

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

Interim Final

Date of Report May 25, 2018

Auditor Information

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Company Name: Diversified Correctional Services, LLC	
Mailing Address: 1825 Donald James Rd	City, State, Zip: Blackshear, GA 31516
Telephone: 912-281-1525	Date of Facility Visit: April 26-27,2018

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 Road		City, State, Zip: Forsyth, Ga 31029	
Mailing Address: 300 Patrol Road		City, State, Zip: Forsyth, Ga 31029	
Telephone: 478-992-5101		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

Agency Website with PREA Information:
http://www.dcor.state.ga.us/Division/ExecutiveOperations/PREA_contact

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Grace Atchison	Title: GDC Statewide PREA Coordinator
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Email: grace.atchison@gdc.ga.gov	Telephone: 678-332-6066
PREA Coordinator Reports to: Ricky Myrick-Director of Investigations and Compliance	Number of Compliance Managers who report to the PREA Coordinator 88

Facility Information

Name of Facility: Charles D. Hudson Transitional Center
Physical Address 100 Jim Hester Rd LaGrange, GA 30241
Mailing Address (if different than above): same
Telephone Number: 706-845-4018

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"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: To protect the public by providing community residential services to inmates prior to their discharge or parole from incarceration.

Facility Website with PREA Information:
http://www.dcor.state.ga.us/Division/ExecutiveOperations/PREA_contact

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name Debra Slaughter	Title: Superintendent
Email: Debra.Slaughter@gdc.ga.gov	Telephone: 706-845-4030

Facility PREA Compliance Manager

Name: Charles Fleming	Title: Assistant Superintendent
Email: Charles.Fleming@gdc.ga.gov	Telephone: 706-845-4110

Facility Health Service Administrator

Name: Debra Culpepper	Title: Nurse
Email: debra.culpepper@gdc.ga.gov	Telephone: 706-845-4153

Facility Characteristics			
Designated Facility Capacity: 155		Current Population of Facility: 155	
Number of residents admitted to facility during the past 12 months:			206
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			14
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			204
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			206
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 20-69 Click or tap here to enter text.	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			9 -12 months
Facility Security Level:			medium
Resident Custody Levels:			Min, med., close
Number of staff currently employed by the facility who may have contact with residents:			42
Number of staff hired by the facility during the past 12 months who may have contact with residents:			1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units 0	
Number of Multiple Occupancy Cell Housing Units:		37	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Video system is inoperable but has been requested			
Medical			
Type of Medical Facility:		In house	
Forensic sexual assault medical exams are conducted at:		In house or at West Ga Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			150

Audit Findings

Audit Narrative

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

Pre-Audit Activities

Notice of PREA Audit: The Notice of PREA Audit for the Charles D. Hudson Transitional Center, located in LaGrange, Georgia, was forwarded to the Georgia Department of Corrections PREA Coordinator February 23, 2018 nine (9) weeks prior to the on-site audit, for posting in the TC. The PREA Coordinator instructed via email to the facility, to post the notices in areas accessible to offenders, staff, contractors, and visitors. The purpose of the posting of the Notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The auditor did not receive any correspondence as a result of that posting. On-site the Notice of PREA Audit was observed posted throughout the facility and on the streaming slides and video on a large monitor in the large multipurpose/dining room.

Pre-Audit Questionnaire/ Flash Drive Review: The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Transitional Centers advised that the Pre-Audit Questionnaire and flash drive with Georgia Department of Corrections' policies and procedures, local operating procedures and directives, and other supporting documentation should be forwarded to the auditor not later thirty (30) days prior to the onsite audit. The reviewed flash drive contained some information specific to facility operations and PREA as implemented in that facility. The auditor developed and forwarded a comprehensive list of the documentation that would be needed for review during the on-site audit to assess practice. The PREA Coordinator and the PREA Compliance Manager were always responsive to any request and assured the auditor the information would be made available.

Outreach to Outside Advocates: The auditor contacted the Sexual Assault Support Center to determine the interactions, if any, the center has had with the Transition Center. The Staff at the facility related the agency has not received any calls from any of the inmates at the facility. She described the services her agency could provide. This would include accompaniment by an advocate for a victim during the forensic exam and following. The center has a 24/7 hotline number provided to the residents of the center in their resident handbook provided to them during orientation.

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

Additionally, the morning of the audit, the auditor had previously requested and received, a list of residents listed by housing units to enable the auditor to select inmates from each living unit. The PREA Compliance Manager, Superintendent, and counselors stated the facility did not have any transgender inmates, youthful detainees, any detainees who had experienced sexual abuse at this facility and did not recall any who had reported prior victimization during the initial victim/aggressor assessment. The auditor communicated with the agency's PREA Unit, PREA Analyst and requested a list of detainees who were physically disabled, Limited English Proficient, or who had reported either sexual abuse at this center or who had experience prior sexual victimization during the initial victim/aggressor assessment or reassessment. The auditor reviewed 10 initial assessments and 10 reassessments and did not locate any detainees disclosing prior sexual victimization. The PREA Analyst reported via email that the PREA Unit did not receive any hotline calls from the TC during the past 12 months.

On-Site Audit Activities

The auditor arrived at the facility at 0800, April 26, 2018. The auditor was assisted by another Certified PREA Auditor. Processing through the security area of the lobby of the facility included providing identification and signing into the facility. Following a brief meet and greet with the PREA Compliance Manager and Assistant Statewide PREA Coordinator, the auditor randomly selected staff for interviews and began interviews. Later, when the Associate Auditor arrived, residents to be interviewed, both random and targeted.

Staff and Contractor Interviews

Randomly Selected: (15)

The provided staffing roster contained a list of 41 staff. The auditor selected, at random, staff representing areas other than security in an attempt to get a cross-section of staff and included male and female, Caucasian and African American, and staff from the day and night shifts. Fifteen (15) staff were randomly selected. Eight (8) of those were security staff, including line staff and supervisors. One (1) Staff was an Employment Manager, one (1) the Food Service Manager, one (1) a GED Teacher, one (1) an accounting staff, one (1) administrative support staff, one (1) Food Service Supervisor and one (1) Accounting Staff.

Specialized Staff and Contractors: (19) Interviews)

This facility does not have any contractors other than the medical staff. This facility has a total of thirty-nine (39) staff therefore they often overlap in the performance of their duties. The auditor selected and interviewed the following special category/specialized staff.

- Agency Head Designee (previous interview)
- Agency PREA Coordinator (previous interview)
- Assistant Agency PREA Coordinator (previous interview)
- Agency Contract Manager Designee (previous interview)
- Superintendent
- Assistant Superintendent
- PREA Compliance Manager
- Human Resource Staff
- Intake Staff

- Orientation Staff
- Counselor conducting victim/aggressor assessments
- Investigator
- Upper Level Staff conducting unannounced rounds
- Facility Nurse (Contracted)
- Incident Review Team Member
- Retaliation Monitor
- SANE (previous interview)
- Advocate; Rape Crisis Center of the Coastal Empire
- First Responder (security and non-security) (2)

This facility does not house youthful offenders. The facility does not have a segregation unit.

Inmate Interviews (Total of 20; Random 13; Targeted (7))

The auditor requested and received an alpha roster of all residents at the facility. The Assistant Certified PREA Auditor selected residents at random from the alpha roster provided. A total of twenty-six residents were selected. Twenty-Six (26) were formally interviewed. The facility had only one (1) resident who was in the targeted group therefore one of the twenty-six residents was limited English proficient. The Transitional Center does not house youthful offenders. There were not any deaf or hard of hearing or visually impaired residents. Lastly there were no residents at the facility who had ever reported sexual abuse or sexual harassment at the facility. This information was confirmed through a review of 10 victim/aggressor assessments; 10 victim/aggressor reassessments; interviews with staff and inmates and observations made during the on-site audit. Additionally, the Superintendent provided the auditor a memo confirming that there were none of the above “targeted” residents being housed at the facility at this time. The PREA Unit PREA Analyst also provided documentation confirming there were no calls made on the PREA hotline in the past twelve months. The reviewed Monthly PREA reports confirmed there were no residents who had alleged sexual abuse in the past twelve months. Interviews with residents and staff indicated there are no targeted categories of residents at the facility at this time. One inmate identifying as gay would not disclose to the auditor.

Informal Interviews: Additionally, 12 residents from different rooms and various work assignments were interviewed. These interviews focused on such issues as staffing in the living units, searches, privacy while showering and using the restroom, and how to report allegations of sexual abuse and sexual harassment. This facility does not have any segregated housing. Any resident who requires segregation would be, according to the Superintendent, be transferred to the Hudson State Medical Prison, the host facility for the transitional center.

The auditor did not receive any correspondence from any resident. Notices of PREA Audit were observed posted in the facility, accessible to detainees, staff, visitors, contractors, and volunteers.

Testing of Processes

The auditor requested the Assistant PREA Coordinator conduct a test of a PREA phone. A message was left with the Hotline Staff; the PREA Unit’s PREA Analyst, requesting he email the auditor confirming the call. The email confirming the call was received the next morning after the call was placed.

Documents and Files Reviewed

Facility Staffing Plan Annual Review: The auditor reviewed the staffing plan for the facility for the year 2017.

Facility Log Books and Duty Officer Log Books: Ten pages (10) reflecting PREA rounds by upper level management serving as duty officers.

Communicating Effectively with LGBTI Inmates: All staff are required to have attended Communicating Effectively and Professionally with LGBTI Inmates. Sampled certificates were provided. Interviews with staff confirmed that staff have completed the NIC Online Training: Communicating Effectively and Professionally with LGBTI Inmates. (43 reviewed certificates)

PREA Acknowledgment Statements Inmates: Ten (10) Prison Rape Elimination Act Orientation Video Acknowledgment Statements were reviewed. Ten (10) Orientation Checklists were reviewed as well to document the PREA Training during Orientation.

Certificates of Specialized Training: National Institute of Corrections (NIC): (5)

Victimization/Aggressor Assessments: (30)

Victimization/Aggressor Reassessments: (30)

Incident Reports: The auditor reviewed all the incident reports for the past year. None of them involved PREA related issues.

Investigations: There were no incidents involving sexual abuse or sexual harassment in the past 12 months and beyond. This is confirmed through reviewing the monthly PREA reports, Monthly Compstat Reports and interviews with the Superintendent and the PREA Compliance Manager.

Notifications to Inmates: There were no allegations of sexual abuse. There were two allegations of sexual harassment. Both of these files contained the notifications to the residents and both were unsubstantiated..

Coordinated Response Plan: Reviewed Local Directive for the Hudson Transitional Center and the Sexual Abuse Response Checklist.

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.

SITE REVIEW

The Superintendent led the auditor, accompanied by the Assistant Statewide PREA Coordinator, on a complete review of the entire facility, including everything within the main building as well as outside maintenance areas.

The site review began in the kitchen/Dining Area. This space is wide open facilitating viewing. There are cameras in this area however they are inoperative, and the facility has advocated for a new system. This was confirmed through a reviewed email and interviews with the Superintendent. PREA related posters, including the "See Something, Say Something" poster, are posted in this area. The Kitchen office windows enable the staff to see what is going on in most areas from the office. Dry storage has a mirror to mitigate the blind spot.

The vocational hallway has huge windows, and, in the laundry, there is a blind spot behind the dryers and could use a mirror to aid viewing.

There are no cameras in the Intake/shake down area. Windows are in the doors enabling viewing.

Care and custody has a caged area and could use a mirror to mitigate blind spots.

The GED class has a window to enable viewing into the class. Several other classrooms in the areas all had windows. An interesting program at the facility involves resident(s) who have been trained by the Georgia Department of Corrections to translate books into Brail. This is a project sponsored by Georgia Tech. When trained, Georgia Tech hires the residents to perform this valuable task.

