also stated they have been trained to conduct cross-gender pat searches and that female officers do conduct pat searches of male offenders when a male staff is not available. They indicated they are trained to conduct cross-gender pat searches and searches of offenders in professional and respectful manner. They confirmed that search training, including cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is taught during Basic Correctional Officers Training, during in-service training and demonstrated during some shift briefings periodically. Staff also stated they have been trained to search a transgender and intersex inmate in a professional and respectful manner.

The reviewed training module (2018) for Annual In-Service, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances that are documented on an incident report.

Staff indicated, in their interviews, that staff of the opposite gender consistently announce their presence saying things like “female on deck”. Most of the interviewed inmates affirmed female staff not working in the unit announce their presence when entering the dormitory. Observation indicated that an inmate is assigned to announce to the unit anytime any visitor enters the unit. Female staff were also observed making their announcement.

Interviews with 40 inmates confirmed that female staff do not see them naked in full view while using the restroom and while showering. Inmates said they are never naked in full view of staff while changing clothes, showering or using the restroom. 100% of the interviewed inmates asserted that male staff conduct the strip searches and that females may conduct pat searches.

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.

The agency and the prison appear to be committed to ensuring inmates with disabilities, including inmates who are deaf/hard of hearing, blind or low vision, intellectually disabled, psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. These interpretive services may be made available through a variety of statewide contracts that can be accessed by each GDC facility, Language Line Solutions, GDC Approved Bi-Lingual Staff, PREA Brochures in Spanish, Mental Health Counselors, GED and Literacy Remedial Instructors at the facility, and closed caption PREA Video. GDC Standard Operating Procedure, 103.63, Americans with Disabilities Act (ADA), Title II Provisions, in a 20-page policy, addresses how the agency will make available interpretive services to disabled, challenged, and limited English proficient inmates.

The agency (GDC) has an Americans with Disabilities Coordinator who is responsible for overseeing and coordinating the agency's efforts to comply with the ADA requirements. The Coordinator works in direct collaboration with the State ADA Coordinator's Office and serves as an invaluable resource when a facility needs any type of interpretive service to ensure an inmate can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation. Her position on the organizational chart is described as ADA/LEP (Limited English Proficiency) Coordinator. In addition to making staff aware of the statewide contracts for interpretive services, the ADA Coordinator is available to facilitate, for facilities, access to interpretive services. During a recent audit, a deaf inmate was selected to be interviewed. Requiring an interpreter who could "sign" the facility contacted the ADA Coordinator, who quickly arranged for a video interpreter and through the interpreter using American Sign Language, the inmate responded to all the questions asked by the auditor.

During the audit of the Georgia State Prison, the auditor learned of two inmates who reportedly were limited English proficient. One offender was from Belarus and the other from Poland. The auditor conducted a brief interview with the offender from Belarus who spoke English proficiently. When asked where he learned to speak English so well, he said he got a good public education in Belarus. The offender from Poland was unable to participate in the interview because he did not understand English or indicated he did not understand. The counselor who conducted his orientation stated that when she conducted the orientation, he spoke English. The auditor asked the facility Health Services Administrator to contact Language Line for interpretive services. The inmate indicated he understood PREA and knew how to report sexual abuse or sexual harassment if it happened to him. He also indicated to the interpreter that he was able to communicate with the offender from Belarus. Contacting Language Line was easy to accomplish, and it was accomplished expeditiously.

Interpreters on state contract must meet the professional qualifications required by the contract.

The ADA Coordinator has required each facility to designate an ADA Coordinator who can facilitate and expedite contact with the Statewide ADA Coordinator in securing interpretive services and work with her on any issues related to disabled inmate accommodations.

GDC Standard Operating Procedure 103.63, American's with Disabilities Act, B.2, indicates that inmates entering a Diagnostic Facility, will have an initial medical screening to determine any needs for immediate intervention. Efforts are made at the diagnostic facility to identify offenders who may be qualified individuals under the ADA. Additionally, a mental health screening and evaluation is conducted at a GDC Diagnostic Facility to determine the level of care needs. Policy requires that during the intake and diagnostic process staff, including security, education, medical, mental health, parole and classification will ask offenders with hearing/visual disabilities their preferred way of communication during the first interaction in the intake/diagnostic process. That determination will prompt the intake/diagnostic staff to secure a Qualified Interpreter or use the Video Remote Interpreting for those with hearing impairments, a reader or other assistive technology, for those with visual impairments, or other specified preferred ways of effective communication. The preferred way of communication will be use throughout the intake/diagnostic process and this information will be documented in the Department's Database.

When required, the ADA Coordinator will order live American Sign Language interpreting services. Policy requires the sending diagnostic facility to contact the receiving facility to ensure that necessary equipment or auxiliary aids are available, including "qualified interpreters". Qualified interpreters are

defined as someone who can interpret effectively, accurately, and impartially, both receptively (understanding what the person with the disability is saying) and expressively (having the skill to convey the information back to the person) using any necessary specialized vocabulary.

In that same SOP, F. Effective Communication, paragraph a, requires that offenders with hearing and/or speech disabilities and offenders who wish to communicate with others who have disabilities will be provided access to a Telecommunications Device for the Deaf (TDD) or comparable equipment on the housing units. Public phones are required to have volume control for inmates with hearing impairments.

Auxiliary aids that include the following will be provided as a reasonable accommodation to offenders who qualify under ADA: Qualified Interpreters on site or through video remote interpreting services, note takers, real-time computer aided transcription services, written materials, exchange of written notes, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, voice, text, and video-based telecommunications, including text telephones (TTY), video phones, and closed caption phones or equally effective telecommunication devices.

The Prison also has an agreement with Language Line Solutions to provide interpretation services. Language Line can provide interpretation services over the phone, video remote and through on-site interpreting. Contract services, it affirms, also includes American Sign Language. The facility also has PREA documentation available for inmates and is in English and Spanish format. If interpretation is needed for any other language, the contracted translation service provided by Language Line include documentation translation.

A GED Teacher/Literacy Remedial Teacher and staff are available to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues.

This facility has a high population of offenders on the mental health caseloads. Some are up to Level III Mental Health which may require assistance in communicating. Counseling staff, including mental health staff, are available in this facility to assist in intake and orientation of inmates with mental or psychiatric issues.

Language Line is available for telephone interpretive services, video interpretive services and on-site services and for translation services. The auditor used Language Line Solutions to interview an offender from Poland.

American Sign Language is available through Language Line Solutions.

Policies and Documents Reviewed:

Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; GDC Standard Operating Procedures, 101.63, Americans with Disabilities Act (ADA), Title II Provisions; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Agency Disability Report provided by the PREA Analyst

Interviews: Warden; PREA Compliance Manager; Georgia Department of Corrections ADA Coordinator in a previous interview; Education Staff; Intake and Orientation Staff; Randomly selected staff (23); Specialized Staff (38); Randomly Selected Inmates (20); Targeted Inmates (20) and (43) Inmates, informally interviewed

Observations: Posting of PREA Brochures in English and Spanish; Previous Reviews of Statewide Contracts for Interpretive Services; Inmate responding to Language Line Interpreter (Polish)

Policy and Document Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager 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 facility has access to Language Line Solutions via a contract/agreement to provide interpretive services for disabled and limited English proficient inmates in making an allegation of sexual abuse.

The GDC provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included.

The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish and in closed caption.

Georgia Department of Corrections facilities have a valuable resource when needing to access interpretive services. The agency ADA Coordinator has communicated information on how to access interpretive services via statewide contracts and when there is a need to secure an interpreter expeditiously, staff contact the ADA Coordinator who can expedite those services. While the ADA Coordinator is not responsible for county facilities, she would be available to suggest how the facilities might access any services not available to them through the statewide contracts. Each facility has an ADA Compliance Staff who can facilitate contact with the Statewide Coordinator in securing interpretive services.

The facility has GED teachers/Literacy Remedial teachers who can assist any literacy or cognitively challenged inmates in understanding the PREA information and how to report.

Counselors, including highly qualified mental health counselors, can assist inmates with mental health issues. Language Line Solutions is available to staff working with limited English proficient offenders. American Sign Language is available on-site through a contract with Language Line Solutions including via video with a Language Line staff who is qualified in American Sign Language.

The Prison Rape Elimination Act pamphlet will be provided to the offender in Spanish.

The ADA Coordinator is ensuring that a local ADA Coordinator is being designated in each facility to be responsible for assisting with any ADA issue, including an inmate who is challenged by a disability that might interfere with his/her ability to participate in the agency's sexual abuse prevention efforts.

Discussion of Interviews: The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient inmate needing translation services the facility has access to Language Line and if on-site interpreters were needed, she would arrange that. She also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated she would, if called, make the contacts to provide signing and any other translation services needed. When asked about the PREA Video being available in Spanish and with either closed caption or with a “signer” in the lower portion of the video, she indicated the agency has a contract for that video to be “redone” to provide the translations. The agency does have the PREA Video with closed caption.

Interviews with Twenty-Three (23) random staff, indicated that most of the staff would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent and emergency or exigent circumstance. Most of the staff indicated they would not rely on an inmate, but most were unsure of how professional interpretive services would be accessed, nor did they know Language Line was a resource for interpretive services.

Corrective Action: The facility will install the Language Line Foreign Language Poster to enable intake staff to determine the language the offender understands and to contact Language Line to secure a qualified interpreter, when needed. Staff will be trained on how to access Language Line Interpretive Services.

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.

The Human Resource (HR) Manager and HR Technicians are well informed on Department of Corrections hiring processes and the requirements for background checks for newly hired staff, promoted staff, security staff, non-uniform staff, contractors, and volunteers. The described processes were consistent with GDC Policy and the PREA Standards.

The HR Staff confirmed that background checks are conducted at the facility for newly hired staff, promoted staff, correctional staff, non-uniform staff, and contractors unless the applicant has applied at a job fair, in which case, the background check may be conducted by the Peace Officer's Standards Training Council and confirmation of results forwarded to the facility. Otherwise an applicant, prior to hire, must complete the following:

- Background Check; National Crime Information Center and Georgia Crime Information Center
- Applicant Verification, answering the PREA prohibition questions
- Integrity Test for Correctional Officer Applicants (placing the individual in ethical situations and asking the applicant to respond)
- Social Media Checks
- Live Finger Print Scans at the Regional Office

Promoted Staff, prior to promotion, must pass another background check and an applicant verification, asking the PREA Prohibition Questions

Correctional Staff must pass another background check annually prior to going to the firing range, a requirement for maintaining their Peace Officer Standards Training Council Certification.

Non-Uniform Staff must pass another background check at least every five (5) years.

Contractors, upon hire, must pass a background check, NCIC and GCIC and an Applicant Verification Form, answering the three PREA Prohibition Questions.

Volunteers are reportedly trained at either the State Office (by the Statewide Volunteer Coordinator) or at the Regional Office. Interviews with the Statewide Volunteer Coordinator confirmed the agency has moved toward providing standardized training rather than each facility conducting its own training, to ensure volunteers are getting the same information. Background checks for volunteers are also conducted at the State Office or Regional Office. Upon completing the required background check and the required training, either the State Office or Regional Office and occasionally the facility, the volunteer is given a Volunteer Badge with photo ID and an expiration date. If the Volunteer has not had a background check prior to the expiration date on the volunteer badge, the volunteer is prohibited from entering the facility again, until he has completed the training and had another background check.

The Georgia Department of Corrections, as required in policy, prohibits the hiring or promotion of anyone and enlisting the 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; who has 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; and the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the same activity. The Department considers any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

Policy requires every employee, as a continuing affirmative duty to disclose any such misconduct.

Georgia Department of Corrections requires the following regarding the hiring and promotion process: 1) Applicants responding to the PREA related questions asked of all applicants and documented on the Employment Verification Form; 2) Correctional applicants must pass a background check consisting of fingerprint checks, a check of the Georgia Crime Information Center and the National Crime Information Center; 3) Correctional Staff must pass an annual background check prior to going to the firing range annually to maintain their Peace Officers Standards Training Certification (POST); all other staff must pass a background check consisting of the GCIC and NCIC annually.

Material omissions regarding misconduct or providing materially false information will not be grounds for termination.

Policy also requires before hiring new employees, who may have contact with inmates, the agency: performs a thorough criminal background records check. These checks include a check of the Georgia Crime Information Center and the National Crime Information Center, as well as an initial fingerprint check for all security positions.

Additionally, 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. GDC Complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules and regulations.

The auditor reviewed the following files to determine if background checks were conducted as required:

The auditor reviewed 20 personnel files of newly hired staff. 20 of 20 had background checks and completed Applicant Verification Forms prior to hire date. Additionally, the auditor reviewed the files of 10 promoted staff. Background checks were conducted prior to promotion date and Applicant Verification Forms completed. Twenty (20) of Twenty (20) non-uniform employee's personnel files were reviewed. All of them contained completed background checks as required and Applicant Verification Forms. Sixteen (16) Contractor files were reviewed and all of them contained the required background checks and applicant verification forms.

GDC Policy requires background checks every year for uniform staff. Annual background checks are required for uniform staff to go to the firing range to maintain firearms qualification, as required for maintaining the officer's Peace Officer Standards Certification. All other employees and contractors with contact with inmates must have a background check every five years.

Policy and Documents Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Standard Operating Procedures 104.09, Filling a Vacancy; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; "Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, Reviewed Applicant Verification Forms; Reviewed Background checks for Twenty (20) newly hired security employees; Ten (10) newly hired non-uniform staff; (07) promoted staff in the past 12 months; Fifteen (15) of Twenty (20) Staff Promoted during the past 12 months; Ten (10) Contractor Background Checks; Ten (10) Background Checks for Volunteers.

Interviews: Warden; PREA Compliance Manager; Human Resources/Personnel Manager; Two (2) HR Technicians; (23) Randomly Selected Staff; One (3) Contractors; Two (2) Volunteers

Policy Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. GDC does not hire or promote anyone or contract for services with anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. Too, policy requires the Department to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contactor who may have contact with inmates. Prior to hiring someone, the PREA Questions, asking prospective applicants the three PREA Questions, is required. GDC Policy 104.09, Filling a Vacancy, Paragraph I. Hiring and Promotion, 3. Requires that before hiring anyone who may have contact with offenders, GDC will perform a criminal background check and 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 any allegation of sexual abuse. Verification of that check must be documented on the GDC Professional Reference Check.

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. The agency's PREA Coordinator requested, as a best practice, that the facilities conduct annual background checks of all employees to ensure that a five-year check did not fall through the cracks.

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

GDC requires applicants to disclose any disciplinary history involving substantiated allegations of sexual abuse and goes on to tell the applicant that GDC requires supporting documentation must be obtained prior to the applicant being hired. Failure to disclose (omissions) that are material will result in the applicant not being considered.

The GDC requires that all corrections staff have an annual background check prior to going to the firing range, which is a requirement for corrections staff to maintain their certification as Correctional Officers through the Peace Officer's Standards Training council. Non-Uniformed staff are required to have a background check every five (5) years, however the Warden and Human Resources Manager have determined that it is easier to background all employees annually than to try to keep up with all the different dates five-year checks would be due.

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

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. A memo from the Warden affirmed that that information would be made available to potential employers.

If the employee violates an agency policy related to PREA, the employee will be subject to termination and prosecution.

Discussion of Interviews: The HR (personnel manager) described the hiring process. She indicated that prospective security candidates for employment take the Integrity Test at the facility, complete the Applicant Verification Form affirming they have not been involved in those PREA related issues on the form, and consent for a background check through the GCIC and NCIC. If the applicant worked in another facility or institution, a professional reference check is required. Contractors and volunteers are

background checked annually. If a staff resigned during an investigation the investigation would continue but the staff would be coded as a “no-rehire”.

Interviews with the Human Resource 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. The manager also stated that all newly hired staff have background checks that include live scan Fingerprints. She also indicated these checks are conducted annually on all uniform staff and at least every five years for all non-uniform staff. Background checks can be conducted at the facility because the facility has a terminal enabling them to do so.

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.

In the past 12 months or since the last audit, the facility has not had any substantial expansions or modifications to the facility. Interviews with the Warden confirmed that he and his staff would be involved in developing plans to ensure sexual safety is taken into consideration in the planning process.

Documentation was provided, in the form of invoices documenting the following surveillance camera additions/enhancements:

- 2/7/2018 – 6 cameras

Policy and Documents Reviewed: Pre-Audit Questionnaire; Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8; Invoice for DVR Equipment (6)

Interviews: Warden, Deputy Warden, PREA Compliance Manager

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prisons Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A, Prevention Planning, Paragraph 8, requires all new or existing facility designs and modifications and upgrades of technology will include consideration of how it could enhance the Department's ability to protect inmates against sexual abuse. The PREA Coordinator must be consulted in the planning process.

Discussion of Interviews: An interview with the Warden, Deputy Warden and the PREA Compliance Manager confirmed that there were no expansions or modifications to the facility since the last PREA however there have been upgrades and/or additions to the video monitoring system.

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.

The Georgia Department of Corrections, Office of Professional Standards Investigators (Special Agents) conduct investigations of allegations that appear to be criminal in nature for the Department. These investigators undergo extensive training in conducting investigations and are empowered to arrest staff or inmates. Office of Professional Standards Investigators and Office of Professional Standards Special Agents attend a police academy in addition to any departmental training they receive. In addition to the eleven (11) weeks of police academy training, Special Agents attend another 13 weeks or more investigation training at the Georgia Bureau of Investigations Academy. An interview a Special Agent, confirmed that they attend 11 weeks of Basic Mandate Training at a Police Academy. Training includes basic law enforcement. They also attend 11-13 weeks at the Georgia Bureau of Investigations Academy where they are trained in the investigation process, crime scene preservation, interviewing victims of sexual abuse, intelligence technology, and other investigative courses. He also related Special Agents attend a three-day class related to PREA Investigations.

