

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

Interim       Final

Date of Report    October 9, 2019

## Auditor Information

Name: Mable P. Wheeler	Email: wheeler5p@hotmail.com
Company Name: M P Wheeler & Associates, LLC	
Mailing Address: PO Box 5736	City, State, Zip: Macon, GA 31208
Telephone: 478-737-2171	Date of Facility Visit: September 9 & 10, 2019

## Agency Information

Name of Agency: Georgia Department of Corrections		Governing Authority or Parent Agency (If Applicable): Georgia Department of Corrections	
Physical Address: 300 Patrol Road		City, State, Zip: Forsyth, Georgia 31029	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
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 Website with PREA Information: www.dcor.state.ga.us			

## Agency Chief Executive Officer

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

## Agency-Wide PREA Coordinator

Name: Grace Atchinson	
Email: grace.atchinson@gdc.ga.gov	Telephone: 678-628-3128
PREA Coordinator Reports to: Sharon Shaver	Number of Compliance Managers who report to the PREA Coordinator: 82

## Facility Information

Name of Facility: Macon Transitional Center
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<b>Physical Address:</b> 200 Henry Street		<b>City, State, Zip:</b> Macon, GA 31052	
<b>Mailing Address (if different from above):</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Website with PREA Information:</b> gdc.ga.gov			
<b>Has the facility been accredited within the past 3 years?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</b>			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.			
<input checked="" type="checkbox"/> N/A			
<b>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</b> June 24, 2015 PREA Audit			
<b>Facility Director</b>			
<b>Name:</b> Timothy Jones			
<b>Email:</b> timothy.jones@gdc.ga.gov		<b>Telephone:</b> 48-751-6534	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Terry Jones			
<b>Email:</b> terry.jones2@gdc.ga.gov		<b>Telephone:</b> 478-751-6333	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Eugenia Smith			
<b>Email:</b> Eugenia.smith@gdc.ga.gov		<b>Telephone:</b> 478-471-5348	

### Facility Characteristics

Designated Facility Capacity:	156	
Current Population of Facility:	154	
Average daily population for the past 12 months:	Click or tap here to enter text.	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-74	
Average length of stay or time under supervision	6-9 months	
Facility security levels/resident custody levels	Minimum/Medium/Close	
Number of residents admitted to facility during the past 12 months	194	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	194	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	194	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input checked="" type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	32	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	

Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	52
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	52
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?

Yes     No

Are mental health services provided on-site?

Yes     No

Where are sexual assault forensic medical exams provided? Select all that apply.

- On-site  
 Local hospital/clinic  
 Rape Crisis Center  
 Other (please name or describe: [Click or tap here to enter text.](#))

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

82

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators  
 Agency investigators  
 An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department  
 Local sheriff's department  
 State police  
 A U.S. Department of Justice component  
 Other (please name or describe: **State Investigator**)  
 N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

82

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators  
 Agency investigators  
 An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department  
 Local sheriff's department  
 State police  
 A U.S. Department of Justice component  
 Other (please name or describe: **State Investigator**)  
 N/A

# 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, and 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 Macon Transitional Center was forwarded to the facility PREA Compliance Manager, six weeks prior to the on-site audit. The Auditor instructed via email for posting throughout the facility accessible to residents, 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 audit posting. On-site the Notice of PREA Audit was observed posted throughout the facility, including in living units, common areas and in the entrance to the facility.

**Pre-Audit Questionnaire/ Flash Drive Review:** The agency's PREA Coordinator, in an email to the PREA Compliance Manager of Transitional Center 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 was received timely by auditor. The documentation was organized and contained, agency policy and procedures, local operating directives, facility-specific information, and documentation to support the facility's practice and compliance with Georgia Department of Corrections Standard Operating Procedures and the PREA Standards. 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 Compliance Manager and the Chief of Security was always responsive to any request and assured the auditor the information would be made available.

**Outreach to Outside Advocates:** The auditor reached out to Just Detention International and to the Crisis Line & Safe House of Central Georgia, Inc., in Macon, Georgia, to see if that national organization or the more local Crisis Line & Safe House of Central Georgia had received any complaints or issues related to the Macon Transitional Center in Macon, Georgia. Just Detention International, following a check of their database, emailed the auditor confirming that a check of their database did not reveal any comments or issues concerning the transitional Center. The Executive Director of the Crisis Line & Safe House of Central Georgia affirmed that they had a Memorandum of Understanding with the Facility for the provision of services to victims of sexual assault and she had not received any complaints from any source regarding the transitional center.