The barbershop door is required to stay open when in use and when residents are present.

There is a holding cell with a small window enabling staff to check inside the cell. A commode is in the cell.

Three TV rooms are in a wide-open area with huge windows.

The housing units are divided into the East Wing and the West Wing. The East Wing has 12 bedrooms that are four-man rooms except one room that houses two men. There is a phone available in this area to place calls home and to report PREA allegations.

The laundry room in the East Wing is a small room with a window and no noted blind spots.

A bathroom on this wing has five (5) stalls for toilets with walls separating the toilet stalls and doors that lock. There are five (5) shower stalls and one handicap shower, all with curtains to afford privacy while showering.

The West Wing has twenty-four (24) bedrooms, all of them are four (4) man bedrooms except on that is a five (5) man bedroom.

Showers and restrooms on the West Wing are the same construction and design as those on the East Wing. A phone is on the West Wing as well, enabling residents to call family, friends and to report PREA related issues via the PREA hotline. The laundry on the West Wing has a window enabling viewing inside the laundry.

Cameras are in the rec yard.

The medical office has windows facilitating viewing.

An outside maintenance shop, with a tool room, has windows and access to the area is limited to those on the approved list on the door.

A flammable storage area was found to be locked and secured.

Noteworthy is that each exit door from the wings are equipped with an alarm that will alert staff if a resident tries to exit the hall through these doors.

PREA related posters were observed throughout this facility. Phones enable inmates to access the PERA Hotline and family members if they needed to make a report of sexual assault or sexual harassment.

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 Hudson Transitional Center is a 155-bed Community Transitional Center operated by the Georgia Department of Corrections housing offenders 18 years of age and above. One-hundred fifty-five (155) residents were assigned to the facility during the on-site audit. The resident population is made up of adult male offenders who are serving felony sentences. Georgia inmates are eligible for transitional center placement when they are within 15 months of their earliest release date. Some of the residents are long term and do not go out to work in the community.

This program is a nine (9) month program that includes substance abuse programming, educational opportunities and case management through the four (4) assigned counselors.

The facility is housed in one building consisting of two wings, east and west, housing up to 155 residents.

The main building of the program is inside the perimeter and consists of the main control, front lobby, nine (9) administrative offices, medical and counselor's offices, visitation/program areas, control room #2, a holding cell (segregation), east and west wings, dining hall, food service, resident store, mail room, laundry and the barber shop/intake area.

B. Building Maintenance is also inside the perimeter as is the chemical are/care and custody, ground maintenance is inside the perimeter and the education area.

Residents are housed in 36 bedrooms that a four to five-man occupancy and a two-man bedroom. There are two wings housing the residents. The East Wing has 12 bedrooms, all four-man rooms except one two-man bedroom. The West Wing has 24 bedrooms, all of them four-man bedrooms, except one five-man bedroom. Restrooms have five stalls with walls separating the stalls and doors that lock. Showers consists of five shower heads with curtains to afford privacy while showering.

There are 41 staff assigned to the Transitional Center, including 25 security staff, 18 administrative staff, 4 food service staff, one GED teacher, four counselors/case managers, one maintenance staff, one community supervision officer, one contracted medical staff,

Medical care is available on-site during the hours of 9AM to 5PM. Staffed by a registered nurse through a contract with Hudson University, the nurse screens residents and provides on-site care as needed. The facility's host facility is Hudson Transition Center State Prison and medical care is available there as well. The nurse does not conduct sexual assault forensic exams. The SANE is provided through a contract and will come on site, most likely at Hudson Transition Center State Prison. If there are injuries requiring treatment, the victim would be transported to the West Georgia Regional Hospital.

Residents are required to be seeking work or be working in the community or are housed as long-term maintenance residents who perform a variety of work details on-site.

Residents at this facility have access to the community through job searches, work, appointments in the community, through facility phones, and cell phones.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 05

115.211; 115.231; 115.234; 115.251; 115.287

Number of Standards Met: 36

15.212; 115.213; 115.215; 115.216; 115.217; 115.218; 115.221; 152.222; 115.232; 115.233; 15.235; 115.241; 115.242; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.288; 1152.89; 115.401; 115. 403

Number of Standards Not Met: 0

0

Summary of Corrective Action (if any)

Residents were generally not aware of the outside advocacy organization, The Sexual Assault Help Center, in Columbus, Georgia. Staff provided documentation confirming residents were reeducated regarding the services of the center as well as the limits of confidentiality.

Employment Verification Forms were not provided for identified staff and contractors. These were provided expeditiously following the on-site audit. The Rutledge State Prison Human Resources Staff are responsible

for conducting personnel related matters. Documentation was provided to confirm the response to the PREA prohibition questions asked of all applicants whether regular employee or contractor.

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program; The Resident Handbook (PREA); PREA Pamphlets; 25 PREA Acknowledgment Statements; 25 Orientation Checklists; Pre-Audit Questionnaire.

Interviews: Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, Superintendent, PREA Compliance Manager; Interviews with Fifteen (15) randomly selected staff; Nineteen (19) Specialized Staff; Thirteen (13) randomly selected residents and (7) targeted residents.

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

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

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

The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA, but she brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities are in compliance with the PREA Standards and that they maintain compliance. To that end she serves as a resource person for the GDC facilities and programs and visits her facilities often. Those visits are working visits during which she often sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. An interview with the PREA Coordinator confirmed that she has sufficient time with the assistance of her assistant PREA Coordinator, to perform her PREA related duties. The newly hired Assistant PREA Coordinator also has a number of years of experience of institutional work. An interview with the Assistant PREA Coordinator also indicated that he too is knowledgeable of PREA and having worked in a secure facility has a unique perspective of how to implement PREA in that setting.

In addition to the Agency Compliance Director, Statewide PREA Coordinator and Assistant PREA Coordinator, the agency also has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit, on a monthly basis, by each facility. This staff also receives the calls from residents on the Department of Corrections PREA Hotline. He keeps excellent

statistics for each facility and cumulatively for the agency that are used by the Department in analyzing issues related to PREA. The auditor relies on the PREA Analyst to provide reports on inmate/detainee calls to the PREA Hotline as well as reports on disabled residents in facilities.

Another indication of the Department's commitment to PREA was indicated in an interview with the Agency's Americans with Disabilities Act Coordinator. In an interview, she related the Department's efforts to provide residents who are hearing impaired or limited English proficient with the tools they need to understand PREA.

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

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

The Superintendent of the facility appointed and designated the Assistant Superintendent as the PREA Compliance Manager. This level of staff has complete access to the Superintendent and by virtue of his position, has both the responsibility and authority to implement and maintain Georgia Department of Correction's Policy related to PREA and the PREA Standards. He has a variety of other assigned duties, including serving as the grievance coordinator, overseeing Care and Treatment, overseeing the employment program and serving as PREA Compliance Manager. He indicated he does have time and makes time to maintain PREA. The PREA Compliance Manager is experienced and knowledgeable and has the knowledge and ability to maintain the PREA Standards in this facility. He also has the complete support of the Superintendent.

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

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

Zero Tolerance is reflected in multiple documents, including PREA Acknowledgment Statements for staff, contractors, volunteers and residents.

Posters were observed throughout this facility and in each living unit, as well as in common areas.

The Resident Handbook (PREA) asserts that the GDC fully supports the Prison Rape Elimination Act and is committed to a zero-tolerance policy against sexual violence. The handbook, on page 24,

asserts the agency has established a zero- tolerance policy for sexual assault and misconduct in its institutions.

Residents, staff and contractors and volunteers are trained in the zero-tolerance policy. The facility provided 20 PREA Acknowledgment Statements confirming staff have been trained in PREA. The PREA 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. Twenty (20) Orientation Checklists and Acknowledgment Statements confirmed the agency has a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation.

Discussion of Interviews: An interview with the Superintendent of this center indicated she is very knowledgeable of PREA and that she provides the PREA Compliance Manager whatever support he needs to get the job done. This facility, according to the Superintendent, does not have a problem with sexual assaults and rarely with harassment.

The PREA Compliance Manager is an experienced staff who knows the facility's operations and supervises the care and treatment section, including counseling/case management. He states he is committed to the sexual safety of residents in this facility. The PREA Compliance Managers also attend training for PREA Compliance Managers several times a year.

The interviewed Statewide PREA Coordinator and Assistant Statewide PREA Coordinator confirmed the Department's commitment to implementing PREA and improving the program on a continuous basis. Training for PREA compliance managers and Sexual Assault Response Teams were discussed as well. This training is provided and required several times a year or more.

The interviewed Agency ADA Coordinator related the Department's efforts to ensure residents and residents are provided PREA related information in a format they can understand and to enable disabled and limited English proficient residents to report allegations of sexual abuse or sexual harassment.

Interviewed 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 indicated, in their interviews that they are expected and required to report everything, including something they suspected. They would also follow verbal reports with written reports or statements.

All twenty (20) of the interviewed residents, including twelve (15) informally interviewed residents stated they were aware the facility and GDC has a zero tolerance for all forms of sexual activity. They also said there were posters all over the facility reminding them. Too, they said they have been informed about zero tolerance in every facility they have been to.

This standard is rated "exceeds" because of the agency's and the agency and this facility's commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the GDC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. Observations of the work the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was

very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit. The American with Disabilities Coordinator indicated the agency is committed to providing translation services for disabled and limited English proficient residents. The PREA Compliance Manager has the complete support of the Superintendent and the support of the PREA Coordinator and Assistant PREA Coordinator. This was confirmed through interviews. Zero Tolerance PREA Related posters are posted throughout the facility. PREA Acknowledgement Forms reiterate zero tolerance. Residents are informed of the Zero Tolerance policy during orientation and are provided a brochure re-emphasizing that. Zero tolerance was observed on the streaming video keeping the information in the forefront for residents to view.

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

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Document Review: Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2; Two (2) Agency Contracts; Pre-Audit Questionnaire; Memo RE: Contracting with other entities for the confinement of residents.

Interviews: PREA Coordinator (Agency Director Designee); Assistant PREA Coordinator, PREA Compliance Manager; Superintendent.

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.

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

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

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Community Corrections and Rehabilitation, Administration, Chapter 12, PREA, Staffing Patterns and Resident Supervision; Reviewed Hudson Transition Center Staffing Plan; Daily Shift Reports; Staffing Plan Assessments; Reviewed Staffing Analysis FY 2014; Requests for Additional Cameras; Pre-Audit Questionnaire.

Interviews: Superintendent, PREA Coordinator, Assistant PREA Coordinator; PREA Compliance Manager, Fifteen (15) Randomly selected staff; Twenty (20) Randomly selected residents; Twelve (12) Informally interviewed residents.

Other: Observations made during the on-site audit of the Hudson Transitional Center. The auditor was given unfettered access to all areas of the facility. In moving about during the site-review and throughout the on-site audit the auditor observed officers actively engaged with residents and those interactions were observed to be professional and respectful and helpful to the residents.

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 residents against sexual abuse.

The Department of Corrections performs staffing analyses to determine the staffing levels for each of its facilities and based upon the mission of the facility. The Department determines the numbers of staff that are allocated to that facility or program and the facility administrator has the flexibility to deploy staff based on the allocation. Priority one posts are posts that must be covered and staffed twenty-four (24) hours per day, seven (7) days per week. Staffing analyses allow for a "relief" factor when determining the numbers of staff. The relief factor considers staff training, annual and sick leave and time off.

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.

Staffing Plan Review: The staffing plan for the Hudson Transitional Center is addressed in their local operating procedure. PREA Standard 115.13, Staffing Plan. Staffing plans were provided and documented for 2017. The staffing plan is predicated upon a maximum population of up to 155 residents; including both Long Term Maintenance Residents and Work Release Residents.

The Transitional Center has a total of forty-one (41) staff.