Special Agents are dispatched out of their Regional Office and cover a specific area with specific

facilities however they may go elsewhere upon direction or assignment by the Special Agent in Charge. There are three regions: North, Southeast and Southwest. In the Southwest a special agent has been essentially designated as a PREA Investigator for that region, although he may be assigned elsewhere too. The PREA Coordinator indicated that a part of her strategic planning is to have a PREA investigator in each region.

Investigators are trained to follow a uniform process. Georgia Department of Corrections Standard Operating Procedures, 103.10, Evidence Handling and Crime Scene Processing (thirteen pages), provides extensive guidance in evaluating a crime scene, examining a crime scene, still/video photography, crime scene sketches, handling and collecting evidence (and storage of evidence), digital evidence, latent prints, collection of known samples, crime scene documentation, submission of evidence, equipment requirements and record retention.

An interview with the PREA Special Agent from the Southwest Region confirmed a specific and thorough process for conducting the investigation and in collecting evidence. He indicated that once notified, if the area has been secured, he will come to the facility and process the cell or crime scene while waiting on the Sexual Assault Nurse Examiner to arrive. Processing, he indicated, includes taking photos, using the alternative light source, review video, listen to phone calls, ask permission for swabs and secure search warrants if they don't consent, He related he will interview the victim but not right away, in an effort to not re-victimize them. Additional potential evidence may be clothing to be processed by the Georgia Bureau of Investigation Crime Lab. The SANE conducts the forensic exam and turns the Rape Kit over to the Special Agent or to security in the absence of the Special Agent. The chain of custody begins, and the evidence may be secured in an evidence locker until it is turned over to the Special Agent who gets it to the crime lab for examination. He indicated as well that the GBI crime lab does not have a backlog of rape kits anymore so the turn around time should be improved, enabling the investigation to proceed and conclude. (See 115.71 for more details about the investigation process)

Sexual Assault Response Team members are facility-based staff, composed generally of a facility-based investigator who has completed the National Institute of Corrections on-line course, "PREA: Conducting Sexual Abuse Investigations in Confinement Setting", a medical staff, counseling or mental health staff (one of whom may serve as a staff advocate), and often the retaliation monitor. Their role, in the event of an allegation that appeared to be criminal, is limited to ensuring the protection of the evidence and if an assault is alleged, getting the inmate medical attention immediately, all the while protecting evidence insofar as possible.

The facility-based investigator, who is the Medical Unit Manager, has completed the National Institute of Corrections online training, "Investigating Sexual Abuse in a Confinement Setting". This was confirmed through an interview with her and reviewing her certificate of training from the NIC. SART members, who have other jobs within the facility would respond initially to all allegations and again, if criminal, the Warden/Designee would contact the Regional Office and request an Office of Professional Standards Special Agent to conduct the investigation. Investigators use a uniform protocol for evidence collection as documented in GDC Policy 103.10, Evidence Handling and Crime Scene Processing.

The auditor reviewed 99 of 109 investigation packages. The discussion of the contents of the investigation packages will be conducted in standard 115.71. (See 115.71 for corrective action related to facility-based investigations.

All inmate victims of sexual abuse are offered a forensic exam at no cost to the inmate/resident.

The Sexual Assault Nurse Examiners are contracted with the Georgia Department of Corrections to provide “on-site” forensic examinations. A memo from the Satilla Advocacy Center (headquarters for the SANEs) documented that they follow the National Protocol for Conducting Forensic Exams. Additionally, they provided a document entitled: “National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, Major Updates” summarizing the major categories of revisions made in the second edition of the National Protocol for Sexual Assault Medical Forensic Examinations. The revised protocol has the same emphasis and values as the original but are updated to reflect current technology and practice. The protocol offers recommendations to help standardize the quality of care for sexual assault victims and is based on the latest scientific evidence.

Upon learning of a sexual assault, the facility nurse is required to complete the Nursing Assessment Form for Alleged Sexual Assault. If the determination is that a possible sexual assault occurred, the Nurse completes the Plan portion of the form. This information documents notifying the Officer in Charge, SANE Nurse, and other notifications.

The facility has a SANE Call Roster providing contact information for Sexual Assault Nurse Examiners. Contact information is provided for three SANEs.

The facility nurse documents the following information on the Medical PREA Log:

- Inmate Name and GDC Number
- Date of Incident
- Reported within 72 hours
- Transported to ER?
- Date of Transport
- Method of Transport
- Inmate Consent Form Signed
- SANE Nurse Notified
- Date/Time
- Date Exam Scheduled
- Date Exam Completed
- Time Nurse Arrived
- SANE Nurse Conducting Exam
- Company of SANE Nurse
- Inmate Refusal/Recant?
- GDC Chain of Command for Rape Kit
- Date Accepted by Security

If an inmate refuses and exam or recants, the nurse completes another log, entitled, “Refusal/Recantment Medical PREA Log” documenting the refusal, recanting, and notifications to the SANEs.

Additionally, the SANEs follow Georgia Department of Corrections, 208.06, Procedure for SANE Evaluation/Forensic Collection covering the following:

- Initial Report of Sexual Abuse/Assault
- Collection of evidence by SANE Nurse on-site
- SANE Assessment/Forensic Collection
- Referrals for Mental Health Evaluation and Counseling
- Medical PREA Log and SANE Invoice

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; GDC Standard Operating Procedure 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment; Attachment 1, Medical Evaluation of Suspected Sexual Assault (Contract) with Attachment 1, Medical Evaluation of Suspected Sexual Assault; Memo from Health Service Administrator, 11/26/2018, Medical Co-Pay for Sexual Assault; Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Sexual Assault Nurse Examiner's; SANE Call Roster/List;.IK01-0005; MOU with the Sexual Assault Support Center; National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Edition, Major Updates"; Email from Satilla Advocacy confirming Following the National Protocol for Evidence Collection.

Interviews: Commissioner; Warden; PREA Compliance Manager; Health Service Administrator; Nurse; Sexual Assault Response Team Members; Facility Based Investigator, Previous Interviews with two (2) SANEs from Satilla Advocacy; Rape Crisis Center Staff ; Twenty-Three (23) Randomly selected staff; Thirty-Eight (38) Specialized Staff; Interviews with Twenty (20) Random Inmates; Interviews with Twenty (20) Targeted Inmates; One (1) Office of Professional Standards Investigators assigned to the prison; One (1) Special Agent. (previous interview); Advocate at Rape Crisis Center of the Coastal Empire; Executive Director, Rape Crisis Center of the Coastal Empire.

Discussion of Policy and Document Review: GDC 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. 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. The Satilla Advocacy Center documented they follow a National Protocol for the Collection of Forensic Evidence and the National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Edition, Major Updates.

The GDC Policy, IK-005, Crime Scene Preservation, establishes the agency's policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff are required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed

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

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

local operating procedure essentially documenting the facility's coordinated response to an allegation of sexual abuse.

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 Warden and Duty Officer and the Warden contacts the Regional Office who will assign an Office of Professional Standards (OPS) Investigator (Special Agent) 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 Warden/Designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam.

The Health Services Staff acknowledged there have been five (5) cases involving the services of a sexual assault nurse examiner during the past twelve months.

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to accompany and provide emotional support for inmates being evaluated for the collection of forensic evidence. The facility provided documentation to confirm contact with the Rape Crisis Center of the Coastal Empire and a Memorandum of Understanding between the Rape Crisis Center of the Coastal Empire of the Coastal Empire for the provision of advocacy services for any inmate victim of sexual abuse. The Center also mans a hotline 24/7 enabling anyone to contact them regarding any issues of sexual abuse. Contact information is provided in the inmate handbook.

GDC Policy 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 Memorandum of Understanding with the Rape Crisis Center of the Coastal Empire who agreed to provide an advocate to accompany an inmate through the forensic process and exam and in any investigative interviews providing emotional support.

Discussion of Interviews: The interview with the Special Agent who serves in the Southwest Region as the PREA Investigator described the organizational structure of the Office of Professional Standards, Investigation Units and the evidence collection process. He supported the PREA Coordinator in wanting to request PREA Investigators because he said an individual agent may conduct a PREA Investigation but, like anything else, the more you do the more competent with that type of investigation one can become. He indicated having a specialized investigator makes sense. The facility-based investigator has completed the NIC On-Line Training, "PREA: Investigating Sexual Abuse in a Confinement Setting". He described the process for conducting investigations and indicated that once he was informed of an allegation, he would make sure all the SART members were notified and initiate the investigation. The process would include interviewing the alleged victim and alleged perpetrator as well as any witnesses, review any video footage, review any documentation including things like shift rosters and log books.

An interview with a SANE who is contracted to perform Sexual Assault Forensic Exams for the Georgia Department of Corrections, confirmed the process for conducting a forensic exam. She follows a uniform protocol for conducting those exams. An interview with a Special Agent confirmed the investigative process when an incident at the facility appears to be criminal. Special Agents, he indicated, complete 13 weeks of training by the Georgia Bureau of Investigation. An interview an advocate and the Executive Director of the Rape Crisis Center of the Coastal Empire confirmed their agreement and ability to provide an advocate 24/7 to accompany the inmate providing emotional support services, during the forensic exams and investigative interviews and to provide the inmates with the 24/7 hotline enabling them to talk with an advocate if they needed to. The Executive Director indicated she and her staff would like to provide prevention classes and other classes or groups in the prisons if that could be arranged.

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.

The Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse and sexual harassment will be considered allegations and will be investigated. That included any sexual behavior that was observed, that staff have knowledge of, or have a received a report about, suspicions. Staff acknowledged that regardless of the source of the allegation, the allegation is reported and referred for investigation. If an allegation appears criminal in nature it is referred to the Department's Office of Professional Standards Investigator who is a Special Agent, trained extensively in conducting investigations and who has the power to effect an arrest of staff or inmates. Staff acknowledged that they understood that failing to report would result in disciplinary action up to an including dismissal.

Another GDC Policy, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, asserts it is the policy of the GDC 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.

The Georgia Department of Corrections (GDC) has established Sexual Assault Response Teams (SART) in each of the GDC facilities and programs and the SART, according to policy, is responsible for the administrative investigation into all allegations of sexual abuse or sexual harassment. The Georgia State Prison has a Sexual Assault Response Team who is responsible for conducting the initial sexual abuse investigations and sexual harassment investigations. The SART Facility Based Investigator is required to complete the National Institute of Corrections Specialized Training (online) entitled: "PREA: Investigating Sexual Abuse Investigations in Confinement Settings." The SART is made up of a facility-based investigator, a nurse, a counselor, and a staff advocate. The SART's role is to conduct an initial investigation into the allegation.

If an allegation appears to be criminal in nature, the SART will notify the Shift Supervisor and Warden who will contact the applicable Regional Office. The Regional Office will then appoint or designate an

Office of Professional Standards Investigator, a Special Agent, who has extensive investigative training through the Georgia Bureau of Investigation, to conduct the criminal investigation. Special Agents have been empowered to effect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it.

The SART may also conduct administrative investigations, including allegations of sexual harassment. Staff misconduct is investigated by the Office of Professional Standards Special Agent.

The facility-based investigator, the Medical Unit Manager has completed the specialized investigation training provided by the National Institute of Corrections.

The auditor reviewed 99 investigation packages of the 109 investigations conducted in the past 12 months.

The following allegations were made during that time period:

- (22) Staff on Inmate Sexual Abuse
- (41) Staff on Inmate Sexual Harassment
- (23) Inmate on Inmate Sexual Abuse
- (23) Inmate on Inmate Sexual Harassment

Multiple allegations were made by 1-2 inmates. See 115. 71 for discussion of investigations and results of investigations.

All investigations are documented and maintained. Investigations conducted by the Sexual Assault Response Team are entered into the GDC's data base and are reviewed by the PREA Unit and must be approved by them prior to the investigation being finalized and closed in the system.

The agency's website is replete with information related to PREA. A section entitled: "Department Response to Sexual Assault or Misconduct Allegations" asserts that employees have a duty to report all rumors and allegations of sexual assault and sexual misconduct through the chain of command. Another paragraph, "Investigations of Sexual Assault and Misconduct" states that the GDC is dedicated to producing quality investigations of alleged sexual assaults and sexual misconduct incidents. A separate section, "How do I Report Sexual Abuse or Sexual Harassment?" affirms the GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Multiple ways to report are then identified and contact information is provided.

Policy and Documents Review: GDC Policy, 208.6, Prison Rape Elimination Act; GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment; IK01-005, Crime Scene Preservation; Pre-Audit Questionnaire; PREA Investigation Summary; Notification of Results of Investigation; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings); Georgia Department of Corrections Website; 99 Reviewed Investigation Packages out of 109 Investigations

Interviews: 21 Randomly selected and 38 special category staff; informally interviewed staff during the audit; 21 randomly selected inmates; 20 targeted inmates.

Discussion of Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, requires that an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for

investigation to the Office of Professional Standards. If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations. The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear evidence of physical contact, are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional 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, contactors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff are required to cooperate with the investigation and GDC policy is to ensure that investigations are conducted in such a manner as to avoid threats, intimidation or future misconduct. Policy requires "as soon as an incident of, sexual contact, sexual abuse or sexual harassment (including rumors, inmate talk, kissing etc.) comes to the attention of a staff member, the staff member is required to immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Office of Professional Standards Unit verbally and follow up with a written report. Failure to report allegations of sexual contact, sexual abuse or sexual harassment may result in disciplinary action, up to and including dismissal.

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

Policy requires investigations to continue whether the alleged victim refuses to cooperate with the investigator and whether another investigation is being conducted and even if the employee resigns

during an investigation. The time limit for completing investigations is 45 days from the assignment of the case.

The auditor conducted an interview with an OPS Special Agent and an interview with a facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete between 11-13 weeks of training provided by the Georgia Bureau of Investigations and this is in addition to mandate law enforcement training which is 11 weeks.

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

An interview with the facility-based investigator indicated that she has completed the on-line NIC Specialized Training: PREA: Conducting Sexual Abuse Investigations in Confinement Settings. In the interview the investigator described the investigative process and indicated that all allegations are treated the same and are investigated the same regardless of where the allegation came from and the evidence collected, including taking witness statements from the alleged victim and alleged perpetrator as well as any witnesses to the alleged incident. The credibility of the resident or staff would be based solely on the evidence.

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates, or it is obvious that a criminal act is likely to have occurred, notifications are made up to the Duty Officer and Warden, who then make contact with the Regional Office Special Agent in Charge who will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

Interviews with SART Members indicated they would notify the inmate the results of the investigation and they would use the Georgia Department of Corrections Notification Form and are familiar with the requirements of policy related to notification to the inmate.

The agency's investigation policy is provided via the agency website and are provided information on how to report any PREA related allegation or complaint on line.

Discussion of Interviews: Interviews with Twenty-One (21) Randomly selected staff and Thirty-Eight (38) Specialized Staff indicated that staff are required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement, or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. An interview with the SART Leader confirmed they are very knowledgeable of the investigation process and reviewed investigation packages indicated a thorough process.

Twenty- One (21) randomly selected inmates and (43) informally interviewed during the site review and during the on-site audit period knew ways to report sexual abuse and sexual harassment.

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 Department of Corrections Policy 208.06 requires that staff are trained in the following:

- Department's Zero Tolerance Policy for Sexual Abuse and Sexual Harassment
- How to fulfill staff responsibilities under the Department's Sexual Abuse and Sexual Harassment
- Prevention, detection, reporting and response policies and procedures
- Offender's right to be free from Sexual Abuse and Sexual Harassment
- Right of offenders 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 offenders
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex; or Gender nonconforming
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside entities.

The reviewed lesson plan for annual in-service covers the required training topics. Interviews with staff and contractors confirmed 100% of them had completed PREA Training covering all the topics required by GDC Policy and the PREA Standards. Staff indicated they receive PREA Training as newly hired employees in pre-service orientation, at Basic Correctional Officers Training, at Annual In-Service Training and through on-line training including the required National Institute of Corrections course, "Communicating Effectively and Efficiently with LGBTI Offenders". Training was confirmed through interviews with 21 randomly selected staff and 38 specialized staff. Staff were specifically asked if annual training included the topics described and enumerated on the questionnaire for randomly selected staff and each employee confirmed that the training included all the topics. Training was also confirmed through reviewing 55 Certificates confirming the NIC. "Communicating Professionally and Effectively with LGBTI Offenders" and through reviewing training rosters documenting Day 1 annual in-service training. Rosters were dated: June 17, 2018, June 19, 2018, August 18, 2018, August 2, 2018, July 17, 2018.

Staff at the facility, in compliance with Georgia Department of Corrections Policies, receive their initial PREA Training as newly hired employees (Pre-Service Orientation). A block of training for the new employees is dedicated to PREA.

Newly hired Correctional Officers later attend Basic Correctional Officer Training (BCOT for Certification through the Georgia Peace Officers Training Council). A block of training includes PREA.