**Selection of Staff and Inmates:** Prior to the audit the auditor requested and received a list of staff who works 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 was chosen from the list to ensure staff from a cross-section of positions and jobs within the facility were selected to be interviewed.

The morning of the onsite visit the auditor, received a list of residents listed by housing units enabling the auditor to make random selections of inmates to interview. The auditor received a PREA Report and was able to identify residents in targeted group. The auditor also reviewed 10 initial assessments and 1 assessment identified a detainee disclosing prior sexual victimization at the time of intake. 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 was processed through the security area of the lobby providing identification and signing the facility visitors log book. Following a brief meet and greet with the PREA Compliance Manager, Superintendent, Chief of Security, Admin Support, Financial Ops, Generalist, two Counselors and Assistant Statewide PREA Coordinator, the auditor randomly selected staff and residents for interviews prior to conducting a complete facility tour.

### **Staff and Contractor Interviews**

#### **Randomly Selected: (12)**

The auditor selected, at random, staff representing areas other than security in an attempt to get a cross-section of staff to assess the culture related to PREA and the knowledge of all staff who may have contact, even remotely, with residents. Twelve (12) staff was randomly selected. Of those, eleven (11) were security staff, including line staff from both shifts and supervisors, as well as line staff and one (1) non-uniformed staff.

#### **Random Staff included the following:**

- (11) Correctional Staff
- (01) Non-Uniformed Staff
- 

#### **Specialized Staff, Contractors and Volunteers: (22) Interviews)**

This facility has contracted transportation staff. 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
- Chief of Security/ Facility-based Investigator
- Assistant Superintendent/PREA Compliance Manager
- Employment Specialist (HR)
- Mental Health (Central State Prison)
- Incident Review Team Members
- Intake Staff
- Orientation Staff
- Counselor conducting victim/aggressor assessments
- Upper Level Staff conducting unannounced rounds

- Facility Nurse
- Retaliation Monitor
- SANE (previous interview)
- Executive Director and an Advocate; Crisis Line & Safe House of Central Georgia, Inc.
- Volunteers
- Contractors
- Special Agent (previous interview)
- Sexual Assault Response Team Members

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

**Inmate Interviews (Total of 20 Interviews using the Random Questionnaire; 1 of whom was identified as high risk for sexual abuse.)**

The auditor requested and received an alpha roster of all residents at the facility. The Certified PREA Auditor selected residents at random from the alpha roster provided. A total of 22 random residents were selected to be interviewed, with 2 targeted inmates.

The facility did have one inmate who identified as gay and who had previously reported sexual abuse at another facility. In the absence of targeted offenders, the auditor requested and received the Facility's PREA Report identifying potential victims and potential aggressors and five (5) of these were selected for interview.

The Transitional Center does not house youthful offenders. There were no transgender residents, no disabled residents, including any deaf or hard of hearing or visually impaired residents. There were no residents in segregation as the result of sexual abuse or for protection. This facility does not use segregation. There are two rooms onsite identified as safe rooms. Residents placed in a safe room are afforded single occupancy and have private shower/toilet. Lastly there were no residents at the facility who had ever reported sexual abuse or sexual harassment at the facility.

**Informal Interviews:** Additionally, fifteen (15) residents from different dorms interviewed informally during auditor's walk through. The 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.

The auditor did not receive any correspondences as a result of the audit notice. 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**

- Georgia Department of Corrections, Office of Professional Standards, Org Chart
- Macon Transitional Center Org Chart
- Macon Transitional Center Schematics
- Rosters Documenting Day 1 In-Service Training (30)
- Staff PREA Acknowledgment Statements (15)