These include the following:

- Superintendent
- Assistant Superintendent
- Chief of Security
- Four (4) Sergeants
- Eighteen (18) Correctional Officers
- Eighteen (18) Administrative Staff
- Four (4) Food Service Staff
- One (1) Teacher
- One (1) Maintenance Staff
- One (1) Contracted Medical Staff (Augusta University)

The Superintendent indicated the staffing at this facility is adequate. She related she has only four (4) vacancies. Although the facility has video cameras the multiplexer system is not functioning rendering the cameras ineffective in monitoring and supplementing supervision. The Superintendent, on March 30, 2018, emailed the Agency's PREA Compliance Manager about the situation with the cameras and advised that the facility is in the process of purchasing view equipment (multiplexer) due to their previous multiplexer being inoperative. The issue is trying to find a multiplexer that is compatible with the old camera system and one that can still be used when the facility upgrades the video system. An email was provided documenting seeking a system and cost.

Cameras are in the following areas:

- East and West Wings
- Kitchen
- Resident Dining/Visitation Area
- Parking lot
- Recreation Area
- Outside building (front and back)

There are two blind spots, according to the Superintendent. These are in the main laundry and dry storage area of the kitchen in which reflecting mirrors have been placed. Too, staff, according to the Superintendent, have been instructed to make more frequent checks of these areas.

The Hudson Transitional Center staffing plan, like the other GDC staffing plans, is detailed and describes every area of the facility, detailing the correctional staffing being provided in each identified area. It also identifies priority one posts. It also addresses the use of video monitoring technology.

The staffing plan identifies what they deem to be vulnerable areas and the plan addresses the response to the lack of camera coverage in those areas. Detainees are “always” under staff supervision in these areas and staff make rounds of these areas to deter any misconduct.

The plan considers the resident population. The transitional center serves adult felon males serving felony prison sentences. Georgia inmates are eligible for transitional center placement when they are within 15 months of their release date.

The facility requires unannounced rounds, and these are documented in the facility logbooks. The auditor reviewed several logbooks and copied 10 pages of logs documenting unannounced rounds.

Discussion of Interviews: Interviews with the Superintendent, Assistant Superintendent/ PREA Compliance Manager; and previous interviews with the agency’s PREA Coordinator confirmed the facility staffing plan prescribes the “adequate staffing levels” as determined essentially by the agency. The agency determines the numbers of positions to be allocated and the Superintendent and his staff have the responsibility to deploy those staff based on their identified posts, including Priority One Posts, for which there is no deviation. Priority One posts must be manned at all times.

The Superintendent related the staffing plan considers programming as well in determining the staffing needs

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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; Memo from the Superintendent, Cross Gender Strip or Visual Searches.

Interviews: 15 Randomly selected staff, 19 Special category staff; 13 Randomly selected residents; 7 Targeted residents.

Observations: The auditor inspected each of the shower/restroom areas in the facility. A bathroom on each of the wings has five (5) stalls for toilets with walls separating the toilet stalls and doors that lock. There are five (5) shower stalls and one handicap shower, all with curtains to afford privacy while showering. The auditor never observed a female staff conduct any kind of search of a male during the entire on-site audit period.

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

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

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

GDC Policy, 226.01, Facilities Operations, with an effective date of 10/16/2015, requires the use of the edge of the hand when searching the groin area. The policy reiterates searching residents/residents with concern for their dignity.

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 residents in a professional and respectful manner.

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

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

100% of the interviewed residents stated they have never been strip searched by a female staff. Nineteen (19) of twenty (20) interviewed residents said they have never been pat searched by a female staff.

Female staff announce their presence when entering the male housing units. This was confirmed through staff and resident interviews (see interviews).

Residents have complete privacy while using the restrooms. Each toilet is separated by a wall and each toilet has a door that can be secured providing complete privacy while using the restroom. The showers have five shower heads however residents indicated they mostly shower one at a time. The shower area has a curtain that affords the residents privacy while showering.

Documents Review: The Pre-Audit Questionnaire documented that there has been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. The reviewed training module used by GDC in training staff, reminds them that residents are less resistant when staff treat them with dignity. Staff are trained to conduct cross-gender searches in exigent circumstances. This was confirmed by interviews with staff. The memo from the Superintendent to staff, affirmed that female staff will only conduct a strip search of a male resident in exigent circumstances and only after calling the Superintendent, an explanation of the exigent circumstances, and receiving approval to conduct the search. The memo also requires that even in those situations two staff members must be present when the search is conducted.

Discussion of Interviews: All but one of the twenty interviewed residents stated that female officers have never searched them; either by conducting a strip search or a pat search. One resident indicated he had been pat searched by a female staff.

One-hundred percent (100%) of the twenty (20) interviewed residents stated they are never naked in full view of any staff, apart from strip searches. They indicated that when using the restroom and while showering they have privacy. Some of the interviewed residents stated that residents shower one resident at a time out of respect for each other's privacy.

One-hundred percent (100%) of the interviewed staff indicated, in their interviews, that staff of the opposite gender announce their presence saying things like "female on the floor or on deck". Interviewed residents consistently affirmed that female staff are very respectful and announce that they are coming in the area. Of the twenty (20) interviewed residents, twenty (20) affirmed that female staff consistently announce their presence. Residents stated that female staff do not come all the way into the restroom area even when count is being conducted.

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

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

115.216 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policies and Documents Reviewed:

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

Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing.

Interviews: Georgia Department of Corrections ADA Coordinator; Randomly selected staff (15); Specialized Staff (19); Randomly Selected Residents (13); Special Category Residents (7)

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

Policy and Document Review: The GDC appears to have taken appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing; blind or have low vision; mentally or cognitively challenged; who have speech or other disabilities. The agency has appointed an Americans with Disabilities Coordinator who continues to work to ensure residents and residents have access to what they need to participate fully in the agency's prevention, detection, response and reporting program. An interview with the ADA Coordinator is discussed in the interview section.

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

The facility has a contract with Language Line Solutions to provide interpretive services for disabled and limited English proficient residents in making an allegation of sexual abuse. The Agency also 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 facility had four (4) inmates who were identified as disabled. All of them understood the PREA information given them during intake and orientation. One had a little difficulty understanding some of the questions asked during the interview but with clarification responded and responded appropriately.

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 detainee 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.

Interviews with fifteen (15) random staff, indicated that six (6) of 15 interviewed staff indicated they would allow a resident to interpret for another resident in making an allegation of sexual abuse or sexual harassment. Nine (9) said they would not rely on another resident. Of those who said they would not rely on another resident to interpret, only three were aware of Language Line as a resource to use.

Some of the staff who said they would not rely on another resident to interpret said they would use a bi-lingual staff.

Corrective Action Required: Retrain all staff in the availability of Language Line and how to access it. Provide an acknowledgement statement signed by staff or a training roster documenting the title of the training, dates and signatures and titles of staff. Please send a photo of the instructions posted as the Superintendent directs to ensure access to staff, if needed.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Applicant Verification form; Form SOP IV00312, Attachment 1), to a Criminal Background Check and a Driver History Consent; “Georgia Department of Corrections, Professional Reference Check, IV003-0001, Attachment 5; Georgia Department of Corrections Policy, 104.09, Filling A Vacancy; Reviewed Applicant Verification Forms; Reviewed Background checks for (2) newly hired employees; (10) security staff; (15) regular Staff; six (6) volunteers; six (6) contractors.

Interviews: Human Resources/Personnel Staff at Hudson Transitional Center; PREA Compliance Manager; Superintendent.

Observations: None that were applicable to this standard.

Policy Review: Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions, complies with the PREA Standards. DOC does not hire or promote anyone or contract for services with anyone who may have contact with residents 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 residents. 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 residents. 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. Applicants are told to inform the committee at this time if they "have anything against them." The Clerk II questions asks, "What is PREA?" and asks if the applicant has ever had a substantiated claim of sexual misconduct and asks if the applicant is aware they must disclose any substantiated claims about sexual misconduct.

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

The Superintendent issued a memo affirming that Hudson TC utilizes the GDC Standard Operating Procedure to comply the standard. As part of the interview process, all potential employees or service providers are questioned regarding prior histories that may involve PREA related concerns/issues prior to any hire/approval to provide services. Everyone selected for employment or to provide services must consent in writing to (Form SOP11A21-001 ATT1) to a criminal background check being conducted prior to official hire. If it is found that a potential employee or contractor has been found to be in violation of standards the individual is not eligible for hire. If the PREA violations occur during time of employment at the Hudson TC, the employee will be subject to termination and prosecution and all data will be available for review by other potential employers.

Regarding the agency providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work the facility will forward to the PREA verification to the Department of Corrections Human Resource Management, Audits and Compliance Unit. The Analyst and the Office of Investigations will review any potential offenses and provide a response to the proposed work location or vendor service. Once completed the analyst will forward a copy of the response to the CHRM Records Technician for permanent retention in the employee's personnel file.

A memo from the Superintendent affirmed that criminal background checks are required to be run on contractors who may have contact with inmates before enlisting their services and at least every five years thereafter. This directive is in addition to all other requirements of SOP 208.06. IV.A.7.

Document Review: The auditor selected ten (10) security staff from the Hudson Transitional Center; fifteen (15) regular employees, two (2) newly hired staff; six (6) contractors, six (6) volunteers and

requested to see their PREA Acknowledgment Statements, Applicant Verification Forms, Professional Reference Checks and Background Check documentation.

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

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

The agency now requires prospective employees to take an on-line "Integrity Test" designed to determine a potential employee's responses to ethical and moral questions based on presented situations presented to the applicant.

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

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

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

Discussion of Interviews: Interviews with the personnel 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. Staff also stated that all newly hired staff have background checks that

include Fingerprints. She also indicated these checks are conducted annually on all staff whether they are security officers or not. The integrity test, she related has recently been implemented and only one staff hired since its implementation. Background checks can be conducted at the facility because the facility has a terminal enabling them to do so.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Prevention Planning, Paragraph 8; Memo from the Superintendent informing PREA Coordinator of Requests for Camera System

Interviews: Superintendent; PREA Compliance Manager

Observations: Observed multiple cameras throughout the facility.

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 residents against sexual abuse. The PREA Coordinator must be consulted in the planning process. The Pre-Audit Questionnaire indicated there were no modifications to the existing facility. It did reflect there were additional cameras added to the facility during the past twelve months.

The Superintendent acknowledged that the facility has not had any modifications to the facility since the last PREA Audit nor has the facility had any upgrades to the video monitoring system. The Superintendent is securing prices to replace the multiplexer at the facility because the current camera system is inoperative. She indicated that she and her staff would be involved in recommending that renovations or modifications to the existing facility or upgrades to the video monitoring system that would give special consideration to how the changes would impact the ability of the facility to keep residents safe.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning; in Standard Operating Procedure 103.10 Evidence Handling and Crime Scene Processing and SOP 103.06, Investigations of Allegations of Sexual Contract, Sexual Abuse, Sexual Harassment of Offenders; GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee; SANE Nurse Call Roster; Medical PREA Log; Memorandum of Understanding from the Sexual Assault Nurse Examiner's Protocol; SANE Call Roster/List; Memos documenting attempts to secure a MOU with the Sexual Assault Support Center Rape Crisis Center; Procedure for SANE Nurse Evaluation Forensic Collection; (GSAC) ;Certificates documenting Advocate Training for staff, Victim Assistance Training Online "Sexual Assault", provided by the Office of Victims of Crime Training and Technical Assistance Center; Sexual Assault Exam and Evidence Collection Forms; Certificates of Completion – "Evaluation and Treatment of Sexual Assault"; (1) NIC Certificates Documenting Specialized Training for Medical Staff in treating sexual abuse victims; Staff Working with Sexual Abuse Victims;1 NIC Certificate Documenting Specialized Training for Investigating Sexual Abuse in Confinement Settings; Zero Tolerance Poster with information on Victim Support Services; Reviewed Monthly PREA Reports; Memo from Assistant Superintendent Designating the Registered Nurse as a SART nurse; Assistant Superintendent designating a counselor as the PREA Victim Advocate.