Following BCOT, all staff and contractors are required to complete Annual In-Service Training. Day 1 that includes PREA training. The reviewed agency's developed curriculum for 2018 Annual In-Service Training includes the following:

- Zero Tolerance
- Definitions
- Staff Prevention Responsibilities
- Offender Prevention Responsibilities
- Detection and Prevention Responsibilities
- Reporting Responsibilities
- Coordinated Response (Including First Responder Duties)
- Mandatory Reporting Laws (Official Code of Georgia)
- Inmate Education
- Retaliation
- Dynamics in Confinement
- Victimization Characteristics
- Warning Signs
- Avoiding Inappropriate Relationships with Inmates
- Communicating with Offenders
- Acknowledging LGBTI Offenders
- Search Procedures
- PREA Video
- PREA Training and Forms
- Enabling Objectives

GDC Policy also in Paragraph 1.b, requires that in-service training will include gender specific reference and training to staff as it relates to a specific population supervised and that staff who transfer into a facility of different gender from prior institution are required to receive gender-appropriate training.

The agency provides training for PREA Compliance Managers once or twice a year. They also provide training for the Sexual Assault Response Teams at least twice a year.

The Agency's PREA Coordinator and the Assistant PREA Coordinator completed the Train the Trainer Advocacy Training provided by the Moss Group to enable them to train designated facility staff to serve as facility-based advocates.

Policy and Document Review: Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Reviewed 2017 Lesson Plan for PREA; Reviewed Power Point Presentation for Annual Inservice Training: PREA, 2018; Reviewed Certificates documenting Specialized Training; Pages of Training Rosters – Annual In-Service Training, 2018; Reviewed Personnel files containing PREA Acknowledgment Statements; Previous Rosters documenting Sexual Assault Response Team Training; PREA Acknowledgment Statements

Interviews: Warden; PREA Compliance Manager; Agency PREA Coordinator (Previous Interview); Assistant PREA Coordinator (Previous Interview); POST Certified Training Officer; 21 Randomly selected staff, 38 Special Category Staff.

Observations: None applicable for this audit.

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

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

The auditor reviewed multiple training rosters (6) documenting Day 1, Annual In-Service Training, 2018 and 40 PREA Acknowledgment Statements.

Reviewed personnel files representing Newly Hired Staff, Promoted Staff and Regular Staff all contained PREA Acknowledgment Statements indicating staff are PREA. These statements affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexually

Abusive Behavior Prevention and Intervention Program. They also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, which is a felony punishable by imprisonment of not less than one nor more, than 25 years, a fine of \$100,000 or both.

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

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are posted strategically throughout the facility and in each living unit. Posters are also posted in administrative segregation and disciplinary isolation.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections training, "Investigating Sexual Abuse in Confinement Settings". Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

All staff are required to complete the on-line training Communicating Effectively and Professionally with LGBTI Offenders. Reviewed Certificates of Training (55) documented the training provided by the National Institute of Corrections and all interviewed staff stated they must complete the on-line NIC training, "Communicating Effectively and Professionally with LGBTI Offenders".

Discussion of Interviews: Staff confirmed they receive PREA Training annually during annual in-service training on Day 1. Each staff member interviewed reviewed each of the required training topics and confirmed they had been trained in Annual In-Service on each of those topics. They also indicated, in their interviews, that they receive PREA training as newly hired employees both at the facility and at the academy (BCOT). They stated they then receive PREA Training during annual in-service and that sometimes that training is in a class and sometimes on-line.

Interviewed staff were knowledgeable of the facility's zero tolerance for all forms of sexual abuse, sexual harassment and retaliation. Staff were specifically asked if they had received PREA training in each of the identified PREA Standards training topics, 100% reviewed the topics and said they were trained in each of the topics and that training was provided during annual in-service training. Staff reported they are trained to take everything seriously and report everything and even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before they left the shift. Staff explained their roles as first responders. This included both uniform and non-uniform staff. Non-Uniform staff articulated the role and steps of the first responder just like the uniformed staff. If an inmate reported being at risk of imminent sexual abuse staff stated, they would act immediately and remove the inmate from the threat and report it to their immediate supervisor. 100% of the interviewed staff affirmed they took the online NIC Training, "Communicating Effectively and Professionally with LGBTI Offenders". SART members confirmed they attend SART training once or twice a year.

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.

GDC Volunteers often provide their services in more than one prison or Georgia Department of Corrections (GDC) facilities and programs. Entrance into the facilities is granted with a valid and current Volunteer Identification Badge. Because of that issue and to achieve more consistency in training, rather than have each facility train them, training for volunteers is now provided by the state office to ensure consistency in training. If prison has a large number of prospective volunteers the state office may opt to conduct the training at a centralized location rather than require the volunteers to come to Forsyth, Georgia for the training. This unit also conducts the background checks of anyone interested in becoming a volunteer. Interviews with the State Director of Chaplaincy Services and the State Director of Volunteer Services indicated to the auditor, that if a volunteer shows up at the facility and possesses a valid and non-expired identification badge, the volunteer has completed the required PREA Training and has successfully completed a background check. If, a badge had expired, the Directors, informed

the auditor that they volunteer would have to go back through 4 hours of orientation training once again and undergo another background check. They also indicated the Chaplain at each facility must keep the volunteer records on file at the facility. When asked if one fell through the cracks who will be held responsible, the Director of Volunteer Services informed the auditor that the local Chaplain is responsible for all volunteers coming into his/her facility.

Statewide volunteer services are directed and coordinated by the statewide Director of Chaplaincy Services and Statewide Volunteer Coordinator, both full time positions in the state office. Volunteer Services are coordinated in the prisons by the Chaplain who is assigned to each prison. After a volunteer signs up for the volunteer training, the training will be conducted at the next training session that may be 3-4 weeks later. In between the background checks are being conducted. Training last about 3-4 hours and includes the following:

- Zero Tolerance
- Defining the Prison Rape Elimination Act
- Identifying Staff Awareness
- Discussion of the Dynamics of Sexual Abuse and Sexual Harassment
- Prevention and Reporting Procedures
- Sanctions

Contract staff, on the other hand, unlike volunteers, are required to attend the same Annual In-Service Training that all staff attend. Contract staff stated, in their interviews that they attend Day 1 Annual In-Service Training.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; GDC Standard Operating Procedure Local Management of Volunteer Services; Reviewed Power Point for Training; Contractor and Volunteer PREA Acknowledgement Statements;

Interviews: Warden; PREA Compliance Manager; Contracted Employees, State Director of Chaplaincy Services; Statewide Volunteer Coordinator; Facility Chaplain

Observations: There were no volunteer activities during the on-site audit period. Note: The auditor was informed that the portal sergeant, at the entrance to the facility, is responsible for checking volunteer badges to ensure no one is granted entry who has an expired badge. The auditor interviewed a volunteer Chaplain and asked to see his badge. The badge had expired, yet he had been granted access to the facility.

Discussion of Policies and Documents that were reviewed: GDC 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. Training for volunteers is provided at the state office now. Contractors receive training at the facility and attend departmental annual in-service training like all other employees. Everything, according to the Facility-Based staff, is done at the state office and occasionally at a specified location. Upon a successful background check and completed training

requirements, the facility Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the state office training. Too it provides consistency in the training provided. Once the facility issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually. Badges have expiration dates and must be checked by the portal sergeant checking visitors and staff into the facility.

A memo from the GDC Transitional Services Coordinator explained to Wardens that volunteers who participate in the volunteer training at the state office receive initial PREA training and have a background check completed. 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) The dynamics of sexual abuse and sexual harassment and common reactions of sexual abuse and sexual harassment victims; 4) Detecting and respond to signs of sexual abuse; and 5) How to avoid inappropriate relationships with inmates.

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

The auditor reviewed a total of 20 PREA Acknowledgement Statements for contractors and volunteers. The GDC Acknowledgment Statements are for supervised visitors/contractors/volunteers. It acknowledges that they understand the agency has a zero-tolerance policy prohibiting visitors, contractors, and volunteers from having sexual contact of any nature with offenders. They agree not to engage in sexual contact with any offender while visiting a correctional institution and if they witnessed another having sexual contact with an offender or if someone reported it to the contractor/volunteer he/she agrees to report it to a corrections employee. They acknowledge, as well, the disciplinary action, including the possibility for criminal prosecution, if they violate the agreement. The Acknowledgment Statement for Unsupervised Contractors and Volunteers acknowledges training on the zero-tolerance policy and that they have read the agency's PREA Policy (208.06). They acknowledge they are not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if they witness such contact or if someone reports such conduct to them. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

- NCIC Consent Form (for conducting the required background checks)
- Sexual Assault/Sexual Misconduct Acknowledgment Statement for Supervised Visitors/Contractors/Volunteers – acknowledging zero tolerance, duty to report, and an acknowledgment that entry into the facility is based on the volunteer's agreement not to engage in any sexual conduct of any nature with any offender and to report such conduct when learned. The Volunteer acknowledges that the consequences for failing to report or violating the agreement will result in being permanently banned for entering all GDC facilities and that GDC may pursue criminal prosecution.

Contractors complete the same training that staff are required to complete.

The Volunteer Coordinator at this facility is a volunteer Chaplain who serves the facility under the auspices of Rock of Ages Ministry. He confirmed the training process that is now being provided through the State Office and under the Direction of the Director of Volunteer Services. He described the process for becoming a volunteer. Interested potential volunteers contact the Chaplain who enters their name into a database and when a training date is available, the potential Volunteer is notified. Potential Volunteers then attend training at the GDC Headquarters in Forsyth, Georgia.

He indicated that once the training is completed and a background check completed, the information is entered into SCRIBE, the GDC data base and the facility may then issue a volunteer badge. He asserted that Volunteers must acknowledge their understanding of PREA yearly and have a background check as well.

An interview with a long- time volunteer confirmed the training process and that volunteers are trained that the facility and agency has a zero tolerance for any form of sexual abuse and that volunteers are to report anything they become aware of.

Interviewed contractors confirmed they attend the same annual in-service training as Georgia Department of Corrections Employees. They also confirmed receiving the NIC, LGBTI training. An interviewed volunteer stated he had been trained on the facility's zero tolerance policy, that he had also been trained to report anything he became aware of. He stated he would report it to the first correctional officer he saw. The interviewed volunteer affirmed he had a completed background check and was informed about the zero-tolerance policy as well as how to report and to whom to report. The interviewed volunteer is a volunteer Chaplain who has been providing services for years. He indicated he has a couple of classes off site, including classes at Forsyth, GDC Headquarters. Interviews with the Statewide Director of Chaplaincy Services and Statewide Volunteer Coordinator confirmed the processes and training for becoming a volunteer and for annual renewal.

The Facility will provide additional training to Portal Sergeants to ensure they are checking the expiration dates on the Volunteer Badges to ensure that anyone with an expired badge is not granted entrance into the facility.

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.

PREA information is presented to inmates in a manner that enables the inmate to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient resident was admitted, the facility has access to Language Line professional interpretive services as well as through multiple statewide contracts for a variety of interpretive services. Coordination of these services may be expedited by the local ADA Coordinator contacting the Statewide ADA Coordinator or designee who can facilitate access to professional interpreters either on the phone, via video, or in person. If a resident is deaf, the staff may use language line to access an interpreter using American Sign or access one of the many statewide contracts for interpretive services, both via phone, in person, or through video conference.

If, on admission, an inmate has literacy issues or is cognitively disabled, the initial intake information may be read to them. If needed, the facility has a GED/ABE/Literacy teacher. If a teacher is available on site during the admission, the teacher may ensure the resident understands. The facility may also use general population counselors or any staff to assist in communicating the information necessary to attempt to keep the inmate safe. The facility has mental health professionals, as this prison houses over 600 offenders who have higher level of mental health issues. Most of the mental health professionals are licensed.

Georgia Department of Corrections (GDC) Policy requires that incoming inmates, during intake, are provided notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation is provided to the inmate upon arrival at the facility. In addition to the verbal notification, offenders will be given a GDC PREA Pamphlet.

An interview with the Re-Entry Counselor, who provides intake information and orientation to offenders, stated that all new arrivals (Tuesday and Thursday) are told what PREA is; that there is a Zero Tolerance for all forms of sexual activity; Ways to Prevent It; and are provided a PREA Brochure with the same information. Orientation is then conducted on every Thursday and includes the following:

- Going over the information given to the inmate at Intake
- Showing the PREQA Video and giving offenders the opportunity to ask questions and the counselor indicated she asks questions
- Inmates given the Inmate Handbook

She also related if the inmate is limited English proficient, she would use Language Line. If the inmate couldn't read, she would read it to them, if the inmate was hearing impaired, she would let them read it

if they could read or get Language Line. If the offender had mental health issues affecting understanding, she could assist them or get a mental health counselor to assist.

If an inmate is transferring in from another facility, she indicated they would still receive the same information over again, if they had it at another facility.

A review of 26 inmate files indicated that inmates received information on admission regarding the zero-tolerance policy and that they completed an orientation during which they watched the PREA Video. Orientation documents indicated that orientation was provided within a week and never as long as 14 days.

Most of the interviewed inmates (41) indicated they were notified of the zero- tolerance policy when they first arrived and later saw the PREA Video. Some alluded to the PREA Posters in the facility.

The auditor was provided unfettered access to the inmate files. A review of 26 inmate files confirmed inmates received their PREA Education/Orientation. Informal interviews with 43 inmates, during the site review, indicated they received information about PREA when they arrived at the facility and that they saw the PREA Video. They also indicated they were given the opportunity to ask questions if they had any. They also said they were given PREA Information and saw the same PREA Video at Jackson State Prison, the State's Diagnostic Facility and at the other prisons they have been in.

For limited English proficient inmates, that facility has contracted with Language Line Solutions to provide interpretation services. These include interpretation over the phone, video remote and on-site. Contract services also include access to interpretation services for American Sign Language. The facility has an ADA Coordinator who can access the Statewide ADA Coordinator to secure a wide variety of statewide contracts for accessing interpretive services and these can be expedited by the statewide ADA Coordinator if necessary. Staff would read the information to inmates with literacy or developmental issues. A mental health counselor is available to assist mentally ill inmates in understanding the PREA related information and in making reports.

PREA related posters were observed throughout the facility and accessible in multiple areas to inmates.

Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; GDC PREA pamphlet; GDC Policy 220.04, Offender Orientation; A review of 40 Inmate PREA Acknowledgment Forms and 40 GDC Orientation Checklists; 26 Inmate files, randomly selected; Previously reviewed statewide contracts for interpretive services

Interviews: Warden; Staff conducting intake; Staff conducting orientation (resident education); PREA Compliance Manager; Forty-One (41) inmates; (21) Randomly selected staff; (38) Specialized Staff; (43) Informally Interviewed Offenders; Pre-Audit Questionnaire

Discussion of Policy and Documents: Reviewed: GDC 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.

Inmates confirm their orientation on several documents.

- 1) Inmate Acknowledgment of PREA
- 2) Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video)

If an inmate is non-English speaking, the Language Line is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA policy. If an inmate requires signing (hearing impaired) the agency’s ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator. The facility has a contract with Language Line for interpretive services for the deaf and offenders who are limited English proficient. Inmates who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill inmates have two counselors who can assist them in understanding PREA and how to report. PREA Videos have closed caption and there is also a Spanish version of the video.

Discussion of Interviews: The intake/orientation staff asserted that all inmates receive all the required PREA information during the admissions process and PREA Education at the next weekly scheduled orientation. This occurs on a weekday following the admissions on Tuesday and Thursday and is conducted on Thursday. They explained the process for providing the information and explained

that in addition to watching the PREA Video, inmates have the opportunity to ask questions if they have any.

Interviewed inmates indicated they received PREA Information on admission. They also stated they watched the PREA Video during orientation that provided PREA education. They also indicated they have seen the PREA Video and have been given PREA information in every GDC facility they have ever been in.

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.

The agency (GDC) requires that investigators complete specialized training regarding conducting investigations of sexual abuse in confinement settings. The specialized training, in addition to the extensive training required for the Department's Office of Professional Standards, Special Agents, covers all the topics required by the PREA Standards: interviewing sexual abuse victims; Miranda and Garrity Warnings; Evidence Collection in Confinement Settings; and the Criteria for the evidence Required to Substantiate a Case for administrative action or criminal prosecution.

The facility conducts its own investigations of allegations of sexual assault, sexual harassment or retaliation. These are conducted by the Sexual Assault Response Team (SART). A primary investigator, referred to as the facility-based investigator, leads the investigation. The facility-based investigator at Georgia State Prison is the Unit Manager of Medical.

Allegations that appear criminal are investigated by a Georgia Department of Corrections (GDC), Office of Professional Standards, Special Agent, assigned to the investigation by a GDC Regional Office. Special Agents receive extensive investigation training through attending the Police Academy and the Georgia Bureau of Investigations Training Academy (11-13 weeks); through the NIC online training, Conducting Sexual Abuse Investigations in Confinement Settings and through a two-day training provided by the GDC that trains staff in conducting investigations into sexual assaults in GDC facilities. Special Agents, according to the PREA Coordinator, complete mandated school, specialized Criminal Investigation Classes at the Georgia Public Safety Training Center and a two-day Specialized PREA Investigations Training.

If the allegation is not criminal, the facility's Sexual Abuse Response Team (SART), composed of a facility-based investigator, a representative from medical, and someone from counseling conduct the investigation.

The facility-based investigator understood the investigative process. She indicated she completed the online training "PREA: Investigating Sexual Abuse in a Confinement Setting". She described the investigation process and indicated if an allegation appeared criminal the warden would refer the case to the Regional Office for the Special Agent in Charge to assign a Special Agent assigned to conduct the investigation.