Interviews: Sexual Assault Response Team Members; PREA Compliance Manger; Facility Registered Nurse; Advocate Representing the Sexual Assault Support Center; Fifteen (15) Randomly selected staff; Nineteen (19) Specialized Staff; Interviews with twenty (20) Randomly selected and Targeted residents.

Observations: None applicable to this standard; there have been no allegations of sexual abuse or sexual harassment in more than the past twelve (12) months.

Discussion of Policy and Document Review: DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These procedures are covered, GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated.

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

The Superintendent of the transitional center issued a Memo entitled:" Hudson Transitional Center Proactive and Zero Tolerance Procedures to Comply with United States Department of Justice PREA

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

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the Superintendent who (or her designee) contacts the Office of Professional Standards (OPS) Investigator who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived.

The OPS investigator or medical staff at the facility, on orders from the doctor, may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Health Services Administrator/designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam. The list, entitled, "SANE Nurse Call Roster" with contact information for Satilla SANE Nurse Group was posted, provided to the auditor and reviewed. The Satilla SANE Nurses consists of four (4) registered nurses and an advocate. Upon completion of the exam the "rape kit" would be turned over to the OPS investigator. If the OPS investigator has not arrived, the SART leader secures the rape kit and initiates the chain of custody following a forensic exam.

The agency has a contract with Satilla SANES who offer on-site forensic examinations. The exams, according to staff, would be conducted at the Hudson Transition Center or at the host facility, Rutledge State Prison and in an emergency at the hospital.

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

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

An interview with the Sexual Assault Support Center staff confirmed the advocacy services they would provide victims of sexual abuse. Staff confirmed there are two outreach advocates full time, a case manager and a shelter advocate. Staff indicated that there are trained staff available 24/7. The program, according to the staff operates under the auspices of the Department of Human Services and the Criminal Justice Coordinating Council.

In addition, the Assistant Superintendent designated one of the facility's counselors as a victim advocate. The facility-based victim advocate completed 24 hours of Victim Advocacy Training conducted by the Sexual Assault Support Center, Inc.

Additionally, she completed the following on-line training provided by the Office for Victims of Crime, Training and Technical Assistance Center:

- Basic Communication Skills – 1 hour
- Confidentiality - 1 hour
- Crisis Intervention - .5 hours
- Culture Diversity - .75
- Assessing Victims Needs - .75 hours
- Advocacy - .5 hours
- Problem Solving - .5 hours
- Collaboration - .75 hours
- Documentation - .75 hours
- Conflict Management - .75 hours
- Referrals - .5 hours
- Self-Care – 1 hour
- Trauma Informed Care - .5 hours

Thirty-six certificates documenting staff completing the on-line NIC course entitled PREA: Your Role Responding to Sexual Abuse were provided an

Discussion of Interviews: An interview with the Registered Nurse indicated that the facility does not conduct forensic examinations. They are conducted at the facility or Rutledge State Prison, the host facility for the transition center or at the hospital if there are serious injuries or bleeding requiring further treatment. A contracted Sexual Assault Nurse Examiner will come to the prison to conduct the exam. A previous interview with the SANE confirmed her process. She too brings an advocate when he is

available. She related the resident would receive STI prophylaxis at the Hospital if he had to be transported there and if not, the prison doctor would order the medications and the Hudson Transition Center would administer the meds on orders from the doctor.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

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; Pre-Audit Questionnaire; Reviewed 2 Investigation Packages; 2 PREA Investigation Summary; Notification of Results of Investigation; Referrals to Mental Health; PREA Initial Notification Forms; 2 GDC Incident Report; 2 NIC Certificates; Medical PREA Logs.

Document Review: Pre-Audit Questionnaire; NIC Certificates (National Institute of Corrections, PREA: Investigating Sexual Abuse in Confinement Settings).

Interviews: 15 Randomly selected and 19 special category staff; staff informally interviewed staff during the audit; 20 randomly selected and targeted residents; Facility-Based Investigator; Superintendent; Assistant Superintendent/PREA Compliance Manager, Previous interviews with the investigator for the Office of Professional Standards;

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. Policy further states that referral to OPS does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation.

If an investigation was referred to an outside entity, that entity is required to have in place a policy governing the conduct of such investigations.

The local Sexual Assault Response Team is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff members and the SART inquiry deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statement or other investigative means, the case can be closed at the facility level. No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and clear

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

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

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

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

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 mental health/staff advocate, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

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 supportive, and a medical staff. Upon receiving the complaint, the investigator initiates the investigation process.

There were two reports or allegations of sexual abuse or sexual harassment during the past 12 months. This was confirmed through interviews with the Superintendent; PREA Compliance Manager; Facility-Based Investigator; reviewed Monthly PREA and COMSTAT Reports and a request for list of all calls from the facility to the PREA Hotline. The PREA Analyst confirmed there were no calls from Hudson Transitional Center to the PREA Unit Hotline during the past 12 months.

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

Discussion of Interviews: The auditor conducted previous interviews with an Office of Professional Standards (OPS) investigator an agency Special Agent, and an on-site interview with a facility based Sexual Assault Response Team Investigator, a sergeant, stated he had completed the online specialized training conducted by the National Institute of Corrections, "PREA: Investigating Sexual Abuse Investigations in Confinement Settings". Too, the Sergeant, received additional training in conducting investigations during SART training that is conducted several times a year. The facility investigator described the PREA Training received as well as the steps in the process. The investigator asserted that if the allegation appears criminal or involved penetration, the Regional Special Agent would be notified and a Special Agent assigned to conduct the investigation.

Fifteen (15) random staff, representing a cross-section of staff at the facility, knew that the initial investigations of sexual abuse and sexual harassment will be conducted by the Sexual Assault Response Team. All of the interviewed staff stated they will take every allegation seriously and report it immediately and follow-up with a written report prior to the end of the shift. When asked about a suspicion, they also stated they would report it to their supervisor and put it in writing.

100% of the twenty (20) interviewed residents said they have never made a report that they were sexually abused or sexually harassed while in this facility.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds. The wide variety of training offered and required appears to confirm the agency's commitment to zero tolerance and their commitment to sexual safety in their facilities. Training, ranging from that provided to newly hired employees through training at the facility and then at Basic Correctional Officers Training. Additionally, training is provided through annual in-service training, shift briefings and memos, as well as posters continuously keeping zero tolerance and PREA in the forefront of daily activity. All staff are required to complete the National Institute of Corrections on-line training, "Communicating Effectively with LGBTI Inmates". Training for regular employees is confirmed through reviewed curricula, training rosters, PREA Acknowledgment Statements and through interviews with a cross section of randomly selected staff. In addition to the regular training provided by the agency, the PREA Coordinators require and provide training at least twice a year for the PREA Compliance Managers. Training for the Sexual Abuse Response Team members is provided at least twice a year. This training is similar to that provided on-line through the National Institute of Corrections, "Investigating Sexual Abuse in Correctional Settings". Additional Specialized training is required for investigators, medical and mental health staff. This training was documented through reviewed certificates from the National Institute of Corrections and interviews with staff.

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 Training Roster documenting Day 1 of Annual In-Service Training; Sampled Certificates documenting NIC On-Line Training: Communicating Professionally with LGBTI Residents; Training Rosters documenting SART Training; Training Rosters documenting PREA Compliance Manager Training; Training Rosters documenting Day 1, Annual In-service training (PREA) for 100% of all staff; In-Service Registration Trainee Roster documenting day 1 Annual In-Service (PREA).

Interviews: Superintendent; PREA Compliance Manager; 15 Randomly selected staff, 19 Special Category Staff, Staff informally interviewed during the site review process.

Observations: Staff were observed interacting in a professional manner with residents.

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 residents 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 residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual transgender, intersex or gender non-conforming residents ; how to avoid inappropriate relationships with residents 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.

In addition to PREA training, the Department PREA Coordinator and the Georgia Department of Corrections provides training for PREA Compliance Managers on an on-going basis and at least several times a year. This was confirmed through reviewing the training rosters documenting that specialized training.

Sexual Assault Response Teams also are provided training on responding to and investigating allegations of sexual abuse and sexual harassment. A review of the training curriculum for the SART Team indicated it provides information specific to conducting investigations, the investigation process, interviewing victims and witnesses, investigating allegations involving staff as well as residents or inmates. It addresses the collection of evidence and the standard for substantiating an allegation. Miranda and Garrity Warnings are discussed.

Nurses attend training on the nursing protocols for responding to sexual abuse incidents. Medical members of the SART Team receive additional specialized training attending the SART Team training that is provided several times a year.

Documentation was also provided confirming that Just Detention International conducted training to for staff responsible for educating inmates/residents on PREA and their rights relative to sexual abuse and sexual harassment.

The Department's PREA Unit has required all staff to take and complete the on-line training, "Communicating Professionally and Effectively with LGBTI Residents/Inmates. This was confirmed through interviewing staff and reviewed Certificates documenting the National Institute of Corrections training.

The auditor reviewed forty-three (43) PREA Acknowledgment Statements and an additional fifteen (15) while reviewing personnel files for background checks. The acknowledgments documented PREA training indicating staff were trained and that they understood the agency's zero tolerance policy and 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.

All staff are required to have attended Communicating Effectively and Professionally with LGBTI Residents. Twelve (12) random staff and Thirteen (19) special category staff confirmed they took the online NIC PREA Training, Communicating Professionally with LGBTI Residents.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters. PREA related information streams continuously on the monitor located in the dining/multipurpose area.

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. The Registered Nurse, on the SART, also completed and documented specialized training in conducting sexual abuse investigations in confinement settings.

The facility's victim advocate has completed and documented a host of on-line victim advocacy trainings as well as 24 hours of advocacy training provided by the Sexual Assault Support Center in Columbus, Georgia. This training was documented by reviewed certificates.

Discussion of Interviews: The auditor interviewed fifteen (15) randomly selected staff and nineteen (19) special category staff. One-hundred percent (100%) of the interviewed staff affirmed they have been trained in all the required topics. When asked how they receive PREA Training, staff stated that they receive PREA Training during annual in-service training. They also related they receive information regularly during shift briefings. Newly hired staff get trained at the facility prior to going to Basic Correctional Officers Training at the academy. The reviewed curriculum for the annual in-service training covered the required topics. Responses to questions asked tended to indicate that the staff are trained in all the required topics and that they understand the seriousness of PREA. They consistently stated they take all allegations seriously. Too, they were knowledgeable about the steps they would take in response to becoming aware of a sexual assault.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; six (6) PREA Acknowledgment Statements for Volunteers; twenty-two (22) PREA Acknowledgment Statements for Contractors.

Interviews: Superintendent; PREA Compliance Manager; Human Resource: Facility Nurse

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

Discussion of Policies and Documents that were reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with residents 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 residents, 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. Regional training is provided now for volunteers and contractors. Everything, according to staff, is done at the Regional Office and upon a successful background check and completed training requirements, the Regional Office issues a Contractor or Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for

the regional training. Too it provides consistency in the training provided. Once the regional office issues a “Badge” the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually.

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

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

The Superintendent, in a memo documented that all volunteers and contractors coming into the facility who have contact with residents will be provided information to enable them to do their services/jobs and that they will be informed about the agency’s zero tolerance policy and how to report allegations of sexual abuse and sexual harassment.

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

Discussion of Interviews: An interview with a facility volunteer confirmed he was trained in PREA and was able to explain the Zero Tolerance Policy. He also affirmed receiving the training and signing the acknowledgement that he understood zero tolerance and how to report and consequences for not reporting. The facility nurse is a contracted staff. She confirmed she attends the same PREA training

that staff attend. She related the training is provided in annual in-service training. She also indicated she completed the on-line PREA training for healthcare providers and that she attends specialized training provided through the department and that this usually covers the Sexual Abuse Protocols.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education; Georgia Department of Corrections Sop 220.04, Offender Orientation (applicable to all correctional facilities, transitional centers, pre-release centers, detention centers, Diversion Centers and Boot Camps); GDC PREA pamphlet; Twenty-five (25) Hudson Transitional Center Forms acknowledging they have received PREA Orientation and pamphlet during intake; Twenty-five (25) Offender Orientation Checklist documenting receipt of the facility handbook and that they viewed the PREA Video.

Interviews: Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; General Population Counselors; Twenty-six (26) randomly selected residents from every housing unit.

Discussion of Policy and Documents: Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and

Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every resident upon arrival at the facility. It also requires that in addition to verbal notification, offenders are required to be provided a GDC PREA pamphlet.

The facility, when asked, provided Resident PREA Education Rosters documenting 16 residents receiving the following: 1) The What You Need to Know PREA Brochure; educated about the topics required by GDC Policy and the PREA standards and that they were given the opportunity to ask questions about the information presented.

The SOP requires, in Paragraph B.1 and 2; require orientation sessions to be conducted within seven working days of an offender's arrival. The orientation sessions minimally are required to include, among other things, Offender Rights, including PREA and documentation will be on the Orientation Checklist.

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

Residents reportedly receive the PREA brochure and are told about the zero-tolerance policy and how to report. Following that, the next step is the assessment of the resident's vulnerability and lastly, they see the PREA Video. Orientation is conducted on Friday of reach week.

Sixteen (16) of twenty (20) residents said they were given PREA information either the day of admission, the day after, within a few days after admission and/or within the first week of admission. They also were consistent in saying the orientation included an explanation of the brochure, watching the PREA video and then discussing parts of it and given the opportunity to ask questions. All of the interviewed residents said they were provided information during orientation about zero tolerance, how to report sexual abuse, sexual harassment and retaliation, that they had the right not to be punished for reporting.

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

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

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

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

Education, according to GDC policy requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, policy requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely

working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

Residents confirm their orientation on several documents

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

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 a detainee 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 Georgia State Department of Administrative Services has multiple contracts with translation services. These may be accessed through the Agency ADA Coordinator.

The inmate signs a PREA Acknowledgment and initials the Orientation Checklist affirming they viewed the PREA Video. By signing the Video Acknowledgment, residents affirm that they have viewed and understood the video on PREA. The Orientation Checklist contains an acknowledgment affirming the resident been given a formal orientation, given the opportunity to ask questions and that they understand they will be held accountable for any violations.

Residents are provided PREA information on a continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. They also receive PREA information on the streaming monitor in the dining/multipurpose area.

Rosters documenting the PREA information and education were reviewed and contained the dates the information was provided and the printed name of the resident.

Discussion of Interviews: Interviewed staff confirmed the information given to residents upon admission and during orientation. Interviewed residents consistently confirmed having received the PREA information during the first week of admission. They also confirm having received the PREA Brochure.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This standard is rated exceeds because not only has the primary facility-based investigator completed the on-line specialized training, entitled, "PREA: Investigating Sexual Abuse in Confinement Settings",

but the entire Sexual Assault Response Team and others, have completed the same training. Seven (7) Staff have completed and documented the specialized training for conducting sexual abuse investigations.

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

Interviews: Previous interview with agency PREA Coordinator; Previous interview with the agency Assistant PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator; Facility-Based Investigator, PREA Compliance Manager/Assistant Superintendent; Superintendent

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

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

Two staff at the facility have completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. These included the facility-based investigator and the registered nurse.

SART members also attend specialized training for SART members. This training is conducted by the GDC and is provided several times a year.

The facility documented the investigator completing all other PREA related training required by the agency. This was confirmed through reviewed certificates of completing Day 1 of Annual In-service training and training rosters documenting SART training.

Discussion of interviews: In a previous interview with an OPS investigator and a Special Agent for OPS, the investigators related that as OPS investigators they are responsible for any assigned investigations, including PREA, however the Special Agent is the one charged with conducting the criminal investigation into an allegation of sexual abuse when there is some evidence that an assault took place or that there was a sexual assault. The Special Agent described extensive training and education into conducting sexual abuse investigations.

An interview with the facility-based investigator indicated he completed the online NIC training for investigating sexual abuse in confinement settings. He also related that the GDC provides training for the Sexual Assault Response Team at least twice a year and each subject area is covered. He also

related there have been no allegations of either sexual abuse or sexual harassment during the last twelve (12) months.

Interviews with the PREA Coordinator and the Facility Investigator confirmed, as well, that the Sexual Assault Response Team Members attend “specialized training” usually twice a year or more. This training covers each area of the team, including investigations, medical and advocacy.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for

circumstances in which a particular status (employee or contractor/volunteer) does not apply.]

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: Pre-Audit Questionnaire, Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care; Pre-Audit Questionnaire; National Institute of Corrections Certificates documenting specialized training: Medical Health Care for Sexual Assault Victims in Confinement Settings (1).

Interviews: (1) Licensed Registered Nurse.

Observations: None applicable, at this time, to this standard.

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

The facility's nurse, a registered nurse, indicated she has completed the NIC On-Line training for health care providers. She also related she has completed the regular PREA training required by the facility. This was documented with a certificate documenting Day 1, In-Service Training, that includes PREA training and a PREA Acknowledgement Statement documenting and affirming understanding of PREA and the requirements of the Department related to PREA.

Medical staff at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the

List of SANEs, which documents the contact information for the SANES. The Nurses indicated that if an inmate required treatment for serious injuries, the inmate would be transported to the hospital.

Discussion of Interviews: The interviewed nurse confirmed in an interview that she completed the online NIC Training, Medical Care of Sexual Abuse Victims in Confinement Settings. She also explained in detail her actions as a first responder and her role in the event of a sexual assault. She related she would preserve the evidence by not allowing changing clothing, no washing, or anything else that would destroy evidence. She related she would notify the SART and contact the SANE nurse.

There are no mental health staff assigned to this facility. Staff related that they attend PREA Training at least annually during annual in-service training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 (30) representing (30) Victim/Aggressor Assessments; Pre-Audit Questionnaire; Referrals to Mental Health;

Interviews: PREA Compliance Manager; Superintendent; (3) Counselors who conducts victim/aggressor assessments; Assistant Superintendent; A staff representing classification; Interviews with twenty (20) residents.

Discussion of Policy and Documents:

Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, D. Screening for Risk of Sexual Victimization and Abusiveness, Paragraph 1. Screening for victimization and abusiveness, requires all residents be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

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

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

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

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

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

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

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

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

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

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

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

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

Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program in paragraph 9, requires the Warden to designate a safe dorm or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Local Procedure Directive, Attachment 9 and the Staffing Plan. The facility administration has designated any room closest to the security office and in view of a camera with fewer residents (and no aggressors housed there). If additional safe housing is needed, the resident can be placed in the host facility, Coastal State Prison.

The Transitional Center will make individualized determinations about how to ensure the safety of each offender.

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by-case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA

Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

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. Residents would receive services in accordance with SOP 209-06, Administrative Segregation. The facility will assign residents to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The assignment will not ordinarily exceed thirty days.

The auditor reviewed 30 victim/aggressor assessments and 30 reassessments.

Discussion of Interviews: Interviews with three counselors who conduct the risk screening indicated that they conduct the assessment the same day as admission and within 24 hours. They indicated the assessment is conducted in private and the resident is told the assessment is for their protection, a little about PREA, and that it is confidential. The things staff consider in conducting the assessment include things like age, weight, height, violence in his background, prior victimization, prior abusiveness, and gender. She uses the GDC Form PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. 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. The department instruments populate information in the system to assign a score for body mass index.

When asked if a resident is disciplined in any way for not responding or answering any of those sensitive questions, the staff related the resident is encouraged to answer them but not disciplined for not answering them.

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 completed, within 30 days after the initial assessment; when a significant incident occurs; or when a detainee leaves the facility and returns. The GDC assessment instrument is used again. The assessment is done in SCRIBE, the offender database.

Nineteen (19) of the twenty (20) interviewed residents indicated they were asked the questions from the assessment including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility?

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan Designating Safe Housing; memo from the Superintendent; Victim/Aggressor Assessments (30); Victim/Aggressor Reassessments; Hudson Transitional Center Prison Rape Elimination Act Institutional Protocol;

Interviews: Three (3) Counselors Conducting Victim/Aggressor Assessments; Assistant Superintendent; Superintendent, Classification Staff, Intake Staff; ID Staff.

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

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

The reviewed Prison Rape Elimination Act Institutional Protocol, Safe Unit, states the Superintendent has a procedure in place for the protection of those residents designated as vulnerable to sexual assault. Residents designated as vulnerable to sexual assault will not be placed in a room with an offender who is significantly larger the vulnerable resident. Too they will not be placed in a room with an offender who is designated as a potential aggressor. However, because of the layout of the transitional center, there Superintendent has decided there is no designated safe cell. If a resident requires placement in a safe cell he will be transported to the Rutledge State Prison immediately.

ID staff make the initial housing decisions. That is based on a review of SCRIBE, prior to the resident arriving at the center to determine if there are any "flags" or other indicators of potential vulnerability or aggressiveness. Following the initial assessment being completed, the counselor completing the assessment notifies the ID staff, who will make a change in assignment, if needed. When classification meets, based on any additional information, other room assignments may be made.

Discussion of Interviews: Interviews with the counselors indicated the resident's initial housing assignment is going to be based on previous assessments and if there is a change based on the new assessment, the counselor lets the staff know immediately for housing purposes. Another counselor reported the assessment is done within a couple of hours of arrival and if changes are made in the assessment the counselor lets security know. Classification meets on Wednesday's. Classification consists of security, the employment manager, PREA Compliance Manager, and all counselors. Classification determines the programs available for the inmate and make those assignments based on all the information they have access to, including the vulnerability assessment.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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 Georgia Department of Corrections has provided for residents to report. For example, to report outside the facility transition center residents can call the PREA Hotline; call the PREA Unit; write the Ombudsman (contact information provided); write Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator; write or call the outside Rape Crisis Center, Sexual Assault Help Center. These residents have such access to the community through job searches, working on jobs in the community, passes (depending on one's level in the program) where they can report directly in an unimpeded fashion. Too they have liberal access to visitors and phone calls to family. They also have cell phones enabling them to contact anyone at any time.

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; Review of the Georgia Department of Corrections Website – Reporting Sexual Abuse.

Interviews: Twenty (20) residents, both randomly selected and special category; Fifteen (15) randomly selected staff representing a cross section of positions; Nineteen (19) special category staff.

Observations and Testing of Process: PREA Phones, with dialing instructions, are available. The auditor asked the PREA Coordinator to test the phone and ask the PREA Analyst to email the auditor in response to the call. The PREA Analyst expeditiously emailed confirmation of receipt of the test call indicating the phones and instructions do work.

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 residents to report. These include making reports in writing, verbally, through the inmate PREA Hotline and by mail to the Department Ombudsman Office. Residents are encouraged to report allegations immediately and directly to staff at all levels. Reports are required to be promptly documented. The Department has provided residents a sexual abuse hotline enabling residents to report via telephone without the use of the inmate's pin number. If an inmate wishes to remain anonymous or report to an outside entity, he may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Additionally, the resident is provided contract information, including dialing instructions for reporting via the GDC Tip Line. The instructions tell the

resident the Tip Line is for anonymous reporting of staff and inmate suspicions and illegal activity. This information is posted next the phones providing dialing instructions. The auditor observed the dialing instructions next to the phone for reporting sexual abuse.