Too, the agency has implemented a computer-based system in which the facility-based investigator inputs the components of the investigation for review by the Agency's PREA Coordinator and/or Assistant PREA Coordinator. If they believe additional information is needed, they inform the facility-based investigator and will not authorize the close-out of the investigation until the PREA Unit approves the investigation. Interviews with the Facility-Based Investigator, PREA Compliance Manager (also trained to conduct investigations in confinement settings), Agency PREA Coordinator and a Special Agent (previous interview) confirmed the investigative process and the fact that the investigators have all completed specialized training in conducting sexual abuse investigations in confinement settings.

Facility-Based Investigators also must complete the PREA Training required of all other employees and this includes attending annual in-service training. This training is documented on six training rosters documenting staff completing annual in-service Day1 training.

Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; A Certificate documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Additional NIC Certificates documenting the on-line specialized training provided by the National Institute of Corrections for two additional investigators; Previously Reviewed Training Rosters for SART Training

Interviews: Warden; Previous Interview with the Special Agent designated as the PREA Investigator in the Southwest Region; Previous interview with Agency PREA Coordinator; Previous Interview with the Agency Assistant PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator-Facility-Based, Facility-Based Investigator; SART Members.

Discussion of Policies and Documents: GDC 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-based investigator, the Medical Unit Manager, has completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificate documenting the specialized training and through interviews with the investigators. Two additional

certificates were provided after the on-site when the auditor recommended additional investigators be trained because of the complexity of this facility.

Sexual Assault Response Team members are provided training conducted by the GDC PREA Unit at least twice a year. Training rosters were previously provided documenting the SART attendance at the training.

Discussion of interviews: An interview with a Special Agent assigned as the PREA Investigator for the Southwest Region in Georgia confirmed the extensive specialized training these Special Agents receive. He indicated his training consisted of attending the Police Academy followed by attending the Georgia Bureau of Investigations Academy that included extensive training in conducting investigations, including sexual abuse investigations, and training provided by the Department that included most recently a two-day training for investigating sexual assault in a confinement setting. He described the criminal investigation process in detail, including protecting crime scenes, collecting evidence (including swabs), using the Miranda Warning, collecting forensic exams (SANEs), chain of custody for rape kits, interviewing alleged victims and perpetrators and interviewing witnesses.

The auditor interviewed, in a previous interview, an Office of Professional Standards, Special Agent, from the Regional Office. The agent articulated the investigative process and the role of the Special Agent in investigating PREA related allegations. He indicated he or other agents would be dispatched by the Regional Office in the event of a sexual assault. He also related that in addition to the NIC Specialized Training taken on-line, (PREA: Investigating Sexual Abuse in Confinement Settings) he attended 600 hours of training provided by the Georgia Bureau of Investigation to become a Special Agent with arrest powers. The auditor also interviewed an OPS Investigator assigned to the prison and the Deputy Warden who was previously a Special Agent. These confirmed the extensive training an investigator with OPS goes through. Special Agents must complete police mandated training and 11-13 weeks of training conducted by the Georgia Bureau of Investigations and covering a wide array of investigations and investigation techniques.

The facility-based investigator confirmed receiving the NIC training and SART Training. The facility-based investigator was knowledgeable of the investigation process and correctly responded to the questions from the PRC Questionnaire for Investigators. She indicated the investigation would be initiated immediately and described evidence that would be reviewed and considered, that she would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or an inmate would not stop the investigation and that he would judge the credibility of a witness based solely on the evidence. (See 115.71 for further discussion)

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.

This standard is rated exceeds because the facility provided a roster of all medical staff and 45 of 45 medical staff completed the National Institute of Corrections Specialized Training provided on-line and entitled, "PREA: Health Care for Victims of Sexual Assault in a Confinement Setting". Staff also received training in the Nursing Protocols for sexual abuse and other training. The last Medical Association of Georgia's Accreditation Audit confirmed staff training as well. The Medical Association of Georgia Audit, conducted in December 2018, documented standard, P-C-03, Professional Development compliant with the MAG Standards confirming there is on-going in-service training, that staff receive a minimum of 12 hours of training, that staff records confirmed health care providers are current in annual CEUs and that the Standard is met.

Mental Health Staff are predominantly licensed professional counselors or licensed social workers. Nine staff were listed on the mental health staff roster and 9 NIC Certificates were provided documenting the specialized training.

Georgia Department of Corrections (GDC) Policy, in 208.06, Paragraph 5, requires Georgia Department of Corrections medical and mental health staff and Georgia Correctional Healthcare staff who have contact with offenders to be trained using the National Institute of Corrections (NIC) Specialized training. Policy also requires that they also attend GDC's annual PREA in-service training. That specialized training is provided by the National Institute of Corrections in their on-line courses; Health Care for Victims of Sexual Abuse in Confinement Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. The specialized training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.

The Director of Nursing indicated there are approximately 20-25 nurses on duty each day. The medical area, including the infirmary, Crisis Stabilization Unit, and Emergency Room are open 24/7 and he has around 50 nurses. The facility initially provided 17 Certificates documenting staff having completed the specialized training, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting". The auditor requested a complete listing of medical staff. There were 45 staff listed on the roster. The auditor requested and received 45 Certificates of Specialized Training, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting".

The mental health unit, according to the Director of Mental Health, initially provided 6 NIC Certificates of Training, "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". The auditor requested a list of mental health staff and requested the remaining Certificates documenting all staff have had the NIC on-line training. The facility provided the auditor 9 certificates confirming the specialized training for the MHM, contracted Mental Health Staff.

Additionally, documentation was provided confirming that two staff completed on-line training to become qualified staff victim advocates for inmates experiencing sexual abuse, if requested. One of those staff also had completed, in 2015, two days of training for becoming a victim advocate, provided by the Georgia Network to End Sexual Assault (June 24-25, 2015).

The facility does not perform forensic exams. The agency has a contract with Satilla Rape Crisis Center/Advocacy Center to conduct forensic examinations. The SANE comes on site to the prison to conduct the exams. Previous interviews with those SANEs confirmed their process for conducting the

exams. The SANE would either come to the facility to conduct the forensic exam or to another State Prison.

Medical staff also must complete the same training provided for all employees. Training Rosters documented their attendance at annual in-service training conducted most recently by the Georgia Department of Corrections in 2018.

Policy and Documents Reviewed: Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (45); SANE Certificate of Continuing Education (from former audit and documentation of that training is maintained in that file); (9) Certificates (NIC) documenting specialized training for mental health staff. Two (2) additional staff completed the on-line training to become victim advocates.

Interviews: Previous interview with the Agency PREA Coordinator; Warden; PREA Compliance Manager; Director of Nurses; Director of Mental Health; Counselor; Sexual Assault Nurse Examiner (two previous interviews with the contracted SANEs); 41 Inmates including 20 target inmates.

Observations: None applicable currently to this standard.

Discussions of Policy and Documents: The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff 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 and that training is documented on the requested training rosters documenting Day1 Annual In-Service Training.

The facility does not conduct forensic examinations. If there was a sexual assault at this facility, the medical staff at GSP would not conduct the forensic exam. The exam would be conducted by the GDC contracted SANE or at the emergency room depending upon the injuries the inmate incurred.

Staff are trained in PREA as newly hired employees and through annual in-service, just as any other employee of the facility. That training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.

Discussion of Interviews: An interview with the Director of Nurses indicated that all health care staff are required to and have completed the NIC Specialized Training provided online by the NIC. The nurse also affirmed the regular PREA Training staff received during annual in-service and refreshers.

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.

Policy and Documents Reviewed: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, Victim/Aggressor Classification Instrument; Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9.; Victim/Aggressor Assessments (40); PREA Sexual Victim/Sexual Aggressor Classification Screening (25) Forms from Movement Reports for the following dates: 10/16/18; 10/18/18; 10/23/18; 10/25/18' 11/20/18' 11/29/19; and 12/6/18; Forty (40) Reviewed Inmate Files

Interviews: Warden, PREA Compliance Manager/Deputy Warden; General Population Counselors who conduct victim/aggressor assessments; Interviews with forty (40) inmates

Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, dated March 2, 2018, 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.

Policy requires counseling staff to conduct a screening for risk of victimization and abusiveness, in SCRIBE, the offender database using the instrument, PREA Sexual Victim/Aggressor Classification Screening Instrument. Policy requires that the assessment is done within 24 hours of arrival at the facility. At this facility, interviews with a Counselor conducting the Victim/Aggressor Assessment and reviewed Victim/Aggressor Assessments indicated that the assessments are done as part of the admissions process and are done well within 24 hours of admission.

All the reviewed assessments (40) including another were completed within 24 hours of admission.

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 inmates 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

The Staff at GSP stated in their interviews the facility 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 inmates 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.

Policy requires that offenders whose risk screening indicates a risk for victimization, or abusiveness will be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or sexual harassment. It also requires all offenders to be reassessed within 30 days of arrival at the facility. A case note must be entered into SCRIBE to indicate when the reassessment was conducted.

Staff stated that prior to the PREA Assessment the counselor would have looked into SCRIBE, the offender database to review things like disciplinary actions, Rap Sheets, Case Notes, Medical Notes and any flags identifying the inmate as at risk of victimization or abusiveness.

Screening is required to be conducted, in private in an office with the door closed, within 24 hours of arrival at the facility. A counselor who conducts the screening stated the initial PREA Assessment is conducted in the intake area, away from other inmates, and while seated at a desk. When asked if that afforded the inmates privacy for answering those personal questions, the staff affirmed there are not inmates around or within hearing distance. They stated they ask the questions and the inmate responds. They also indicated the screening takes place the same day the inmate is admitted and is a part of the admissions and intake process.

Counselors at the prison conduct the victim/aggressor assessments as a part of the intake process. The initial assessments are consistently documented on the same day as arrival. The auditor tested the process and requested the movement reports for the dates listed above and reviewed the Victim/Aggressor Classification History. 24 of 25 reviewed Classification Summary (Forms documenting New Prison Classification, Security Classification Summary, Victim/Aggressor Classification) documented the initial assessments being conducted within 24 hours as required by the Georgia Department of Corrections Policy. An additional 40 files that were reviewed confirmed assessments and reassessments being conducted within the required time frames.

The information in the victim/aggressor assessment is limited to Counselors, Chief Counselor, and Deputy Warden of Care and Treatment.

Reassessments, staff said, are conducted within 30 days of admission. The Chief Counselor indicated reassessments within 30 days had not always been in compliance, but she indicated she has aggressively monitored them and assured the auditor they are being conducted within 30 days and anytime an inmate goes to court, to Augusta State Medical Prison, etc. a reassessment is done, and the inmate may be reclassified.

Reviewed Reassessments for the dates documented above indicated that 25 of 25 reviewed reassessments were completed within 30 days of admission as required.

Staff related that transgender inmates are also reassessed every six months. The facility provided a list of transgenders assessments and reassessments confirming they are now conducting the reassessments every 6 months as required.

Information from the PREA Assessment is used in an effort to house the inmate appropriately and to place him in programs and on details that are conducive to his safety and risk. The classification committee meets weekly and following admission, the classification committee reviews the available information on the inmate, including the PREA Assessment.

Discussion of Interviews:

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 inmates 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. Staff also related that they go into SCRIBE, the offender database, to look for any previous flags, criminal history, and disciplinary actions involving the offender. The interviewed counselor related that she checks SCRIBE to cross check the responses of the offender.

If an inmate endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale he is designated as at Risk for Abusiveness.

Reassessments, according to staff, are required to be completed, within 30 days after the initial assessment. The Chief Counselor stated there had previously been an issue with getting the reassessments done within 30 days however since identifying that issue she has monitored the process and confirmed inmates are now consistently being reassessed within 30 days. The auditor reviewed case files and confirmed assessments and reassessments being conducted in compliance with policy and the standards. This is documented on a sheet entitled, V/A Assessment and Reassessment.

Inmates in this facility are long term inmates and most of the interviewed inmates had been in the facility for years and could not recall being asked the questions on the risk screening assessment.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy requires the agency and the facility use the 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; Bedding; Work Details; Education Assignments and Program Assignments. This is required in GDC Policy 208.06, D. Screening for Risk of Victimization and Abusiveness, Use of Screening Information.

The Warden provided the auditor a Memo, dated 11/21/2018, Re: Safe Housing, identifying C-1 and C-2 General Population Dorms, with single cells, as the safe housing areas. DE-1, is identified as the safe housing for High Profile Inmates and these, according to the Memo, are single cells as well.

The Chief Counselor indicated that both she and the Deputy Warden of Care and Treatment make housing assignments. She indicated, when the inmate comes in, he is assessed and she looks at any PREA issues, age, disciplinary reports, any profiles (in the offender database, SCRIBE), gang affiliation, aggressiveness (resulting in an assaultive profile). C-1 and C-2 have been, she indicated, designated as the safe dorms for the most vulnerable and some potential victims are housed throughout the facility. The facility houses about 600 or more mental health inmates and these often-present vulnerability because of their conditions, mentally and developmentally, and are housed in C-1.

The classification committee, the Chief Counselor advised, would have a face to face with inmates coming before the committee for classification. She indicated that if the inmate is a transgender the committee would ask the inmate if they felt vulnerable and what steps the facility could take to make them feel safer.

Moves are made by the Captain on the Shift, the Deputy Warden of Care and Treatment, Senior Counselor and the Chief Counselor. The Captain, she stated, would look into SCRIBE for information on the inmate being a potential victim or potential abuser and would make the move but call the Duty Officer to advise of the move. She also indicated she would then be notified the next day.

Policy and Documents Reviewed: GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; (40) Reviewed Assessments; Reviewed 22 Assessment History Forms randomly selected from the Identification Board in ID.

Interviews: Warden; PREA Compliance Manager/Deputy Warden; General Population Counselor; Intake Officer; Members of the Classification Committee; ID Officer

Discussion of Policies and Documents: GDC 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 (inmates) 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.

Potential victims are assigned to general population dorms and are not housed in designated dorms. Dorms at the Georgia State Prison are predominantly double bunked cells with one building being an open bay arrangement. Care is taken to ensure a potential victim is not housed in a cell with a potential aggressor. Staff related that, in the open bay dorms, if an individual was a potential victim, they would be housed up front closer to the control room where they could be observed more easily.

The classification committee meets weekly and reviews the inmate's record and file and if they determine an offender needs to be moved, he will be moved. They also consider the inmates safety in making assignments to details and programs, although programs are very limited.

The Classification Committee, according to the Chief Counselor, would have a face to face meeting with each transgender coming into the facility and the offender would be asked if they felt vulnerable and if so, what the committee might do to make them feel safer. Staff indicated the offender's views for their own safety would be given serious consideration. They also stated if the inmate requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender inmate would be made, according to staff, based on the PERA Assessment and the inmate's feelings regarding safety.

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.

The Pre-Audit Questionnaire documented that there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment. It also affirmed there have been no inmates who were held in involuntary or segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There have been no inmates placed in involuntary segregation as the result of having a high potential for victimization or for being at risk of imminent sexual abuse. This was confirmed through reviewing the Pre-Audit Questionnaire, sampled inmate files, and interviews with the Warden, PREA Compliance Manager, Staff Supervising Segregation, and randomly selected and targeted inmates.

Policy and Documents Reviewed: Pre-Audit Questionnaire; Georgia GDC Policy, 208.06, IV.d.3 (a-d) Administrative Segregation; GDC Standard Operating Procedures, IIB09-0002, Segregation- Tier 1: Disciplinary, Protective Custody, and Transient Housing; Coordinated Response Plan; Monthly PREA Reports; Hot Line Call Report from the Georgia Department of Corrections PREA Unit, 10% of all Incident Reports and grievances for the past 12 months.

Interviews: Warden, PREA Compliance Manager; Staff supervising segregation; Randomly selected staff (23); Randomly selected; (38) Specialized staff; (21) Randomly selected inmates and Targeted Inmates (20).

Discussion of Policy and Documents: The Pre-Audit Questionnaire documented the facility did not place any inmate in involuntary segregation/protective custody during the past twelve months. The Pre-Audit Questionnaire documented that there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff were aware however of the requirements of GDC policy which is consistent with the PREA Standards. The 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.

GDC Policy 209.07, Segregation – Tier 1; Disciplinary, Protective Custody and Transient Housing. Policy requires the Warden and their designee may place an offender in the Tier 1, Segregation Program (F.) if the offender requests admission to the program for protective custody; or if the staff determine that admission to or continuation in the Tier Segregation Program is necessary for the

offender's own protection. Offender's may (VI.A. Voluntary Assignment to the Tier 1 Segregation Program) request placement in the Tier 1 Program for protective custody. Involuntary Assignment to Tier 1 Segregation (VI.B) requires that subsequent to an involuntary assignment of an offender to the Tier 1 Program, the Warden will ensure the Classification Committee holds a formal hearing within 96 hours after the offender is placed in the program. In the absence of the Warden, the senior officer present, with notification and approval of the facility duty officer, may place the offender in Tier 1 for a period not to exceed 72 hours.

Paragraph G, of the Tier 1 Segregation Policy requires the offender's counselor to review the offender's well-being and mental status every seven (7) days and report his/her findings to the Warden and summarize the report in a Scribe Case Note.

The Classification Committee will conduct a 30-day Review of all offenders in the Tier 1 Program. The review is to determine if the offender will 1) Remain in the Tier 1 Program; 2) Return in General Population; or 3) Be assigned to the Tier 11 Program, Administrative Segregation.

Inmates at high risk for sexual victimization are housed in the general population. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the inmate/resident.

If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility.

If an inmate is assigned to involuntary segregated housing it is 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.

Inmates in involuntary protective custody, in compliance with policy, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone.

GDC Policy (209.07) conditions of the Tier 1 Program require basic conditions and states that each offender housed in involuntary protective custody will be provided the same opportunities for personal hygiene available to the general population, including showering three times per week. Offenders will also be provided visiting and corresponding privileges accorded to the general population. No restrictions will be placed upon an offender's contact with courts or legal counsel. Offenders will normally be assigned all their personal property contingent upon the security needs of the unit. They will receive the services of a counselor and may participate in such educational vocational and/or rehabilitative programs as can be provided within the confines of the Tier 1 Program Unit, contingent upon the security needs of the unit. They may order commissary items. Exercise periods will be available for a minimum of five (5) hours per week, with at least one (1) hour per day on five days. Exercise will be outside the cells, unless security or safety concerns dictate otherwise.

Individual Records are required and will document, among other required things, all activity such as bathing, exercise, medical visits, program participation and religious visits. It should also include documentation of unusual occurrences.

Discussion of Interviews: Interviews with the Warden indicated that there have been no inmates placed in involuntary protective custody in the past 12 months. Inmates who are at high risk for sexual victimization may be placed in involuntary protective custody until some other means of keeping them safe could be arranged and that may include transfer to another facility. If they were placed in involuntary protective custody the justification would be documented. The Deputy Warden indicated that if an inmate was placed in involuntary protective custody it would most likely be for not more than 24 hours because if continued protective custody was going to be needed, the inmate would be transferred. Interviewed staff who supervise segregation indicated that an inmate in protective custody would receive programs and services comparable with the population insofar as possible. This would include visits by medical, counseling, access to the phone, and would be able to receive GED materials or go to the class or programs and would be able to keep most of his personal belongings.

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 of the multiple ways the agency and facility provide for inmates to report allegations of sexual abuse and sexual harassment. The agency and Georgia State Prison provide multiple ways for inmates to report both internally and externally. These include multiple ways to internally and privately report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violations that may have contributed to the incident.

Additionally, the agency provides a way for inmates to report to a public or private entity that is not a part of the agency. The Rape Crisis Center of the Coastal Empire, in Savannah, Georgia entered into a memorandum of understanding with Georgia State Prison allowing inmates to report allegations of sexual abuse to them via their 24/7 hotline or to talk with an advocate. Contact information for the center is provided to inmates on the inmate's GOAL Devise (tablet). This provides inmates the hotline number as well as the mailing address.

This facility is a close security prison and holds serious felons with lengthy sentences who have been convicted of felony crimes and are serving incarceration in Georgia State Prison. The prison does not house any inmates who are being detained solely for civil immigration purposes. The inmates at the prison are predominantly close security felony offenders serving out the court ordered sentences. Approximately 600 or more offenders are mental health inmates. The facility also houses a large population of Tier I and II offenders.

Staff at this facility, in compliance with GDC Policy, and the PREA Standards, accepts reports from all sources, including those from third parties and reports made anonymously. Policy requires that they report these to their immediate supervisor immediately and/or Designated SART member and follow-up with a written witness statement or incident report prior to the end of their shift. Interviewed staff indicated they would be disciplined for failing to report and that would most likely be termination.

Staff may report allegations of sexual abuse and sexual harassment in the same ways the inmates may make. The PREA Brochure, Sexual Assault, Sexual Harassment, Prison Rape Elimination Act, How to Prevent It, How to Report It, advises inmates that reporting is the first step and includes the following: PREA Hotline, Statewide PREA Coordinator (contact information provided), Ombudsman (mailing address and phone number provided), and Director of Victim Services (mailing address provided). Inmates are told to report it, even if they don't have any evidence and that they may report to any staff, drop a note or send a kite or call the PREA hotline.

Inmates at this facility also have access to reporting via the KIOSKS located in each dormitory. On the KIOSK an offender can report an allegation directly to the Georgia Department of Corrections PREA Unit. They can also email family members and anyone on their approved visitors list. Video Visitation is available for inmates who can afford that service. On the KIOSK the offender can email designated staff.

Offenders have access to phones enabling them to report to the Georgia Department of Corrections PREA Unit. They may do this anonymously, as well. Offenders do not have to enter a pin number to contact the PREA Unit.

Staff are trained to treat all allegations as confidential. Therefore, when allegations are reported up the chain of command, they are kept private and are only forwarded to the Warden, who then determines who else needs to be notified. Typically, only the Sexual Assault Response Team, Georgia Department of Corrections PREA Coordinator, and the Georgia Department of Corrections Internal Investigations (Office of Professional Standards) will be informed.

To report outside the facility inmates can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the Georgia Department of Corrections Tip Line (and remain anonymous) and write or call the GDC PREA Coordinator; and tell a family member by phone, letter or during visitation. Within the facility they can report to a staff member, write a note, send a request, tell medical, send a "kite" or file a grievance. They may report to their attorney's either via phone, in person or via letter.

Staff who fail to report allegations of sexual abuse or sexual harassment will be held accountable and sanctioned through dismissal. Allegations must result in staff reporting verbally immediately and filing an incident report or witness statement prior to the end of the shift.

Interviewed staff indicated they would take a report of sexual abuse or sexual harassment from any source and take all of them seriously and report it to their immediate supervisor and follow-up with a written report, either a witness statement or incident report, prior to the end of the shift.

Interviewed inmates named several ways to report.

Ninety-nine (99) reviewed investigation packages confirmed the most common ways inmates used for reporting allegations were emailing the PREA Unit, writing a grievance, or calling the PREA Hotline. Interviewed inmates indicated they would most likely report using the PREA Hotline or JAPAY (email from the GOAL Device)

Policy and Documents Reviewed: Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification;. Report from the PREA Analyst documenting calls to the PREA Hotline in the past 12 months; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, Inmate Handbook, PREA Section.

Interviews: Forty (40) Inmates, both randomly selected and special category; Twenty-Three (23) randomly selected staff representing a cross section of positions; and Thirty-Eight (38) specialized staff; Warden; Deputy Warden

Observations: Phones in each dorm with dialing instructions; Kiosks for reporting sexual abuse; Inmates with GOAL Devices; Multiple PREA Related Posters in Dorms and throughout the Facility

Testing Processes: PREA Phones; Observations of PREA Posters all over the facility and accessible to staff, inmates, volunteers and visitors

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

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 however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. If, however a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART 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 Grievance Policy has designated allegations of sexual assault or sexual harassment as not grievable, however the policy requires that in the event an inmate files a grievance alleging sexual

abuse or sexual harassment it is immediately turned over to the SART to begin an investigation into the allegation. Reviewed investigation reports indicated inmates still do use the grievance to report.

Inmates also have access to outside confidential support services including those identified in the PREA Brochure given to inmates during the admission process and posted throughout the prison. The following ways to report are provided: Call PREA; to any staff member; to the Statewide PREA Coordinator, to the Ombudsman (phone number provided), to the Director of Victim Services (mailing address provided). They may also report to the Rape Crisis Center of the Coastal Empire using their 24/7 hotline or writing them. Contact information is provided in the inmate handbook.

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.

Inmates may call anyone on their approved list. They may also call their attorney's if they have one. Inmates have the opportunity to report through visits with family, calling family, or writing families.

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

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explaining that inmates have the right to report and listing some ways inmates may choose to report.

Discussion of Interviews: Formal interviews with 41 inmates and informal interviews with 43 inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. They indicated they would report using the hotline or Jaypay email to the PREA Unit. Some said they would tell the Warden or PREA Compliance Manager. Staff related multiple ways inmates could report and stated they would take every allegation seriously regardless of the source of the allegation. When asked if they would take an anonymous report and report it; 100% said they would and that they would document it in writing after verbally reporting it. They also indicated they would take a third-party report, report it verbally, and follow-up with a written statement prior to the end of the shift.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; Page 5 of the Statewide Grievance Policy, Paragraph 4.; Paragraph F. Emergency Grievances Procedure; DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, 10% of the Grievances filed in 2018-, There were no allegations of either sexual abuse or sexual harassment made in 2017-18 via a grievance in the grievances reviewed; 10% of the incident reports for the past 12 months.

Interviews: Warden; Deputy Warden/ PREA Compliance Manager; Grievance Officer; Due Process Officer; Twenty-Three (23) Randomly selected staff; Forty-One (41) inmates formally interviewed; Forty-Three (43) inmates informally interviewed.

Observations: Not applicable for this standard.

Discussion of Policies and Documents: 208.6, E.3, Offender Grievances, in an updated policy, states that all allegations of sexual abuse and sexual harassment are not grievable issues. These should be reported in accordance with methods outlined in the policy.

Prior to the change in the policy, with an effective date of March 2, 2018, inmates did file grievances and those reviewed by the auditor were responded to by immediately turning them over to the Sexual Assault Response Team for investigation.

The policy changed effective March 2018 when this revision was included.

If a grievance alleged sexual abuse, it would be turned over to the SART to begin an investigation, as the grievance process ceases.

None of the reviewed grievances documented sexual abuse or sexual harassment allegations.

Although policy asserts that allegations of sexual abuse or sexual harassment are not grievable, during the past 12 months, inmates have often used that as a form of reporting. In those cases, the grievance was turned over to the Sexual Assault Response Team to be investigated.

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.

The facility has a Memorandum of Understanding with the Rape Crisis Center of the Coastal Empire, in Savannah, Georgia. The MOU affirms the Rape Crisis Center will provide a 24/7 hotline enabling inmates to contact the center via phone or by mail. Contact information is provided in the inmate's handbook. The facility also will provide an advocate to accompany the inmate during a forensic exam, if requested by the inmate. An interview with the Executive Director and an advocate from the Rape Crisis Center of the Coastal Empire confirmed that an advocate is available 24/7 via the Rape Crisis Center Hotline and available 24/7 to meet an inmate at the prison or at a hospital to provide emotional support services throughout the forensic exam if requested and through any investigatory interviews, if requested. The Rape Crisis Center is a member of the Georgia Network Against Sexual Assault and funded partially through the Criminal Justice Coordinating Council.

If an inmate's forensic exam is conducted at the prison, the Sexual Assault Nurse Examiner often has another staff member who accompanies her and serves as an advocate as well. This is available through the Satilla Advocacy Services in Waycross, Georgia. Too, the facility has a trained staff advocate and multiple licensed professional staff who can serve as qualified staff advocates.

Policy and Documents Reviewed: GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, PREA Related Posters; Training Certificate: Georgia Network to End Sexual Assaults; MOU with the Rape Crisis Center of the Coastal Empire

Interviews: Warden; PREA Compliance Manager, PREA Coordinator, Forty-One (41) inmates; Staff from the Rape Crisis Center of the Coastal Empire

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

The agency provided a Memorandum acknowledging the services that the Rape Crisis Center of the Coastal Empire agreed to provide including a victim advocate to meet the inmate victim of sexual abuse and accompany him through the forensic process and any investigation interviews, providing emotional support services and to provide a 24/7 hotline for reporting sexual abuse.

Inmates also have access to the GDC Ombudsman, GDC Tip Line, and the State Board of Pardons and Parole, Victim Services. Contact information, including phone numbers and mailing addresses are provided, posted and accessible to inmates.

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

Inmates have access to their attorney's if they have one and may correspond with them, call them and visit with them at the prison. Professional visits are available during normal duty hours and by other appointment to accommodate them.

Inmates have access to their parents or relatives daily via phone, through the mail, and through visitation.

Inmates also have access to a Kiosk enabling them communicate via email with family members and others on their approved visitor's list. They also have GOAL Devices from which they can email the GDC PREA Unit and to family.

Discussion of Interviews: The auditor interviewed the Executive Director of the Sexual Assault Support Services Center who described the services the Rape Crisis Center is committed to providing the Georgia State Prison. These services include providing a hotline for inmates to call 24/7 and for an advocate to meet them either at the prisons or hospital to provide emotional support through the forensic process and any investigatory interviews if requested by the inmate. The Executive Director indicate she has not received any calls from the prison and has not received any complaints regarding the Georgia State Prison. She also indicated she can provide classes or groups in the facility, if requested. Interviewed inmates indicated they are not aware of the outside advocacy services available. The facility agreed to providing the contact information out to all inmates on their GOAL devices, giving them on-ongoing access to that information. The facility did provide documentation to confirm putting the information out on the GOAL devices. See corrective action.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections has established ways to receive third party reports. GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, page 23, Paragraph 2. Third Party Reporting, provides for Third Party Reports to be made to the following:

- Ombudsman's Office (address and phone number provided)
- Email to the PREA Coordinator (email address provided)
- State Board of Pardons and Paroles, Office of Victim Services (mailing address provided)

Policy also requires, in 208.06, b. that staff will accept reports made verbally, in writing and from third parties and will promptly document any verbal reports.

The Georgia Department of Corrections Website provides a lot of information about PREA and in addition to including the Policy on PREA, the website has a section entitled: "How do I Report Sexual Abuse or Sexual Harassment". The section advises the viewer that GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Then it provides ways for third parties to report allegations of sexual abuse and sexual harassment. These include the following:

- Call the PREA Confidential Reporting Line (toll free number provided and advises that these reports are recorded, and messages are checked Monday through Friday.
- Report via email to: PREA.report@gdc.ga.gov
- Send correspondence to Georgia Department of Corrections, ATTN: Office of Professional Standards PREA Unit, (Address provided)
- Contact the Ombudsman and Inmate Affairs Office (number provided)
- Contact the Pardons and Parole Victim Services office (number provided or via email-address provided)

The instructions tell the viewers they do not have to give their name, but they are encouraged to provide as many details as possible and the site lists the items requested to be reported to facilitate the investigation.

The inmate PREA Brochure provides contact information for the following third-party reporters:

- Georgia Department of Corrections PREA Hotline (dialing instructions provided)
- Statewide PREA Coordinator (mailing address provided)
- Ombudsman (mailing address and phone number)

- Director of Victim Services (mailing address provided)

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Georgia State Prison Pre-Audit Questionnaire; GDC Policy, 227.02, Statewide Grievance Process; The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?"; Georgia Department of Corrections Website; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures (An Overview for Offenders – Do You Know Your Rights and Responsibilities?); PREA Related Posters; Report of Calls to the PREA Hotline in the past 12 months;

Interviews: Warden, Deputy Warden/PREA Compliance Manager; Twenty-One (21) inmates, randomly selected and Twenty (20) targeted offenders; Forty-Three (43) informally interviewed offenders; Twenty-Three (23) Randomly Selected Staff; Thirty-Eight (38) Special Category Staff, PREA Compliance Manager;

Observations: Review of the Agency's Website (Georgia Department of Corrections)

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

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

The agency also has a TIP Line accessible to third parties.

The Georgia Department of Corrections Home page provides the phone numbers of multiple departments/offices third party could call if they needed to.

The PREA brochure, An Overview for Offenders, Do You Know Your Rights and Responsibilities? Provides contact information for the GDC Sexual Assault Hotline, PREA Coordinator, State Board of Pardons and Parole Office of Victim Services, and through the Ombudsman's Office.

Family members, friends and other inmates, may make a report for a resident.

Discussion of Interviews: Staff were asked to name ways inmates can make reports or allegations of sexual abuse or sexual harassment. They consistently could name multiple ways and when asked if an inmate could report anonymously and through a third party, they said they could, and they would take those reports seriously like any other report and that they would report it verbally and complete a witness statement before the end of their shift. Inmates indicated they would report via the PREA Hotline or JPAY, either through the KIOSK in the dorms or using their GOAL Devices. Some of the inmates indicated a family member could report for them. 100% of the staff said inmates could get a third party to report for them and that they would take that report seriously and act immediately.

interviewed inmates were aware they could have a third party, including a parent, relative or another inmate report for them.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Georgia Department of Corrections Policy (SOP 208.06) mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions. Medical staff are required to report all allegations of sexual abuse that comes to their attention.

Staff are trained that any information they obtain or become aware of is limited to a need-to-know basis and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments.

At the initiation of services, medical and mental health personnel understand that they are required to inform inmates of their duty to report and the limitations of confidentiality and any information medical or counseling staff receive will be reported in compliance with policy. This was confirmed through

interviews with the Director of Nurses, a registered nurse, Director of Mental Health and a mental health counselor.

There are no youthful offenders at this facility under the age of 18. Youthful offenders are housed at the GDC's Buruss Training Center in Forsyth, GA. This is confirmed through reviewing the Buruss Training Center Website and interviews with the agency's PREA Coordinator, Warden, staff and observations of inmates being interviewed and throughout the site review.

Policies require all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be reported to the facility's designated investigators. All allegations are required to be reported to the staff's immediate supervisor who then notifies the Sexual Assault Response Team. The Warden/designee then will notify the GDC Statewide PREA Coordinator and the Regional Office whose Special Agent in Charge will provide and assign a GDC Office of Professional Standards Investigations Unit Investigator/ Special Agent, with arrest powers and extensive training in conducting investigations, to respond to the prison and begin the criminal investigation. The Warden is responsible for ensuring the notifications are made as soon as possible.

The Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders discusses, in a section entitled, A Duty to Report, that staff must report any inappropriate staff/offender behavior immediately. Failure to report will result in staff being held accountable and sanctioned through dismissal. Reporting includes not only verbal reporting but following up with writing an incident report. Another section of the Guide requires that all employees have a duty to report immediately any findings in which inmates are having sexual relations with other inmates or staff.

The Department appears serious about Zero Tolerance, having a culture of zero tolerance and preventing sexual assault and sexual harassment and retaliation. This is reflected in the structure of the Department where the PREA Coordinator, reports to the Assistant Director of Compliance, who reports to the Director of the Compliance in the Office of Professional Standards yet allows the PREA Coordinator direct access to the Commissioner should she need it regarding any PREA related issue. The auditor, in a recent interview with the Commissioner of the Department of Corrections confirmed he supports all the efforts of the PREA Unit and is accessible to them whenever needed.