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

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

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

GDC Policy IIA23-0001, Consular Notification affirms it is the policy of GDC that the Consulate General of an inmate's native country be kept informed as the inmate's custody status or occurrences to the Vienna Convention on Consular Relations. Residents 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 residents 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.

The facility has not had any allegations reported during 2017. This was confirmed through an email received from the PREA Analyst who provides the auditor with a list of all residents, when known, prior to each audit. There were no calls made from the hotline phones in the past twelve (12) months. This was also confirmed through a review of incident reports and grievances as well as interviews with staff and residents.

Residents have access to the outside world through phone calls, visitation, jobs in the community and furloughs. In addition to visitation, determined by phase; the residents may also become eligible for passes after designated periods of time and progression from one phase to another and then upon continued employment without problems.

Residents 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 residents, report via the grievance process, the DOC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff.

Discussion of Observation: Phones were observed on the walls of each living unit. Posted at the phones were instruction for dialing the PREA Hotline. The auditor also viewed and reviewed the agency's website providing information on how to report allegations of sexual abuse.

Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available to residents. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explain that residents have the right to report, stressing the facility wants to keep the resident safe and that an investigation will be conducted for reported incidents and the perpetrator will be held accountable. Multiple ways to report are listed on the poster. These include:

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

Residents are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises residents that reporting is the first step. The hotline number is provided. The brochure tells residents they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided).

Discussion of Interviews: Interviews with twenty (20) residents confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. In naming those multiple ways they could report; the following were mentioned: 1) Call the PREA hotline (18 times); 2) Tell a staff (mentioned 16 times); 3) Write a note (mentioned 2 times); 4) Friend (3); 5) Email (1); and about half of the residents said they could make reports anonymously.

Residents indicated that things like sexual abuse do not occur in this facility.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Pre-Audit Questionnaire; GDC Policy, DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2,

Interviews: Grievance Officer; Twelve (12) Randomly selected staff; Twenty-Six (26) Randomly selected residents; PREA Compliance Manager; Superintendent.

Observations: Not applicable for this standard.

Discussion of Policies and Documents: GDC Policy 208.6, E.3, Offender Grievances, states that all allegations of sexual abuse and sexual harassment are not grievable issues. There 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.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: GDC Policy 208.6, PREA, Memo from the Rape Crisis Center of the Coastal Empire; Follow-Up Email with The Hudson Rape Crisis Center; Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification; PREA Related Posters;

Interviews: PREA Compliance Manager/ Assistant Superintendent, twenty (20) randomly selected and targeted residents; Staff from the Sexual Assault Support Center.

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 residents 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 residents. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.

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

The Transitional Center has a memo from the Sexual Assault Support Center in Columbus, Georgia. The memo offers a hotline 24/7 for anyone who needs to access support services, including talking with an advocate. The facility has provided the contact information in the resident handbook. The auditor interviewed a staff from the Rape Crisis Center who affirmed the services her agency would provide to victims of sexual abuse from the Hudson Transitional Center.

A PREA information poster highlights Victim Support Services and advises residents the Sexual Assault Support Center would provide survivors of sexual abuse with emotional support services. The poster then tells residents how to access the services by posting the phone number and the mailing address to the center.

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

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. Residents 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 residents are allowed visitation with representatives from the Consulate General of his/her native country.

Discussion of Interviews: An interview with a staff from the Sexual Assault Support Center confirmed the services her organization can provide victims of sexual abuse. She indicated the center will provide a victim advocate for accompaniment if requested by the victim. The advocate would meet the victim at the hospital and accompany him through the forensic exam if requested. She indicated, as well, that the hotline is available 24/7 to access an advocate.

Residents were generally not aware of the services however it was evident the information is provided to them in posters located throughout the facility.

Too, the PREA pamphlet, Sexual Abuse, Sexual Harassment, Prison Rape Elimination Act, provides residents the following ways to report outside the facility:

- Ombudsman (address and phone number provided)
- Director of Victim Services (address provided)
- Statewide PREA Coordinator (address provided)

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, PREA; The Hudson Transitional Center 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?"; The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It"; Reviewed PREA Related Brochures; PREA Related Posters

Interviews: Twenty (20) residents, randomly selected and targeted; Fifteen (15) Randomly Selected Staff; Nineteen (19) Special Category Staff, PREA Compliance Manager; Superintendent; previous interviews with the agency PREA Coordinator and Assistant PREA Coordinator.

Observations: Review of the Agency's Website

Discussion of Policy and Documents: The Georgia Department of Corrections and the Hudson Transitional Center provide multiple way for residents to access third parties who may make reports on behalf of an inmate.

GDC provides contact information enabling Third Party reports may be made to the GDC Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to residents 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 residents during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and

How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate’s pin is not required to place a call using the “hotline”. The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

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

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

Residents at the transitional center have access to the community to facilitate third-party reporting. Residents can go on job searches, work on jobs in the community (work release residents), and while on various increments of passes based on the resident’s level within the program. They have access to relatives during visitation and via phone.

A review of the investigations conducted by the facility revealed none were made through third parties although interviews with staff and inmates confirmed residents are aware third parties can make reports for them.

Discussion of Interviews: Staff named multiple ways residents could report allegations of sexual abuse and sexual harassment. They named third parties as one of the ways residents could report. They said they would report it to their immediate supervisor and follow up with a written statement before the end of the shift.

100% of the interviewed residents said they could report to a family member or friend. They did not name third parties as the most prevalent way they would report but acknowledged family members could report for them.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether 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 residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Staff consistently affirm their duty to report all allegations and information they have received or any knowledge of any sexual abuse or sexual harassment

and even suspicions of sexual abuse or sexual harassment. They have been trained in the reporting process and acknowledge as well that they will be disciplined up to and including termination for failing to report. They acknowledge they would take reports from all sources and report them to their immediate supervisor and follow-up with a written report. Interviewed inmates consistently stated they would tell a staff to report allegations of sexual abuse or they would give a note to a staff reporting allegations of sexual abuse.

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; Local Directive for Reporting/Responding to Sexual Allegations. There were no reports of allegations made during the past twelve (12) months and more. This was confirmed through interviews with the Superintendent, PREA Compliance Manager; Random and Special Category Staff, interviewed residents and reviewed COMSTAT Reports, reviewed Monthly PREA reports to the PREA Unit.

Interviews: Superintendent, PREA Coordinator; PREA Compliance Manager; Facility Investigator; Fifteen (15) randomly selected staff; Nineteen (19) 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. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from correctional facilities or will be subject to disciplinary action, up to

and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by policy, or the law, or to discuss such information as a necessary part of performing their job.

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

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

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

Staff are trained to report all allegations, including suspicions. They receive this training in multiple venues including pre-service training, Basic Correctional Officer Training, Annual In-Service Training, periodic refresher trainings during shift briefing, and specialized training opportunities for the SART, investigators, medical and mental health staff.

In accordance with GDC SOP 208.06, any sexual abuse information obtained by medical and mental health personnel will be reported per policy to the appropriate personnel within the facility.

In accordance with GDC SOP 208.06, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the Hudson Transition Center SART, GDC Statewide PREA Coordinator, and the GDC Internal Investigations Unit. The Superintendent will be responsible for ensuring these notifications are made as soon as possible.

All the reviewed investigation reports documented reports being received and reported primarily through the PREA Hotline but the next most frequent method for reporting was through staff. Staff, including correctional staff and counseling staff, on receiving a verbal report or allegation of sexual abuse or sexual harassment, immediately reported the allegations that were followed up with a memo. All of these were reported and referred for investigation as required.

The Superintendent issued a local directive with local procedures for reporting allegations of sexual abuse. The directive requires staff to adhere to GDC Policy 208.06 in preventing, reporting and responding to allegations of sexual abuse.

Discussion of Interviews: One-hundred percent (100%) of interviewed random and special category staff acknowledged that they are required to report "everything", including any knowledge, reports, or information regarding sexual abuse or sexual harassment. They indicated they would also report something they suspected. They indicated they would take the resident aside in private and talk with him.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews: Superintendent; Grievance Officer; PREA Compliance Manager; Fifteen (15) randomly selected staff; Nineteen (19) Special Category Staff; Twenty (20) residents, randomly selected and targeted residents.

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

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

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

Discussion of Interviews: Interviews with the Superintendent, Assistant Superintendent PREA Compliance Manager, random and special category staff, residents, and reviewed incident reports and reviewed grievances for the past 12 months confirmed there were no residents at risk of imminent sexual abuse in the past 12 months

When posed with the question of what actions they would take and how quickly if they became aware that a resident was at risk of imminent sexual abuse, staff said they would remove the resident from the threat, if known, and keep the resident with them or place him in a holding cell until the supervisors could make a decision about where to place him to keep him safe. If a resident required protective custody he would be moved to the Rutledge State Prison, the host facility for the transition center.

An interview with the Grievance Officer confirmed there were no grievances alleging imminent sexual abuse during the past twelve months nor were there any grievances alleging sexual harassment that was staff misconduct.

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

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire; Memo from the Superintendent 115.263 Reporting to Other Confinement Facilities.

Interviews: Superintendent; PREA Compliance Manager, Investigator

Discussion of Policy and Reviewed Documents: DOC Policy, 208.6, Prison Rape Elimination Act, F., Official Response Following an Offender Report, Paragraph 2., 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 and the Agency's PREA Coordinator. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and to the Agency's PREA Coordinator.

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.

Discussion of Interviews: Interviews with the PREA Compliance Manager and Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to 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 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; SANE's List; PREA Medical Log; Investigations 2017-18; Memo from Warden Designating SART Members; Certificates of Completion, "Evaluation and Treatment of Sexual Assault"; Reviewed Twenty (20) investigation packages.

Interviews: Superintendent; PREA Compliance Manager; Fifteen (15) randomly selected staff; Nineteen (19) specialized staff; the facility's nurse; the facility-based investigator; and multiple informal Interviews with staff during the on-site review and audit.

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 Superintendent issued a Memorandum to all staff designating the members of SART. They included a General Population Counselor (lead SART member); Sergeant (Investigator/Training Officer); and a Nurse.

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

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured

and notify the Office of Professional Standards investigators who would advise the SART on actions to take to assist them and then come on sight if needed to collect evidence and assume the investigation.

Non-custody staff have been trained in first responding. They described the steps they would take in response to being informed a resident had been sexually assaulted. Sexual Assault Nurse Examiners will come to the facility to conduct the Forensic Exam. The facility has a list of SANEs who are to be called in response to a sexual assault. The list contains the contact information for all SANEs.

Discussion of Interviews: Staff have been trained in actions they need to take in response to an allegation of sexual abuse. Staff indicated they would separate and remove the alleged victim from the alleged aggressor, if he/she is known, report to their immediate supervisor, secure the scene, advise the victim and tell the aggressor not to eat, drink, brush their teeth, use the restroom, or change clothes, get the victim to medical where they would be examined and have an exam and write a report before the end of the shift.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 5, Coordinated Response; local

procedure for reporting and responding to sexual allegations, GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6); Local Operating Directive., PREA Medical Log, Monthly PREA Report.

Interviews: Fifteen (15) staff, randomly selected from a staff roster and representing a cross section of employees; Nineteen (19) specialized staff; Superintendent, PREA Compliance Manager; Non-Security First Responders.

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

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

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

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

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

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

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

A review of all the investigation reports for 2017-18 documented the staff's responses upon being notified of an allegation of sexual abuse.