The agency has an ADA Coordinator who serves actively as a resource person for securing interpretive services for limited English proficient inmates/detainees and for disabled detainees/inmates who may be hearing or visually impaired to enable them to make reports of sexual abuse or sexual harassment and to participate fully in the agency's prevention, detection, responding and reporting program.

The training component for PREA also engages staff, with staff receiving Pre-Service Orientation as a newly hired staff during which they are exposed to the Prison Rape Elimination Act. Correctional staff receive PREA training at Basic Correctional Officer's Training (BCOT) while attending the Peace Officers Standards BCOT Academy. All employees and contractors are required to attend Day 1, Annual In-Service Training that includes a block on PREA and includes all the topics required by the PREA Standards. The reviewed curriculum for annual in-service covered the topics outlined in the PREA Standards. Staff are trained to report all allegations regardless of how those allegations came to light and to report them immediately to a designated shift supervisor. They may also report to any member of the Sexual Assault Response Team. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed as soon as possible but always prior to the end of the shift (or leaving the shift). Policy requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know

only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the Inmate to the Supervisor's Office. Interviewed staff confirmed they are going to keep the reports limited to their immediate supervisor and anyone else only on a need to know basis.

Medical and mental health providers are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform inmates at the initiation of services of the limits of confidentiality and their duty to report. This was confirmed through interviewing medical staff and counseling staff.

While interviewing the GDC Commissioner, the Commissioner showed the auditor how he is notified via message on his phone anytime a sexual assault occurs.

Policy and Document Review: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties; the reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement; Agency and Staff Reporting, Staff and Agency Reporting Duties; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders

Interviews: Commissioner; Warden; PREA Coordinator (previous interview); Assistant PREA Coordinator (previous interview) PREA Compliance Manager; SART Leader; Special Agent/PREA Investigator for the Southwest Region; Facility Based Investigator; Office of Professional Standards Investigator; Deputy Warden of Security, Former Special Agent; Twenty-Three (23) Randomly selected staff; Thirty-Eight (38) Special category staff;

Discussion of Policy and Documents Reviewed: Department of Corrections Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, F. Official Response Following and Inmate Report, 1. Staff and Department Reporting Duties, requires staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and/or SART Leader as designated by the Local Procedure Directive. Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy. Once reported, an evaluation by the SART Leader/Team of whether a full response protocol is needed will be made. Appointing authorities or designee(s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. The Special Agent in Charge in the Regional Office will determine the appropriate response and assign a Special Agent to conduct the criminal investigation as indicated.

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. Multiple examples of staff acknowledgement statements were provided.

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

Discussion of Interviews: The Department and the Warden requires that staff report all knowledge or information they have regarding an incident of sexual abuse or sexual harassment. That also includes reporting anything suspected. Randomly selected staff, both security and non-security staff affirmed that they must report “everything”. When pressed about “everything” they consistently said they would report anything they knew, saw, or heard of. When asked about something they just suspected, they said they would have to report that as well. When asked if they would take an “anonymous” report and report it, they said they did not know how that would help but they would report it. Asked about another inmate reporting for another, they said they would take that seriously and report it too. They also affirmed they would be required to write a statement following an immediate report to their shift supervisor/Officer in Charge. When asked about a time frame for completing a written report they said within 24 hours was policy they thought but they could not leave the shift until the statement was written. Staff indicated they had to take all things seriously even if the inmate had been known to fabricate. Non-Uniform staff were as articulate as the security staff about reporting. Everyone indicated they too would report all information, knowledge, or suspicion regarding sexual abuse. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well. When asked if they would report their supervisor if they witnessed or heard of the supervisor violating the zero- tolerance policy, they said they would. When asked about any sanctions for failing to report, staff said they would be disciplined and most likely terminated from employment.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The Pre-Audit Questionnaire; reviewed monthly PREA Reports, reviewed grievances and incident reports and interviews with staff confirmed there have been no inmates at risk of imminent sexual abuse during the past 12 months.

Staff were consistent in stating that if an inmate was at risk of imminent sexual abuse, they would separate him from the threat immediately and that they would take that information seriously and report it after removing him from the threat. Staff were consistent in believing the supervisors would place the inmate in protective custody until the allegation could be investigated by the SART. Prior to that decision, when pressed about what they would do with the inmate, some said they would take him to an office, to the security office, and some said they'd take him to medical in the infirmary where there are rooms not being used for inmates but in view of staff until the supervisor could decide where to house the inmate.

The staff supervising segregation indicated that an inmate placed in involuntary protective custody would have access to programs and services like those of the general population. He indicated they could receive educational materials and possibly attend class, depending on the threat, or attend other programs they are enrolled in. He also stated they have access to the phone, to exercise, to counseling, medical and mental health, if needed.

Staff could not recall any inmate being placed in involuntary protective custody as the result of being at risk of imminent sexual abuse.

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties; SOP 209.06, Administrative Segregation; the Pre-Audit Questionnaire; Reviewed Grievances; Reviewed Incident Reports; Monthly PREA Reports; Reports of Calls to the PREA Unit

Interviews:

Warden; PREA Compliance Manager; Staff Supervising Segregation; Twenty-Three (23) Randomly selected staff; Thirty-Eight (38) Special Category Staff; Forty-One (41) Inmates, random and targeted; Forty-Three (43) informally interview offenders.

Discussion of Policy and Documents: GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and

abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are 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 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. This was also confirmed through reviewing Monthly PREA Reports, Grievances, Incident Reports and interviews with the Warden, PREA Compliance Manager, Chief of Security, Deputy Warden of Security, randomly selected and specialized staff and randomly and targeted inmates.

Discussion of Interviews: Interviews with the Warden, PREA Compliance Manager, random and special category staff and Inmates, and reviewed incident reports (10%) for the past 12 months confirmed there were no inmates at risk of imminent sexual abuse in the past 12 months.

100% of the randomly selected staff who were interviewed related if they became aware that an inmate was subject to a substantial risk of imminent sexual abuse, the first thing they would do is remove that inmate immediately from the alleged threat and notify their supervisor. When asked where they would place the inmate or where they thought he would be placed, they indicated the inmate would be probably be placed temporarily in protective custody until he could be transferred to a facility where he might feel safer. All the interviewed staff stated they would take the action immediately and when pressed to see what they themselves would do with an inmate making such an allegation, they often said they'd take him to a safe place, to the security office, to medical, or elsewhere until the supervisory staff made a decision about where to house him.

Supervisory and administrative staff indicated they would not want to place an inmate in segregation because of being at risk but it may be necessary to protect him until an investigation could be conducted and the inmate transferred if necessary, to help him feel safe.

None of the interviewed inmates stated they had ever been at risk of imminent sexual abuse and 100% of those interviewed stated that they felt safe at this facility.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire; Reviewed Incident Reports and Grievances filed during the past 12 months; (99) reviewed investigation packages

Interviews: Warden; PREA Compliance Manager, SART Members, Forty-One (41) Inmates, Randomly Selected and Targeted and Forty-Three (43) informally interviewed.

Discussion of Policy and Reviewed Documents: GDC 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 administrative staff knew and described the steps they would take in reporting to the sending facility and ensuring that if an investigation had not been initiated, starting an investigation. They also indicated if they received an allegation from another facility that an offender had been sexually abused while at this facility, they would cooperate with an investigation and conduct interviews or provide any additional information they might have. They indicated they would make the report immediately but were aware that the policy required notification within 72 hours.

Discussion of Interviews: Interviews with the PREA Compliance Manager and 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 this facility, was sexually abused at this facility, they would initiate an investigation and cooperate with any investigation and treat it as any other investigation.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Georgia Department of Corrections requires that all staff and contractors having contact with inmates attend, minimally, Day 1 of Annual In-Service Training. Staff at Georgia State Prison, including administrative staff, medical staff, counseling as well as uniformed staff attend Annual In-Service Training and Day 1 of that training includes PREA. That training includes a refresher on first responding.

Georgia Department of Corrections Policy and the Local Policy Directive for Georgia State Prison, PREA: Local Procedure Directive and Coordinated Response Plan identifies the actions required of first responders. The agency's Sexual Assault Response Checklist is also used in responding to allegations of sexual abuse.

Staff carry a first responder card to refresh them if they need it in responding to an allegation or incident of sexual assault. The agency initiates a Sexual Assault Response Protocol serving as a checklist of actions to take.

Interviewed staff, including non-uniformed staff, explained the steps required as a first responder. They were consistent in their responses and the responses were consistent with the GDC Policy (208.06) and the Local Procedure Directive and Coordinated response Plan.

Correctional Staff consistently reported they would immediately separate the alleged victim from the alleged perpetrator, notify their supervisor, secure the crime scene, tell the victim and aggressor not to eat, shower, change clothes, use the restroom or brush their teeth. Some staff indicated they would put the alleged perpetrator in a cell and cut off the water.

Medical explained they would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the inmate from the alleged aggressor and report the allegation and to assess the inmate but attempt to protect evidence that may be on the person or his clothing.

The Sexual Assault Nurse Examiner would be called to conduct the forensic exam, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, who would in turn, turn it over to the GDC Office of Professional Standards, Special Agent.

Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; Local Operating Directive Procedure, Sexual Assault Response Protocol/List; Monthly PREA Reports to the PREA Unit; (109) Reviewed Investigation Packages

Interviews: Twenty-Three (23) Randomly selected staff; Thirty-Eight (38) Specialized staff; Facility-Based Investigator; Special Agent/PREA Investigator for the Southwest Region; Special Agent (Previous Interview); Office of Professional Standards Facility-Based Investigator and PREA Compliance Manager. Informal Interviews with staff randomly selected during the site review

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

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

The local protocol, PREA Local Operating describes in detail the responses to an allegation of sexual abuse.

Staff are trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings. This information was provided by staff during their interviews.

Non-custody staff have been trained in first responding. They receive the same annual in-service training during Day 1, that includes PREA. They could describe the steps they would take in response to being informed a resident had been sexually assaulted. They sated step by step the same procedures as correctional staff. The nurse stated that, in addition to conducting an assessment on the alleged victim would be to attempt to protect the evidence.

There were no occasions in which a non-security staff was the first responder.

Discussion of Interviews: Interviews with 23 randomly selected staff, representing both uniform and non-uniform staff and 38 specialized staff, including medical staff, confirmed they are knowledgeable of their roles as first responders. They detailed the steps they would take if they were the first person to be alerted that an inmate had been sexually assaulted/abused.

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.

This prison consists of a large sprawling complex with multiple buildings and living units. The facility's coordinated response plan is documented in the Prison's PREA Local Procedure Directive and Coordinated Response Plan and in the GDC Sexual Assault Response Plan (with notifications).

The facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and the GDC Sexual Assault Response Checklist serves as a coordinated response plan as well.

The LOP begins with the Responsibilities of the first responders, both uniform and non-uniform. Upon notification, the shift OIC's duties are described, including notifying the Warden, PREA Compliance Manager, SART Retaliation Monitor, SART Security, SART Mental Health, SAERT Medical, SART Training and Inmate Education. The Warden reports to the Field Operations Manager and the GDC PREA Coordinator and if sexual assault is confirmed, the Warden notifies the OPS to secure a Special Agent to conduct the investigation. The SART arranges for an immediate medical exam followed by a mental health exam. The crime scene is secured, and alleged victim and abuser notified of the actions they should not take and in the case of the abuser, that he must take to preserve potential evidence. The alleged victim is taken to medical for an assessment to determine the need for either first aid or for more serious injuries. If the inmate has bleeding or other emergent injuries, the inmate is to be taken to the Evans County Hospital. The forensic exam would be conducted by the contracted SANE at the facility. If there were injuries requiring additional treatment beyond the facility's capability, the inmate may have a forensic exam conducted at the Evans County Hospital.

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local protocol, "PREA Reporting Process"; GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive; PREA Monthly Reports; (99) reviewed investigation packages

Interviews: Warden, Deputy Warden/PREA Compliance Manager, Twenty-Three (23) Randomly Selected Staff; Thirty-Eight (38) Specialized Staff

Discussion of Policies and Documents: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties.

The Local Operating Procedure Directive, Coordinated Response Plan identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment.

The facility also uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and responses of first responders. This document becomes a part of the investigation package.

Discussion of Interviews: All the interviewed staff articulated their roles in responding to an allegation of sexual assault.

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.

An interview with the Commissioner of the Georgia Department of Corrections confirmed that his Department is not involved in any form of collective bargaining and he can remove any staff from contact during an investigation and can remove them from employment for violating an agency sexual abuse or sexual harassment policy.

Interviews: Commissioner of the Georgia Department of Corrections; Warden; Statewide PREA Coordinator (previous interview); Statewide Assistant PREA Coordinator (previous interview); PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).

Discussion of interviews: Interviews with the Warden, Statewide PREA Coordinator, Assistant Statewide PREA Coordinator, PREA Compliance Manager and previous interviews with the PREA

Coordinator serving as the Agency Head's Designee confirmed that Georgia is a Right to Work State and employees are all non-union and not involved in any form of collective bargaining. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates 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.

The Georgia Department of Corrections has a zero tolerance toward retaliation against any inmate/detainee or staff who report an allegation of sexual abuse or sexual harassment. This is expressed and documented in GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program. The Warden has designated a staff to serve as the Retaliation Monitor. The retaliation monitor is the Deputy Warden of Care and Treatment. An interview with the retaliation monitor indicated he understands and is knowledgeable of the prevention measures the facility might take in a given situation to prevent retaliation in the first place. Prevention measures include separating the alleged victim and abuser by placing them in separate dorms or in protective custody and the alleged perpetrator in segregation. If a staff is involved that staff may be placed on some form of “no contact” until the investigation is over. Reviewed investigation packages contained documented retaliation monitoring using the GDC Retaliation Monitoring Form. That form documented monitoring such things as DRs, movements to other dorms, and changes in details. Similarly, for staff monitoring would include changes in shifts, posts, details, and performance reports and write ups.

Policy and Documents Reviewed: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; 90 Day Offender Sexual Abuse Review Checklist (GDC Form);

Interviews: Facility Staff Designated as the Facility’s Retaliation Monitor; Warden; PREA Compliance Manager; Twenty-Three (23) Randomly selected staff; Thirty-Eight (38) Specialized Staff; Forty-one (41) Inmates including (20) Random and Twenty (20) Targeted inmates.

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

The Georgia Department of Corrections 90 Day Offender Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:

- Offender Disciplinary Report(s) History
- Offender Housing Unit Placement Reviewed
- Offender Transfer(s) Placement Review

- Offender Program(s) History Review
- Offender Work Performance Review
- Offender Schedule History Review
- Offender Case Note(s) Review

Upon learning of an allegation, whether staff on inmate or inmate on inmate, the alleged victim and alleged aggressor will be separated. For an inmate that may mean placing either the alleged victim or alleged aggressor or both, temporarily, in administrative segregation. If a staff is involved the staff will be separated from the alleged victim by placing the staff either on a post away from the inmate or placing the staff on administrative paid leave while an investigation is going on and placing a staff on administrative leave with pay is the most likely scenario according to the Warden.

The Retaliation monitor, the Deputy Warden of Care and Treatment explained to the auditor that he looks at things like housing assignments, reads incident reports, reviews programming assignments, and detail changes. He indicated Tier II, things usually do not change because the offenders are “locked down” however the reviews things like their “phase up status”, cell mate assignments, and transfers (reasons for transfers). Retaliation monitoring is documented on the GDC Retaliation Monitoring Form. For staff he would review post assignments, changes in shifts, performance reports and write ups.

A review of 99 Investigations documented multiple occasions of monitoring retaliation. These documented on the GDC Retaliation Monitoring Form checking all the indicators for retaliation. There were no staff involved in an allegation that required monitoring for retaliation.

Discussion of Interviews: The Retaliation Monitor described possible prevention measures including changing dorms, changing detail assignments, changing programs, etc. and for staff, placing them on “no-contact” and that they would use the GDC Form guiding the items to check that might indicated retaliation. He indicated he monitors inmates each 30, 60 and 90 days. The monitor indicated he would be checking things like DRs, Dorm Changes, Work Detail Changes etc. Monitoring occurs every 30, 60, and 90 days and is documented on the GDC Retaliation Monitoring Form.

The monitor indicated that any alleged victim will be removed and separated from the alleged perpetrator and placed in a safe environment. If an officer was involved in an allegation, the officer would be placed on “no contact” and depending on the nature of the allegation, would be placed on a post away from contact with the Inmate. The Warden stated if a staff was named in an allegation his placement on no contact would be determined on a case by case basis but could include placing him on no contact.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Warden; PREA Compliance Manager; Staff Supervising Segregation; Randomly Selected Staff (23); Special Category Staff (38); Randomly Selected and Special Category Inmates (41).

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

The reviewed Pre-Audit Questionnaire documented that there were no inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment; none for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility provides a review at least every 30 days to determine whether there is a continuing need for separation from the general population. This was also confirmed through interviews with staff and inmates.

The 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.

GDC Policy 209.07, Segregation – Tier 1; Disciplinary, Protective Custody and Transient Housing. Policy requires the Warden and their designee may place an offender in the Tier 1, Segregation Program (F.) if the offender requests admission to the program for protective custody; or if the staff determine that admission to or continuation in the Tier Segregation Program is necessary for the offender's own protection. Offender's may (VI.A. Voluntary Assignment to the Tier 1 Segregation Program) request placement in the Tier 1 Program for protective custody. Involuntary Assignment to Tier 1 Segregation (VI.B) requires that subsequent to an involuntary assignment of an offender to the Tier 1 Program, the Warden will ensure the Classification Committee holds a formal hearing within 96 hours after the offender is placed in the program. In the absence of the Warden, the senior officer present, with notification and approval of the facility duty officer, may place the offender in Tier 1 for a period not to exceed 72 hours.

Paragraph G, of the Tier 1 Segregation Policy requires the offender's counselor to review the offender's well-being and mental status every seven (7) days and report his/her findings to the Warden and summarize the report in a Scribe Case Note.

The Classification Committee will conduct a 30-day Review of all offenders in the Tier 1 Program. The review is to determine if the offender will 1) Remain in the Tier 1 Program; 2) Return in General Population; or 3) Be assigned to the Tier 11 Program, Administrative Segregation.

Inmates at high risk for sexual victimization are housed in the general population. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the detainee/resident.

If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility.

If an inmate is assigned to involuntary segregated housing it is 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.

Inmates in involuntary protective custody, in compliance with policy, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone. The staff member supervising segregation stated, in an interview, that any inmate placed on involuntary protective custody will have access to programs, including education and may actually attend class or other programs.

GDC Policy (209.07) conditions of the Tier 1 Program require basic conditions and states that each offender will be provided the same opportunities for personal hygiene available to the general population, including showering three times per week. Offenders will also be provided visiting and corresponding privileges accorded to the general population. No restrictions will be placed upon an offender's contact with courts or legal counsel. Offenders will normally be assigned all their personal property contingent upon the security needs of the unit. They will receive the services of a counselor and may participate in such educational vocational and/or rehabilitative programs as can be provided within the confines of the Tier 1 Program Unit, contingent upon the security needs of the unit. They may order commissary items. Exercise periods will be available for a minimum of five (5) hours per week, with at least one (1) hour per day on five days. Exercise will be outside the cells, unless security or safety concerns dictate otherwise.

Individual Records are required and will document, among other required things, all activity such as bathing, exercise, medical visits, program participation and religious visits. It should also include documentation of unusual occurrences.

Discussion of Interviews: The Warden, PREA Compliance Manager, and staff supervising segregation, indicated that placing someone in involuntary protective custody would be a last resort and may be used only in the absence of any other safe place to house the resident. They may be placed in there temporarily to determine what happened. Potential Victims of sexual abuse are not housed in a dorm designated solely for potential or actual victims.

If the inmate could not be safely housed in the facility, he could be transferred to another prison.

The PREA Compliance Manager, and Staff Supervising Segregation indicated, in their interviews, that there have not been any inmates involuntarily placed in segregation or protective custody during the past 12 months.

An interview with staff supervising segregation indicated if an inmate was placed in involuntary segregation, they would be placed there with the reasons documented on GDC Form 1. He also stated the inmate would have access to programs, possibly attend class if in GED and other programs, have access to visitation, recreation, to phones, medical and mental health services.

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 (208.06) requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.

GDC Policy 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders requires 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 treated in a confidential and serious manner. It requires staff attitudes and conduct towards such allegations will be professional and unbiased, and staff members are required to cooperate with investigations into those matters. Policy also requires that investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct.

The investigations policy's procedures require that as soon as an incident of sexual contact, sexual abuse, or sexual harassment, comes to the attention of staff, the staff receiving the information is required to immediately inform the Warden and/or the Institutional Duty Officer, and/or Internal Investigations, now known as the Office of Professional Standards Investigators, verbally and followed up with a written report to the Warden. Incidents, according to the procedures, VIA., include rumors, inmate talk", and all kissing, sexual abuse and sexual harassment.

This policy, along with GDC Policy 208.06, require that failure to report may result in disciplinary action, up to and including dismissal.

The Office of Professional Standards Investigators have the responsibility, power, and authority to investigate allegations of sexual abuse and the power to arrest. The Warden of the facility where the incident allegedly happens contact the Regional Office to have a special agent assigned to investigate the allegation.

The Georgia Department of Corrections has several layers of investigators. An Office of Professional Standards investigator may be assigned to a specific facility and may conduct investigations related to contraband, use of force, gang related activity, and if needed, sexual abuse. The Office of Professional Standards Investigator has completed mandated training. Mandated training is that training required by the state for any law enforcement officer and that training is 11 weeks. These staff have that authority to arrest.

Special Agents are assigned to Regional Offices and are assigned by the Special Agent in Charge. Special Agents have completed mandated training and an additional 13 weeks of training provided by the Georgia Bureau of Investigations at the GBI Academy. A Special Agent, also working for the Office of Professional Standards, has had extensive training in conducting investigations, including investigations of sexual abuse in a confinement setting, has arrest powers, and conducts investigations into allegations that appear to be criminal in nature.

At the facility level, investigations are initiated by the local Sexual Assault Response Team. These include a primary facility-based investigator and a member from medical and counseling and/or mental health. The facility-based investigator has completed the on-line training entitled: "PREA: Conducting Sexual Abuse Investigations in a Confinement Setting." The local SART conducts the initial investigation. If the allegation appears criminal and in all cases of penetration, the allegation is referred by the Warden or Duty Officer, in his absence, to the Special Agent in Charge, who will assign a

criminal investigator (Special Agent). Investigations in to allegations of sexual abuse may be documented locally as unsubstantiated but may be referred on to the Special Agent for investigation.

Department staff, the Sexual Assault Response Team and those receiving the initial allegations, are required by policy to take appropriate steps to ensure the preservation and protection of all evidence, including crime scene in accordance with another SOP (SOP 1K01-005).

Policy (1K01-0006) discusses general guidelines for conducting the investigation and these included:

- OPS will keep the Warden apprised of the status of the case.
- All interviews may be recorded by video or audio
- All documents, videos, polygraph results, and all other evidence will be treated as confidential
- Names of complainant and/or alleged victim will be confidential as required by the statutes
- A trained counselor will be made available to counsel the alleged victim before he is first interviewed by the investigator

These may be included in the investigation:

- Conducting video or audio recorded interviews
- Taking witness statements from all witnesses and all other parties
- All known documents
- All known photos
- All known physical evidence

According to policy (1K01-0005) the investigation continues even if the following occur:

- Alleged victim or complainant refuses to cooperate with the investigator
- Whether local, state, or federal agency conducts its own investigation, subject to binding limitations or restrictions imposed by the courts or the agency
- If the accused employee resigns during the investigation

Investigations must be completed within 45 calendar days from the date of the assignment.

If there is an allegation of sexual abuse, staff trained as first responders separate the alleged victim and alleged aggressors and ensure that the crime scene, including the bodies of the alleged victim and perpetrator as well as the area where the alleged offense occurred, are treated as crime scenes and actions are taken to protect the evidence that may be on them. If during the initial investigation by the SART, the allegation appears to be criminal in nature, the Warden or designee will contact the Regional Office to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy.

The Special Agents, the staff who will conduct investigations of allegations that appear criminal in nature, will consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution.

A previous interview with a Special Agent, previous and current interviews with an Office of Professional Standards Investigator, a previous interview with the Deputy Warden of Security who was

a Special Agent prior to his promotion, interviews with OPS Investigators and the interview with the facility-based investigator indicated that they would assess the credibility of an alleged victim, suspect or witness on an individual basis and not on the basis of identify, status and would make the determination on an individual basis and that it would be based only on the evidence.

The facility-based investigator confirmed they would not put an alleged victim on a polygraph or other truth telling device as a condition for proceeding with the investigation and that under these circumstances the investigation would continue:

- When the victim recants
- When an employee involved in an investigation terminates his/her employment prior to the conclusion of an investigation
- When an alleged victim or alleged abusing inmate departs the facility prior to a completed investigation

The auditor reviewed 99 of 109 Allegations/Investigation packages including the following:

Allegations of Staff on Inmate Sexual Harassment:	41
Allegations of Inmate on Inmate Sexual Harassment:	23
Allegations of Staff on Inmate Sexual Abuse:	22
Allegations of Inmate on Inmate Sexual Abuse:	23
Unsubstantiated:	74
Substantiated:	00
Unfounded:	35
Forwarded to OPS for Investigation:	Multiple Investigations Forwarded to the Office of Processional Standards for Criminal Investigation

Because of the complexity of the facility and the large number of allegations and the quality of the reviewed investigation reports, the auditor recommended training additional staff to conduct the facility-based investigations and that the facility-based investigator be retrained. See corrective action. The facility trained two additional staff, with plans to train more.

The Agency Facility-Based Investigator/SART enters the alleged incident and notifications into the agency's database, enabling the Agency's PREA Coordinator and Assistant PREA Coordinator to review the investigations in a computer-based program. Investigators upload their investigation packages into the program where they can be viewed and reviewed. If additional information should have been looked at the PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that they investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; GDC Standard Operating Procedure, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders; (99) Reviewed Investigation Package;

PREA Investigation Summary; Sexual Abuse Incident Review Checklist; Notification of Results of Investigation; PREA Initial Notification Form; Forms documenting SART receiving grievances alleging sexual abuse or sexual harassment; GDC Incident Report; Reviewed NIC Certificate; Coordinated Response Plan; Pre-Audit Questionnaire;

Interviews: Warden, Agency PREA Coordinator; PREA Compliance Manager; SART Members; Special Agents; Facility-Based Investigator; Twenty-Three (23) Random Staff; Thirty-Eight (38) Specialized Staff; Forty-One (41) Inmates, both randomly selected and targeted.

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations and 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment or Offenders asserts that the 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 facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and a counselor.

At the conclusion of each sexual abuse investigation, the PREA Team meets and discusses the allegations and findings of the investigator and essentially reviews the incident in compliance with the GDC Policy related to Incident Reviews.

The GDC PREA Unit has implemented a system in which staff enter the investigation into the GDC data system enabling the PREA Unit to review investigations for quality assurance purposes. If the PREA Unit believes the investigation needs additional information, the facility investigator is notified. The PREA Coordinator indicated that either she or the Assistant PREA Coordinator or the PREA Analyst must approve an investigation prior to closure.

This facility is large and complex and with the complex population it is recommended that the facility train more staff to serve as facility-based investigators and because of the quality of the reports, it is recommended that the current facility-based investigator be retrained. (See Corrective Action Plan)

Discussion of Interviews: An interview with the Warden confirmed allegations are referred to the agency with the responsibility for conducting criminal investigations. The facility's Sexual Assault Response Team conducts an initial investigation into all allegations and when an allegation appears criminal, the Duty Officer and Warden are notified, and they contact the Regional Office Special Agent who assigns a Special Agent to investigate. Any allegation of penetration must be referred on to the OPS Special Agent in Charge. An interview with the facility -based investigator indicated she has completed the on-line specialized training, "PREA: Conducting Sexual Abuse Investigations in Confinement Settings". She also explained and described the steps she would take in initiating and conducting an investigation.

The credibility of the victim, alleged perpetrator and witnesses based on the evidence. The investigation, he related would continue even if the victim recanted, if a staff involved terminated his employment prior to a completed investigation, or if an inmate victim or abuser departed the facility prior to the completed investigation.

The investigation would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. The investigator would also look at staff rosters, assignments for that shift, and review any camera footage that may be available. Interviews with the SART members confirmed the investigation process.

Interviews with facility staff, both those randomly selected and special category, confirmed that most of them knew the SART conducts sexual abuse investigations in this facility and could name each member of the SART and their specific roles.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: The Georgia Department of Corrections Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Section G. 14.

Interviews: Warden; Deputy Warden/ PREA Compliance Manager; Facility-Based Investigator; SART Leader.

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

The Facility-Based Investigator affirmed in an interview, that the standard of evidence to substantiate an allegation of sexual abuse is “the preponderance of the evidence”.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The agency's standard operating procedure, 208.06, Reporting to Inmates, requires that inmates who are in custody of the Georgia Department of Corrections are entitled to know the outcome of the investigation. The inmate must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented.

If the allegations involved a staff member, the staff making the notification will, using the GDC Inmate Notification Form, inform the inmate whenever:

- The staff is no longer posted in the institution
- The staff is no longer employed at the institution
- The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution

If the allegation involved another inmate, staff are required to inform the alleged victim when the alleged abuser has been"

- Indicated on a charge related to sexual abuse within the institution or;
- The alleged abuser has been convicted on a charge related to sexual abuse within the institution

Notifications are documented on the GDC Notification Form that documents all the above.

The auditor reviewed 99 of the 109 investigation files. Notifications were consistently documented in the files however some were documented a month later. Some of these involved the inmate having been moved to another facility therefore the facility needs to document on the forms that the inmate was in another facility when the investigation was concluded.

The investigator is knowledgeable of the investigative process and the requirements that inmates are notified at the conclusion of the investigation of the results of the investigation. The PREA Compliance Manager will continue to monitor the notification process to ensure that inmates continue to be notified at the conclusion of the investigation.

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

Interviews: Warden, PREA Compliance Manager; Facility-Based Investigator; Sexual Assault Response Team Leader; Inmates (41)

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

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

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

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

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

Reviewed investigation packages indicated that the former facility-base investigator was remiss in documenting notifications or in ensuring they were a part of the investigation package.

Discussion of Interviews: Interviews with the Facility-Based Investigator indicated that a member of SART would be responsible for notifying the inmates of the outcome of the investigation. Staff who were interviewed were knowledgeable of the items listed on the notification. The SART will use the

required GDC Notification Form, Attachment 5, GDC 208.6, and the interviewed investigator confirmed that is the document used to notify the inmate. The PREA Compliance Manager will monitor the notification process to ensure inmates continue to be notified.

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.

The GDC Policy requires that staff who engage in sexual abuse with offenders and violate and agency sexual abuse and sexual harassment are banned from all Georgia Correctional Institutions and subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction. If the allegation was criminal in nature, recommendations may be made for referral for prosecution. Special Agents work with the District Attorneys to determine if, and when, they have enough evidence to refer for prosecution. Administrative investigations in which staff violate policy, may result in a staff member being disciplined up and including dismissal.

If an offense was less than sexual abuse the appropriate sanction would 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

Failure to report is cause for disciplinary action up to and including termination.

The Georgia Department of Corrections has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from employment and possible referral for prosecution. The Department requires each facility to have a "Wall of Shame" that contains the photos of staff who have been arrested for issues including contraband and staff misconduct, including staff misconduct with an inmate. Staff acknowledge in the PREA Acknowledgment the potential sanctions, including arrest and referral for prosecution and the punishment if found guilty. Staff also sign a Code of Conduct/Ethics Acknowledgement as well.

Staff and contractors found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. Contractors and volunteers will be banned from any contact with inmates and reported to law enforcement agencies, unless the activity was not criminal. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified.

There have been no substantiated allegations against any staff or contractor at the facility.

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

Interviews: Warden; PREA Compliance Manager, Human Resources, Volunteer Coordinator, Contractors

Discussion of Policy and Document Review: Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual

misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.

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

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

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

Staff, as a part of their PREA training sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understand that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledge that an offender cannot consent to sexual activity. The auditor reviewed 40 PREA Acknowledgment Statements signed by employees and contractors.

To deter staff from violating the agency's sexual abuse policies and for other reasons, the facility, as in all other Department of Corrections Facilities, has a "Wall of Shame" that has the photos of staff who have violated their oath of office and/have had personal dealings with offenders, including bringing contraband.

Discussion of Interviews: Interviews with the Warden and PREA Compliance Manager indicated that the facility has a zero-tolerance for all forms of sexual activity. If a staff was involved in an allegation of sexual abuse the staff would most likely be placed on no-contact with that resident and could possibly be placed on administrative leave, with pay. If the allegations were substantiated, the staff would be banned from all GDC facilities and most likely the employee would be terminated and referred for prosecution by the OPS Investigator after consulting with the District Attorney.

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.

GDC has a zero tolerance for any form of sexual abuse or sexual harassment. Contractors and Volunteers are advised of that policy and explained the consequences for violations. Any contractor or volunteer who violates any agency sexual abuse or sexual harassment will be immediately barred from the facility and placed on a ban for entering any GDC facility. Pending investigation, the contractor or volunteer will not be allowed entry into this facility or any other GDC facility. The local law enforcement will be notified, and a recommendation will be made to refer the contractor or volunteer for prosecution.

If the contractor or volunteer is a licensed person, the licensing agency will also be notified.

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

Interviews: Warden; Deputy Warden/PREA Compliance Manager; SART Members; Medical and Food Service Contracted Staff; Chaplain

Discussion of Policies and Reviewed Documents: GDC 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 auditor reviewed 10 PREA Acknowledgment Statements for Volunteers and Contractors.

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.

Discussion of Interviews: Interviews with the Warden; PREA Compliance Manager; SART Team, and a review of 99 investigation packages confirmed that there no allegations made against any volunteer or contractor. If there had been, the Warden indicated the volunteer or contractor would be prohibited from coming into the facility while the investigation is being conducted. If the investigation determine the allegation was substantiated, the volunteer would be referred for prosecution. The volunteer confirmed understanding zero tolerance and potential sanctions for violating GDC Policies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Warden; PREA Compliance Manager; SART Leader; SART Members; Due Process Officer

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

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

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

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

The facility due process officer uses the Offender Disciplinary Code Sheet documenting that high severity offenses, that include sexual assault or soliciting sexual activity, may be sanctioned by 1) Isolation one to fourteen days; 2) Referral to Classification Committee for review; 3) Disciplinary transfer; 4) Removal from specified programs; 5) Affect issuance of a warrant for violation of law; 6) Prisons restriction on privileges for up to 90 days; 7) Impound personal property for days; 8) Change in work or quarters assignment; 9) Extra duty for two hours/day up to 90 days and 13 other sanctions. If the allegation of sexual assault is substantiated, the Special Agent may consult with the district attorney and refer the inmate for prosecution.