Discussion of Interviews: Staff interviews confirmed that all the interviewed staff, whether uniformed or non-uniformed had no problems explaining the steps they each would take in response to an allegation of sexual abuse and sexual harassment.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Documents Reviewed: DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; Four (4) Investigation Packages; 90 Day Offender Sexual Abuse Review Checklist (GDC Form)

Interviews: Facility Staff Designated as the Facility’s Retaliation Monitor; Superintendent; PREA Compliance Manager.; Thirteen (13) Residents, randomly selected; Seven (7) targeted residents; Fifteen (15) randomly selected staff; nineteen (19) special category staff.

Discussion of Policy and Documents Review: GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting residents 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 residents, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for residents 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 residents 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 residents 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 facility’s Local Operating Directive (GDC SOP 11A21-0001 Attachment 9- Local Procedure Directive) monitoring retaliation. requires that upon immediate notification of a sexual harassment or any report of retaliation, staff are to notify their immediate supervisor who immediately reports the information to the Superintendent, Assistant Superintendent, SART Investigator, Chief of Security and PREA Compliance Manager.

The Superintendent via Memo designated the staff who was serving as the facility’s retaliation monitor.

The auditor could not review any investigation packages because there were no allegations of sexual abuse or sexual harassment during the past 12 months and longer. There were only two allegations made during the past 12 months and both of these were allegations of sexual harassment. This was confirmed through interviews with the Superintendent; PREA Compliance Manager; the reviewed Monthly PREA Report to the PREA Unit’s Analyst; Monthly COMSTAT reports; reviewed grievances, reviewed incident reports, as well as interviews with residents and staff.

Discussion of Interviews: The auditor interviewed the facility’s Retaliation Monitor. The retaliation monitor indicated she would meet with the resident making the allegation immediately. If a move to another dorm was required, she would do that. She indicated that the alleged victim and aggressor would be separated, whether it was another resident involved or a staff. She named the things she would monitor including housing changes, disciplinary write-ups, details and if it were a staff involved, she would monitor performance evaluations, key or shift changes etc. and would monitor for retaliation and document the checks at 30, 60, 90 days and beyond if needed.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations; Memo from Superintendent designating SART members; Reviewed NIC Certificates; Coordinated Response Plan; Pre-Audit Questionnaire; Report from the GDC PREA Analyst; Note: There were two (2) allegations of sexual harassment during the past 12 months. Both of these were reviewed.

Interviews: Superintendent, PREA Compliance Manager; SART Members, Special Agent (Office of Professional Standards), Facility-Based Investigator (previously, Office of Professional Standards), Hudson Transitional Center Facility-Based Investigator; fifteen (15) randomly selected staff, nineteen (19) Special Category staff; Twenty (20) randomly selected reside

Discussion of Policy and Documents Reviewed: Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. It requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated.

In Georgia Department of Correction's Facilities, the local Sexual Assault Response Team is responsible for the administrative investigation of all allegations of sexual abuse or sexual harassment. The agency has developed a checklist (Sexual Allegation Response Checklist) that is required to be completed for all PREA Allegations. If the allegation is made against a staff member and the SART deems the allegation to be unfounded or unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, SART will not interview nor will a statement be collected from the accused perpetrator, without first consulting the Regional Special Agent in Charge.

When there is an allegation of sexual assault with penetration and those with immediate and clear evidence of physical contact, the alleged incident will be reported to the Regional Special Agent in Charge who will determine the appropriate response upon notification. If the response is to open a criminal investigation, the Regional Special Agent in Charge will assign an agent or investigator who has received specialized training in sexual abuse investigations.

Policy requires agents and investigators to gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Credibility of the victim, suspect and witnesses is to be assessed on an individual basis and not determine by the person's status as an offender or staff member. An offender who alleges sexual

abuse will not be required to submit to a polygraph exam or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

At the conclusion of each SART investigation, the PREA Investigative Summary, has to be submitted to the PREA unit for administrative review.

For investigations of allegations of sexual abuse, the Department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecution in accordance with SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders.

Policy requires the investigations are prompt, thorough, and objective.

Administrative and criminal investigations must include an effort to determine whether staff actions or failure to act contributed to the abuse. This must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct deemed criminal shall be referred for prosecution. OPS is required to keep all written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

Investigations will not be terminated because of the departure of an alleged abuser or victim from employment or control of the department.

Outside agencies do not normally conduct investigations of sexual abuse however if they did, the Department will cooperate with them and endeavor to remain informed of the progress of the investigations.

A review of two (2) investigation packages consistently contained the following:

- 1) Incident Report
- 2) Supplemental Report
- 3) Serious Incident Report
- 4) Witness Statements
- 5) Sexual Abuse Response Checklists (completed for all allegations, including sexual harassment)
- 6) Notification of Results of Investigation

None of the allegations were of sexual abuse therefore there were no incident reviews required.

Discussion of Interviews: Staff, in their interviews, were aware that the Sexual Assault Response Team investigates allegations of sexual abuse and sexual harassment.

SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. If it appears that a sexual assault has taken place, SART notifies the Office of Professional Standards Investigators, who have the legal authority and responsibility to conduct criminal investigations and they will instruct the SART further actions to take. In cases of sexual assault, OPS will generally be the investigating unit. Office of Professional Standards Investigators are certified and have arrest powers. They will usually handle the more serious allegations. SART is capable of and may interview alleged victims, perpetrators and witnesses, review

videos and collect evidence and then determine whether the incident meets the requirements for a PREA case and whether the allegation is substantiated or not.

Interviews with the members of SART confirmed the investigatory process. The facility-based trained investigator described the investigation process beginning with an allegation being made. The process involves interviewing the victim to find out what happened, when and where. He indicated he interviews the victim and the alleged perpetrator twice to see if the stories are consistent. The investigation would also collect witness statements from the perpetrator and any witnesses. If there was camera coverage the video would be reviewed. The entire SART would review all the evidence and a determination would be made as to whether the allegation was substantiated, unsubstantiated or unfounded.

The investigator affirmed that a staff terminating employment prior to a completed investigation would not avoid the investigation continuing. The same would apply to a resident who departed the center prior to the conclusion of the investigation.

The Investigator, Superintendent, Assistant Superintendent and PREA Compliance Manager all affirmed if the alleged incident appeared to be criminal, the incident would be turned over to the Office of Professional Standards and an OPS investigator would be dispatched to conduct the potentially criminal investigation. OPS investigators have arrest powers.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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: Superintendent, 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 assigned to the Sexual Abuse Response Team, when asked what standard is used to substantiate a case; stated it is the “preponderance of the evidence”. Reviewed “specialized training curricula” has a section devoted to understanding the agency’s standard for substantiating an allegation. That standard is the preponderance of the evidence.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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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.

There were two allegations of sexual harassment during the past 12 months but there were no allegations of sexual abuse in the past twelve (12) months. This is confirmed through multiple means, including reviewed monthly PREA reports, Monthly COMSAT reports, reviewed PREA Unit PREA Analyst Hotline calls for the past 12 months, interviews with a special agent from the Office of Professional Standards, an interview with a facility-based investigator from the Officer of Professional Standards, interviews with facility-based SART investigator and members of the SART and interviews with fifteen (15) randomly selected staff, nineteen (19) specialized staff, and twenty(20) randomly selected residents. Members of the SART, the Superintendent, Assistant Superintendent and PREA Compliance Manager accurately described the requirements for notification and the procedures to accomplish it in compliance with Georgia Department of Corrections Policy.

Policy and Documents Reviewed: GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Pre-Audit Questionnaire; Monthly PREA Reports to the PREA Unit; Monthly COMSTAT Reports; PREA Hotline Report from the PREA Unit PREA Analyst.

Interviews: Superintendent, Assistant Superintendent, PREA Compliance Manager; Sexual Assault Response Team Members; Facility-Based Investigator; Special Agent (Office of Professional Standards-OPS); Facility-Based OPS Investigator. (15) randomly selected staff; (19) specialized staff; and (20) randomly selected residents.

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

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

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

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

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

Two notifications were provided, documenting compliance with the policy.

Staff understand the Notification Process and the GDC requirements for notifying residents at the conclusion of the investigation.

Discussion of Interviews: Interviews with the SART members, the Superintendent and PREA Compliance Manager know that they are required to notify a resident at the conclusion of an investigation.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews: PREA Compliance Manager; Superintendent; Assistant Superintendent; Interviews with Fifteen (15) randomly selected staff; Nineteen (19) specialized staff; twenty (20) residents

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

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

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

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

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

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.

There have been no allegations of sexual abuse or sexual harassment against a staff member in the past 12 months and longer.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

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There have been no allegations of either sexual abuse or sexual harassment against a contractor or volunteer in the past twelve (12) months. GDC Policy provides that if a contractor or volunteer violates an agency sexual abuse or sexual harassment policy, the contractor or volunteer will immediately be prohibited from coming inside the facility or any other GDC facility. The contractor's employer is notified. Following an investigation, if the charges are substantiated the contractor or volunteer are permanently barred from entering a GDC Facility and if the incident is criminal, the case is referred for prosecution and it is up to the District Attorney to decide if the contractor or volunteer is prosecuted. Reviewed GDC Policy and interviews with the Superintendent, Assistant Superintendent, PREA Compliance Manager, Volunteer Coordinator and interviews with a contractor and a volunteer confirmed the potential sanctions. Contractors and volunteers sign an acknowledgement understanding the potential consequences and sanctions for violating an agency sexual abuse or sexual harassment policy.

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

Interviews: PREA Compliance Manager; Superintendent; Assistant Superintendent; Volunteer Coordinator.

Discussion of Policies and Reviewed Documents: DOC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents 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 residents 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 assets 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.

None of the reviewed incident reports or grievances alleged any form of sexual abuse, sexual harassment or sexual misconduct against a contractor or volunteer.

Discussion of Interviews: Interviews with the PREA Compliance Manager; SART Leader and Superintendent indicated that they have not had any allegations made against a contractor or a volunteer in the past twelve (12) months. The Superintendent affirmed, in an interview, that if they did have a contractor who was alleged to have violated an agency sexual abuse or sexual harassment, they would be prohibited from coming into the facility and would have no contact at all with any resident. An investigation would be conducted and if the allegations were substantiated the volunteer or contractor would be referred for prosecution.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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Georgia Department of Corrections has a zero tolerance for all forms of sexual activity including sexual abuse, sexual misconduct, sexual harassment and retaliation for reporting or cooperating with an investigation. Appropriate disciplinary action commensurate with the offense is required. The facility takes into consideration disciplinary actions that have been given in the past and considers the mental capacity of the resident. That action is prescribed in the resident disciplinary code. Actions that are criminal in nature will result in recommendations for prosecution.

Policy and Documents Reviewed: GDC Policy, 208.6, Sexually Abusive Behavior Prevention and Intervention Program, H. Discipline, Paragraph 3. Disciplinary Sanctions for Offenders, Pre-Audit Questionnaire; Reviewed Incident Reports for 2017; Reviewed Grievances for 2017.

Interviews: Superintendent; Assistant Superintendent, PREA Compliance Manager; SART Leader; SART Members; Fifteen (15) randomly selected staff; Nineteen (19) specialized staff; twenty (20) residents

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

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

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

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

The Pre-Audit Questionnaire documented there were no residents subject to disciplinary action during the past twelve (12) months. There were no allegations of any form of sexual abuse, sexual misconduct or sexual harassment. If there was a substantiated case of sexual abuse the resident would be referred for prosecution if the incident was criminal. If it was not criminal the resident would be disciplined in compliance with the Disciplinary Code.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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GDC policy addresses the medical response to sexual assault victims and provides for emergency access to medical care, mental health care and STI prophylaxis and other indicated treatment at no charge to the victim. The GDC has Nursing Protocols, Sexual Assault Response Checklists and Medical Assessment Documents, and contingencies to ensure access to medical care either at the facility, at Hudson State Medical Prison (ASMP) or the Hudson Rape Crisis Center. Sexual Assault Nurse examiners are accessible at the ASMP or at University Hospital. STI Prophylaxis is provided at the facility or at the Hospital. Interviews with staff indicated the services are provided according to their professional judgment and services, according to staff, exceed the community standard of care. This was confirmed through reviews of policies and procedures and applicable documents.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Local Operational Directive; Sexual Abuse Response Checklist; Lists of SANEs; Nursing Assessment Form for Alleged Sexual Assault; Memo from the Superintendent Re: 115.282.

Interviews: Superintendent; PREA Compliance Manager; Registered Nurse; Sexual Assault Response Team Leader; Randomly Selected Staff; Security and Non-Security First Responders.

Discussion of Reviewed Policies and Documents: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the registered nurse. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse (from the list of SANE Nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence. The facility provided the auditor with a list of SANEs who can be called to come to the facility to conduct the Sexual Assault Forensic Exam. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE Nurse, or facility staff will be made on a case by case basis. The decision is made by the Health Authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

The reviewed Nursing Assessment Form for Alleged Sexual Assault is completed by the medical staff on duty at the transitional center or, if necessary, at the Rutledge State Prison. The assessment documents in the SOAP method the subjective including a brief description of what is alleged, location, pain assessment, and whether the inmate has showered, brushed their teeth or had a bowel movement; the objective including vital signs, general appearance, mental status, and any injuries and documentation as to whether clothing was removed and bagged and if so, by whom; the plan, documenting the Officer in Charge, Mental Health staff, SART Coordinator, and SANE nurse notified; the referral, including to the ER and whether the Rape kit was sent with the chain of custody; and lastly, education documenting a discussion of the ER referral and the SANE Exam.

The facility provided the Medical PREA Log maintained by medical staff. This document logs the date of the incident, reported within 72 hours, Transport to ER, Inmate consent signed, SANE notified, Time

notified, Date Exam scheduled, Date exam completed, time SANE arrived, Sane Conducting the Exam, Company Chain of Command for Rape Kit, and Date the rape kit is accepted by security.

The Department has a written form entitled "Orientation to Health Care". The section, "Emergency Care" tells residents if they are symptoms of a serious medical condition, they should notify the correctional officer immediately and the officer will notify medical and that they will be evaluated.

Discussion of Interviews: The Registered Nurse stated she has completed the National Institute of Corrections specialized training for medical care of victims of sexual abuse. If there was an allegation of sexual abuse, she related she would assess the resident to make sure there are no serious injuries and tell the victim not to eat, drink, brush their teeth, shower or change clothing. She said she would call the doctor and he would tell her to call the SANE. She would keep the victim isolated and safe and let left alone. If he had serious injuries she said she would arrange for him to be transported to the emergency room. The hospital, she indicated, would be WellStar West Georgia Medical Center. Residents would be offered STI prophylaxis would be offered at the hospital if the resident were taken there. It would be available also at the facility or at Rutledge State Prison on orders from the Doctor.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The Transitional Center has not had any allegations of sexual abuse in the past twelve (12) months. GDC policy addresses the medical response to sexual assault victims and provides for emergency access to medical care, mental health care and STI prophylaxis and other indicated treatment at no charge to the victim. The GDC has Nursing Protocols, Sexual Assault Response Checklists and Medical Assessment Documents, and contingencies to ensure access to medical care either at the facility, at Hudson State Medical Prison (ASMP) or the Hudson Rape Crisis Center. Sexual Assault Nurse examiners are accessible at the ASMP or at University Hospital. STI Prophylaxis is provided at ASMP or at the Hospital. Interviews with staff indicated the services are provided according to their professional judgment and services, according to staff, exceed the community standard of care. This was confirmed through reviews of policies and procedures and applicable documents. Policy requires inmate victims of sexual abuse to be referred for a mental health follow-up. Residents have the right to refuse that follow-up and if so it is documented. The facility provided examples of PREA Mental Health Referrals. The Form documents emergency or routine referral, the reasons for the referral, including

reporting a history of PREA victimization, and the resident has a section on the form for consenting to the referral or the resident refusal.

Policy and Documents Reviewed: GDC “Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire. GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Local Operational Directive; Sexual Abuse Response Checklist; Lists of SANEs; Nursing Assessment Form for Alleged Sexual Assault; Memo from the Superintendent Re: 115.282.

Interviews: Facility Registered Nurse; SANE

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.

Discussion of Interviews: An interview with the Registered Nurse again described her role if a resident was brought into the clinic because of an allegation of sexual abuse. The detainee would be evaluated and if he had an emergent condition, would be taken to the emergency room, most likely Memorial Hospital in Savannah, Georgia for emergency treatment. The SANE would either go to the hospital to conduct the forensic exam or the SANE at the hospital would conduct it. A “Sexual Assault/Rape Kit” would be sent to the hospital to be completed there. Information about STI Prophylaxis should be given at the hospital if the resident went there. If not, the facility keeps a POST Exposure Kit to provide prophylactic treatment if the resident wants it. If there are no emergent conditions requiring emergency related treatment, the detainee will remain at the facility and following the forensic exam, will be offered the STI Prophylaxis. The facility maintains that medication at the center and upon authorization from the physician’s medical doctor or “on-call” doctor, can administer it.

The inmate is also offered a follow-up with mental health. Resident victims would be offered a follow-up with mental health. The mental health counselors are employees of the host facility, Coastal State Prison. If, following a mental health follow-up and assessment, the resident needed to be on a mental health caseload or needed additional mental health counseling or treatment the resident would be seen at the prison or at a community based mental health program.

An interview with the Sexual Assault Nurse Examiner indicated she would recommend, following a forensic exam, STI prophylaxis. The facility Nurse would provide the information to the facility medical doctor who would approve the medication.

There have been no allegations of sexual abuse during the past 12 months and longer.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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Policy and Documents Review: GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program J. Data Collection and Review, 1. Monthly Sexual Abuse and Sexual Assault Program Review; Pre-Audit Questionnaire; Memo from the Superintendent Re: 115.286; Monthly PREA Meeting Minutes.

Interviews: Superintendent; PREA Compliance Manger, SART Leader; SART Members

Discussion of Policies and Documents: The Hudson Transitional Center has not had an allegation of sexual abuse or sexual harassment in the past twelve months. In doing due diligence to confirm that, the auditor interviewed the Superintendent; requested, received and reviewed the PREA Hotline Call list for the past 12 months from the PREA Analyst (documenting no calls from the facility in the past 12 months0; Reviewed the Monthly PREA reports sent to the PREA Unit for the past 12 months; Interviewed 12 Randomly selected staff and 13 special category staff; Interviewed 26 randomly selected residents.

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

This policy requires that the members of the incident review team consist of the PREA Compliance Manager, SART and representatives from upper level management, line supervisors and other staff members, as designated by the Superintendent of the facility.

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

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

The Superintendent issued a memo regarding the standard 115/286 affirming the facility will always conduct a sexual abuse incident review of the sexual abuse incident and this will occur within 30 days of the conclusion of the investigation. The review will include the SART members with input from upper management, line supervisors and other staff, where practical. Anytime policy or local operating procedures need to be changed to better prevent, detect or respond to sexual abuse the SART will make those recommendations. He affirmed the team will consider the motivation for the incident, as applicable, examine the area where the incident occurred to assess any barriers in the area that may enable abuse, assess the adequacy of staffing levels and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. He affirms in the memo that the Hudson Transitional Center will make necessary changes which are under the jurisdiction of the Superintendent and will pass on recommendations of changes to a GDC Standard Operating Procedure to the Agency's PREA Coordinator. Necessary changes will be made immediately and if changes cannot be made immediately because of changes to a GDC SOP are needed, the recommendations are sent up the chain of command and will be clearly documented by the SART during their review of the incident.

The facility provided Minutes of the SART for twelve months. There were no incidents that had to be reviewed because there were no allegations of sexual abuse during the past twelve (12) months. Minutes reflected review of the Standard Operating Procedures and documenting training provided by the Agency's PREA Coordinator. The minutes documented there were no allegations of sexual abuse during that twelve (12) month period.

Discussion of Interviews: Interviews with the Superintendent indicated he understands the Incident Review process, and indicated it would be the same as a review of any major incident and the purpose of that would be to look at it so see how to prevent it in the future and that may include changing procedures, staff training etc. The SART members who were interviewed also related the process for conducting the reviews and indicated if they ever had a PREA incident, the incident, after an investigation would be reviewed during the SART's monthly meetings.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard is rated exceeds because of the sophisticated reports the 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 residents/inmates for the auditor prior to each audit, enabling the auditor to identify residents 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. At each facility the auditor collects the Monthly COMSTAT Reports submitted to the GDC, documenting multiple areas of facility operations, including major incidents. Too, each facility maintains color coded Monthly PREA Reports documenting the allegations received during a given month.

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; Monthly Operational Report/COMSTAT; Reports from the GDC PREA Analyst; Reports of Calls to the PREA Hotline.

Interviews: Statewide PREA Coordinator (previous interview); Assistant Statewide PREA Coordinator; PREA Compliance Manager; Superintendent

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 residents. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2016 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and

investigates PREA allegations in 4 major categories including 1) Staff on inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The 2016 report indicated there was a 18.7% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities. Statistics are provided for each GDC facility.

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

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 PREA Analyst provides the auditor, prior to each audit; reports documenting the disabilities of residents; lists of residents disclosing prior victimization (when available), as well as an email documenting the names of residents contacting the PREA Hotline during the past twelve (12) months. The disability report enables the auditor to identify residents/residents who are hearing or visually impaired or who have some other form of disability.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Documents Review: Reviewed Georgia Department of Corrections Annual Report; Pre-Audit Questionnaire; Reviewed Agency's Website

Interviews: Agency Statewide PREA Coordinator; Assistant Statewide PREA Coordinator, PREA Compliance Manager

Discussion of Policies and Documents Reviewed: The Georgia Department of Corrections requires each facility to conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help

prevent similar incidents in the future. The auditor reviewed thirty-three (33) investigation packages. One-hundred percent (100%) of the investigation packages contained Sexual Abuse Incident Reviews that were conducted well within the required time frames.

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

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

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

The agency has contracted with Just Detention and other Organizations to assist with policies; securing Rape Crisis Centers who can provide outside advocacy services, and to help the Department to develop a transgender policy.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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; Superintendent

Discussion of Policies and Documents: Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia GDC Website. GDC Policy requires all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise.

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

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

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

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

The auditor was provided complete and unfettered access to all areas of the facility at all times during the on-site audit process. Space in an office was provided for the auditor to conduct interviews with complete privacy. When additional documentation was requested it was provided expeditiously.

The auditor received information on the flash drive prior to the on-site audit. The flash drive primarily contained policies and examples of forms used by the GDC, subsequently the auditor requested and received completed documentation and samples of documentation as requested. The facility promptly provided whatever was asked for by the auditor and following the on-site audit, as information was requested the PREA Compliance Manager and the PREA Coordinator provided it, and again, expeditiously

The audit resulted in identification of several issues that required remediation. These areas are identified in the report.

The PREA Notice was observed posted throughout the facility. The notice contained contact information for the auditor. The Notice of PREA Audit was also observed on the "streaming video" monitor in the dining room/multipurpose room. The auditor did not receive any correspondence as a result of the notice posting. During the tour of the facility the auditor informally talked with at least fifteen (15) residents and seven (7) staff. None of the residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident randomly chosen for interviews participated in the interviews. The auditor was free to move about the facility at will, providing the

opportunity for any resident to communicate with the auditor, if they needed to. The auditor talked informally with residents coming in from work and those leaving for work. Residents had every opportunity to talk with the auditor if they wanted to.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The auditor reviewed the Agency's website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Robert Lanier

May 25, 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.