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.

GDC Policy, 208.06, asserts that if an inmate's intake assessment indicated the inmate has experienced any prior victimization or has perpetrated any sexual abuse, whether in an institutional setting or in the community, the inmate will be offered a follow-up meeting within 14 days of the intake screening. This will be documented on the inmate's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is required to be strictly limited to necessary staff maintaining strict confidentiality.

During the initial PREA Assessment (Victim/Aggressor) if the inmate endorses the question about having been a previous victim of sexual abuse, the counselor offers the inmate a referral to mental health. The inmate may choose to refuse. If the inmate wants to have a follow-up with mental health, the counselor makes the referral.

Forensic exams are conducted at the facility. The GDC contracts with a team of Sexual Assault Nurse Examiners from Waycross, GA. Previous interviews with the SANEs confirmed that they respond to the calls from the prison and one or two of the team members respond to conduct the exam. If the inmate injured to the point of requiring medical services at the hospital, the inmate would be transported to the hospital for treatment. The reviewed Medical PREA Logs and Monthly PREA reports documented allegations of sexual assault and the Medical PREA Logs documented the following regarding inmates who were alleged to have been sexually assaulted/abused:

- Date of Incident
- Reported within 72 hours
- Transported to ER?
- Date
- Van/Ambulance
- Consent Form Signed?
- SANE Notified
- Date Notified
- Time Notified
- Date Exam Scheduled
- Date Exam Complete
- Time Exam Complete
- Offender Refuse/Recant?
- GDC Chain of Command for Rape Kit
- Date Accepted by Security

The forensic exam is provided by a SANE nurse without financial cost to the inmate.

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

Interviews: Director of Nurses; Registered Nurse; Mental Health Director; Mental Health Counselor; Deputy Warden/PREA Compliance Manager, Staff who administer the Victim/Aggressor Assessments; (20) Randomly Selected Inmates; (20) Targeted Inmates

Discussion of Reviewed Policy and Documents: GDC Medical Policies are specific and voluminous regarding health care. Health Care services are provided through a contract. The GDC Policy, 208.06, Sexually Abusive Behavior Prevention and Intervention Program I, Medical and Mental Health Care requires that the GDC provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDC Standard Operating Procedures

If an inmate discloses prior victimization during the initial intake victim/aggressor assessment, the offender will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The inmate may choose to refuse the offer and if so, the refusal will be documented.

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. None of the reviewed files or instruments documented having perpetrated prior sexual abuse.

The interviewed staff stated if an inmate disclosed a previous history of sexual abuse during the initial PREA Assessment, the inmate will be offered a follow-up with mental health.

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.

The facility did not have a formal method of documenting offering the inmate reporting prior victimization a follow-up with mental health. A form was developed asking all inmates, during the admissions/intake process and the facility provided the auditor samples demonstrating staff are using the form to offer a follow-up.

Discussion of Interviews: Interviews with medical, counseling staff, and the PREA Compliance Manager and general population counselor who conducts the victim/aggressor assessments of incoming inmates confirmed that each of them conducts a screening that asks the inmates about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. Inmates can refuse the referral. Interviewed inmates who reported having been victims of previous sexual abuse indicated they were offered mental health services and follow-up or were already on the mental health caseload. The mental health director indicated if an inmate was sexually assaulted, mental health would see them within 24 hours but immediately. As soon as mental health knows of the incident, the SART calls mental health or emails, and they are seen within a few hours, at most, according to the director.

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 and Practice ensures that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed policies and procedures, reviewed monthly PREA reports, Interviews with staff, inmates, PREA Compliance Manager, Director of Nursing; a Facility Nurse (RN); a previous interview with the Agency's Contracted SANEs (2); Mental Health Director; Mental Health Counselor.

This facility is a complex facility and houses an equally complex medical component. This facility has medical staff on duty 24/7. Medical services consist of the following:

- Standard Medical Care that includes sick call, chronic care, medical profiles and general and routine services.
- Infirmary Care
- Acute Care Unit
- Crisis Stabilization Unit (housing inmates from all over the state who may be suicidal or have mental health issues requiring stabilization.
- Surgery Unit: where contract surgeons including general surgeons, podiatry, and orthopedic surgeons perform surgeries for inmates from all over the state

There are approximately 50 nurses employed at the facility with about 20-25 on duty each day.

The facility has successfully been accredited by the Medical Association of Georgia for having met their standards, which are either the same as or similar to the standards of the National Commission on Correctional Health Care.

GDC Policy requires that when an inmate makes an allegation of sexual abuse, the inmate will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the inmate will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the inmate needs emergency care beyond the capability of the facility, he will be transported to the local hospital.

Interviewed health care staff indicated that if there was a sexual assault, their role would be to "check" the inmate for injuries and if there were injuries requiring treatment the inmate would be treated at the facility or at the hospital emergency room. If there were no injuries requiring treatment, staff indicated they would then call the SANE Nurses from the Satilla Advocacy SANEs. The SANE would respond typically on the same day she and her staff are notified.

The SANE and SART will be utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections. Inmates are not charged for PREA related issues and treatment.

If the assault occurred more than 72 hours prior to being reported, the decision as to where the medical evaluation will occur is made on a case by case basis.

Sexual Assault Nurse Examiners are provided through a contract. Previous interviews with both Sexual Assault Nurse Examiners confirmed their role in responding to a sexual assault and conducting the forensic exam. Interviews with two SANEs indicated the inmate would be offered testing for HIV and

other Sexually Transmitted Infection and offered STI Prophylaxis. The SANE indicated that following the forensic exam, she would recommend the STI Prophylaxis and any other medication required. The facility's physician would have to approve the recommendation and order it to be done.

Security and non-security staff are trained as first responders and their roles are to separate the alleged victims from alleged perpetrators, try to protect any evidence, suggesting the victim not eat, drink, use the restroom or change clothes, and require the alleged perpetrator not do those things as well that could destroy evidence. Interviewed staff articulated their roles as first responders and non-uniform staff responded with all the elements of first responding just as the uniformed staff did.

This facility is a mental health facility and approximately 600 of the inmates housed in the facility are on a mental health caseload. The mental health staff consists of the following:

- (1) Psychiatrist
- (1) Director of Mental Health
- (9) Mental Health Counselors who are licensed
- (4) Mental Health Counselors who are Behavioral Health Counselors and are License Eligible
- (1) Nurse Practitioner
- (3) Activity Therapists
- (1) Clerk who schedules appointments
- (2) Administrative Assistants

The facility houses Level II, Level III, and Level V Mental Health Inmates. Level III inmates need daily living skills, need more contact, staff administer their medications, prepare their food, and, in general, need a lot more care. They are vulnerable population and are housed in single cells. Level V inmates are in crisis, including non-mental health crisis. Once stabilized they may go back to Level II or III. Level II inmates can function and need counseling and medications but can work and function.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Standard Operating Procedures, VH85-0002; Medical Management of Suspected Sexual Assault, Abuse or Harassment; GDC Standard Operating Procedure, VH85-0001; Forensic Information; Procedure for SANE Evaluation/Forensic Collection; Medication Guidelines for Sexual Assault Patients; National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, Major Updates; PREA Medical Logs; Coordinated Response Plan;

Interviews: The Warden; PREA Compliance Manager; Director of Mental Health; Director of Nursing; Mental Health Counselor; Registered Nurse; Facility-Based Investigator; Previous interviews with two Sexual Assault Nurse Examiners; Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders;

Observation: The auditor observed the complex medical component that included an emergency room, reception area; general medical care areas; infirmary and crisis stabilization unit

Discussion of Reviewed Policies and Documents:

Inmate victims of sexual abuse receive timely and 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.

Health care services at Georgia State Prison are available 24/7. The facility has a medical doctor on site Monday through Thursday during normal business hours and an after hour medical doctor “on call”.

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. 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.

When an inmate has been the victim of sexual abuse, medical staff assess the inmate to ensure there are no life threatening or emergency needs, and if stable, initiate the Nursing Protocol, contact the SANE or Doctor and, if needed, be taken to the local or other Hospital to be stabilized.

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 facility offers medical and mental health evaluation and, if needed, treatment to all inmates victimized by sexual abuse in a prison, jail, lockup or juvenile facility and as appropriate, the facility offers appropriate follow-up services and mental health evaluation, including referrals for continued care following transfer or placement in other facility or their release from custody.

Georgia Department of Corrections has a contract with Augusta University for the provision of health care/medical services in Georgia's Prisons, including Georgia State Prison. Medical services at this facility are provided 24/7. The medical component of this facility is complex, offering routine medical services, emergency room services; infirmary care; crisis stabilization and surgery. Inmate victims of sexual abuse are assessed following an allegation to determine the presence and extent of any injuries. Nursing staff, responding to a sexual assault do a visual exam to assess injuries and if there are no injuries requiring care at the hospital, the Sexual Assault Nurse Examiner is called and comes to the prison to conduct the forensic exam. At the conclusion of the exam, the SANE (in a previous interview) stated she recommends the STI Prophylaxis and testing for STIs. The recommendations still must be approved by the physician. Because the facility offers a variety of health care services, ongoing treatment, testing and follow-up are provided at the facility.

The facility is also a mental health facility and houses around 600 inmates who are on a mental health caseload, as a Level II, III or V (described above). Mental Health assessments are conducted on victims of sexual abuse and they are either offered services or are continued in care on the caseload, if already on the mental health caseload. Follow-up care is then provided as directed following the mental health evaluation.

Medical and mental health staff provide services consistent with the community level of care, consistent with the GDC Policy, VH-08-0002. The facility is accredited by the Medical Association of Georgia (MAG) for having met the MAG Standards for health care and mental health care.

There are no female inmates at this prison therefore inmates obviously are not offered pregnancy tests nor is the substandard regarding providing timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

Inmates would be offered STI prophylaxis either at the hospital or in the facility, and as recommended by the Sexual Assault Nurse Examiner and ordered by the Doctor and if the inmate requested it after it is offered.

Policy and Documents Reviewed: GDC "Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire;

Interviews: Warden; PREA Compliance Manager; Director of Mental Health; Registered Nurse; Mental Health Counselor; Previous interviews with two Sexual Assault Nurse Examiners; Warden; PREA Compliance Manager; SART Team; Randomly selected and targeted inmates

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

If an inmate had to go to the hospital for a forensic exam, the hospital would offer the inmate STI prophylaxis. If the inmate had his forensic exam at the prison, the SANE will recommend the STI prophylaxis and the staff will administer it on the doctor's orders. Any follow-up as the result of a sexual assault would be provided by the facility. Mental health evaluation is provided at Georgia State Prison where there are mental health providers.

Discussion of Interviews: The lead nurse confirmed the process for providing ongoing physical and mental healthcare services. Inmate victims of sexual abuse, identified as potential victims as well as any inmate who becomes a victim, is offered a follow-up with mental health.

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.

The facility has had 109 allegations of sexual abuse or sexual harassment in the past 12 months. This was confirmed through reviewed monthly PREA Reports to the GDC PREA Unit, Reviewed

Grievances, Calls to the GDC Hotline Report, and interviews with staff and inmates. The auditor reviewed 99 of those investigations. Interviews indicated staff understand the Incident Review Process and that they would conduct incident reviews within 30 days of the conclusion of the investigation. In conducting the incident reviews the members described the process and indicated they would use the GDC Incident Review Form. The team consists of upper-level management with input from supervisors, investigators, and medical staff. Members include the PREA Compliance Manager, Facility Based Investigator, Counselor, and Sexual Assault Response Team Members.

Using the GDC Incident Review Form, the following are a part of the review process:

- Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceive status, gang affiliation or was motivated or otherwise caused by other group dynamics at the institution.
- Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse
- Assess the adequacy of staffing levels in that area during various shifts

The review team, in compliance with policy and confirmed in interviews, then will prepare a report of its findings to the Warden and PREA Compliance Manager/Deputy Warden of Care and Treatment who are authorized to implement the recommendations for improvement or document the reasons for not doing so.

Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Calls to the PREA Unit Hotline in the past 12 months; Monthly PREA Reports; Compstat Reports; Sampled Incident Reports and Grievances for the past 12 months

Interviews: Warden; PREA Compliance Manager; SART Members

Discussion of Policies and Documents: The auditor reviewed 99 investigation packages to determine if incident reviews were conducted as required. The results are discussed later in this section.

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.

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

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

Documentation indicated the facility conducts incident reviews and considers all the elements required in the standards.

Too, some of the sexual abuse allegations were referred on to the Office of Professional Standards for investigation and the facility may not have received the final report from them, at which point, they would conduct the incident review.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the sophisticated reports the GDC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled inmates/inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files and sexual abuse reviews.

Upon request all data from previous calendar years will be provided to the Department of Justice.

The aggregated sexual abuse data will be readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.

Policies and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Reports from the GDC PREA Analyst

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator (previous interview); PREA Compliance Manager; Warden

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2017 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 Transition 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 2017 report indicated there was a 21% increase in allegations reported and this was attributed to and the addition of county and private facility allegations, the improvement in reporting as well as the effect of increased staff and inmate education. The substantiated cases remained constant and an increase in the total number of allegations is influenced by process improvements and prevention training.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2018 the PREA became

able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module.

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.

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

The PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of inmates; lists of inmates disclosing prior victimization (when available), as well as an email documenting the names of inmates contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify inmates/inmates who are hearing or visually impaired or who have some other form of disability.

The Department's PREA Unit now has access to investigations through a module that allows staff in the unit to review investigations for quality. Reviewing staff may instruct the facility investigator to conduct additional inquiry or investigation and will not authorize the closure of that investigation until the PREA Unit reviews and approves the investigation.

Interviews with the PREA Compliance Manager and Warden confirmed the facility provides the required data, if any, to the GDC PREA Unit by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report sent to the GDC 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 agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.

The GDC requires each facility to maintain PREA related data and to report to the GDC PREA Unit, monthly the number of allegations of sexual abuse and sexual harassment, including inmate on inmate and staff, contractor, volunteer on inmate. The auditor reviewed the Facility PREA Reports 12 months prior to the on-site audit. The agency collects the data for each facility and aggregates it at least

annually and provides comparisons from previous years as well as actions the Department has taken as a result of analysis of the data. The annual reports are comprehensive and informative.

Policy and Documents Reviewed: Georgia Department of Corrections 2017 Annual Report; Agency Website; Monthly Facility PREA Reports' Compstat Reports

Interviews: Warden; Deputy Warden/PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator and Agency Assistant Statewide PREA Coordinator

Policy and Document Review: The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future.

Likewise, the agency collects data from each facility and reviews the aggregated 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.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator, PREA Compliance Manager; Warden

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

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

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

The facility has not had any allegations of sexual abuse or sexual harassment in the past 12 months and in the past 3 years. The PREA Compliance Manager related that data collected will be securely retained. All sexual abuse data will be available to the public on the prison's website and in annual

reports. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than 10 years from the initial date of collection.

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, inmates, 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.

The Georgia Department of Corrections ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited.

The Georgia State Prison was previously audited for compliance with the PREA Standards

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

The Georgia Department of Corrections 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 facility posted the Notices of PREA Audit in areas of the facility accessible to inmates, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. These were observed in living units and other areas accessible to staff, inmates, contractors, volunteers and visitors. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were often and productive. The compliance manager joined the auditor at another audit to observe the process.

The auditor received the flash drive more than 30 days prior to the onsite audit. The information contained on the flash drive contained the GDC policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of close security adult male inmates.

The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request.

During the on-site audit the facility was requested to provide documentation and the documentation was readily available to and easily provided.

The on-site audit of the Georgia State Prison was conducted by two Auditors, certified in both Juvenile and Adult Standards. During the on-site audit, the auditors were provided complete and unfettered access to all areas of the facility and to all the inmates. The auditors were free to move about the facility any time they needed to. Space in two offices were provided for the auditors to conduct interviews with complete privacy. During the on-site review, the auditor freely walked around the facility, interviewing informally, staff, inmates, contractors and volunteers.

The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with inmates and staff. None of the inmates requested to talk with the auditor in private.

Interviews were conducted in complete privacy and every resident chosen for interviews. The Certified Auditor conducting inmate interviews interviewed a total of 40 inmates. Twenty (20) of the Forty (40) interviewed inmates were targeted inmates. The auditors were free to move about the facility at will, providing the opportunity for any resident to communicate with the auditor, if they needed to. Auditors were allowed access to inmate files, personnel files and other documentation without question or hesitation.

The auditor thoroughly reviewed large samples of documentation and interviewed staff, contractors and inmates. Multiple personnel files were reviewed to assess the hiring process and background checks. Processes were tested during the on-site audit. During the exit briefing, the PREA Compliance Manager met with the Warden, PREA Compliance Manager and the Agency's Assistant Statewide PREA Coordinator. Preliminary findings were discussed, and corrective actions were identified. The auditor and the PREA Compliance Manager continued to work together following the on-site audit when additional information was needed.

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

The auditor reviewed the Agency's website and reviewed the previous PREA reports as well as annual reports that were posted on the website.

Interviewed administrators indicated the PREA Report as well as annual reports are posted for public viewing and reviewing and the PREA Report, like the last PREA Report, will be posted within 90 days of issuing the final report to the facility.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Robert Lanier

March 22, 2018

Auditor Signature

Date

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

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