- Contractor PREA Acknowledgment Statements (12)
- Volunteer PREA Acknowledgment Statements (02)
- National Institute of Corrections Training Certificates, “Communicating Effectively and Professionally with LGBTI Offenders” (1)
- Inmate Acknowledgment Statement – Zero Tolerance/PREA Pamphlet (20)
- Inmate PREA Acknowledgment Statement – How to Report/Viewing PREA Video (40)
- Resident Orientation Checklist (30)
- National Institute of Corrections On Line Training Certificates, “Conducting Sexual Abuse Investigations in a Confinement Setting” (3)
- National Institute of Corrections On Line Training Certificates, “Medical Care for Victims of Sexual Abuse in a Confinement Setting” (1)
- PREA Assessments (35)
- PREA Reassessments (35)
- Monthly PREA Reports to GDC PREA Unit (12)
- Memorandum of Understanding with the Crisis Line & Safe House of Central Georgia, Inc.
- Annual Staffing Plan/Review 2018 (01)
- PREA Local Operating Procedure Directive and Coordinated Response Plan, August 2018

**Post Audit Activities:** The auditor communicated with the facility requesting additional information and clarification of any concerns. The PREA Compliance Manager was always timely when responding to requested information.

## 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.*

## General Information

After serving time within the state’s prisons, selected offenders are slowly reintegrated back into society with a job and enhanced prospects for stability through placement within one of the state’s Transitional Centers. Research has shown, according to the Georgia Department of Corrections that offenders who have the opportunity reenter the community after a stay in a Transitional Center are up to 1/3 more likely to succeed in maintaining a crime-free life.

There are 13 Transitional Center in operation statewide, two of which are designated to house female offenders. A total of 2,674 transitional beds are available, of which 346 are for female offenders. Georgia Department of Corrections Standard Operating Procedure, 215.04, Transitional Center Security Procedures and Responsibilities, Introduction and Summary, asserts that the Transitional Centers are low security community residential facilities designed to be transitional in nature for offenders who will soon be released therefore standard prison practices and policies do not apply.

To transfer to a Transitional Center, an offender must receive a referral from either the Board of Pardons and Paroles or the Classification Committee within a state prison. The decision about which offenders are selected is based on criminal history, behavior while incarcerated, release date, and a number of other factors.

One function of Transitional Centers and the Macon Transitional Center is “work release”, allowing an offender to obtain and maintain a paying job in the community while requiring the resident to conform to the structure of the program. The offender lives in the center, participates in programs and completes assignments to contribute to the upkeep of the center. The wages earned by the offender is sent directly to the center.

A portion of the resident’s wages are applied to room and board and another portion to any outstanding fines or fees. If the offender has minor children, he is required to provide family support. He may have a small allowance for transportation and incidentals, but all other funds are placed in an account until he is released. Most offenders stay in a work release program for approximately six months are then released on parole. Those who are not eligible for parole will be released with the entirety of their sentence has been fulfilled.

The Macon Transitional Center and others provide housing for low risk maintenance workers. These residents are not participants in the work release program although they may have access to the other programs in center. These residents are assigned full time to maintain the facility or other state facilities in the area. They may stay at the facility for longer periods than work release residents.

Macon Transitional Center is a community-based Georgia Department of Corrections program, located in Macon, Georgia, housing adult male felons with minimum/medium/close security levels. The mission of the program is to house offenders in a safe and supportive setting that creates opportunities for positive change and reinforces moral behavior and meaningful employment, which facilitates appropriate community housing and successful citizenship within the community to which they return. Central State Prison is the host facility for the Transitional Center.

## **Demographics**

All the residents are 19 years old or older. There are no youthful offenders housed at this facility. Offenders are sentenced by the courts and assigned by the Georgia Department of Corrections to complete a Work Release Program. The Department publishes monthly characteristics of the aggregated populations of all Thirteen (13) Transitional Centers. The average age of offenders assigned to transitional centers is 19 - 74 years of age. Racially, the mode (most frequently racial identity) is Black, followed by White, Hispanic, Asian and other.

## **Capacity, Housing and Programs**

The maximum capacity of the facility is 156 and housing is provided in four dormitories.

Programs provided at the facility include the following:

### **First Shift Programs**

- Family Orientation
- Facility Orientation
- Job Readiness/Labor Department
- Odyssey
- Re-Entry
- Jehovah Witness Service
- Bridge Speaker
- GED

## Second Shift Programs

- Fatherhood
- GED
- NA/AA
- Bible Study

## Weekend Programs

- Visitation
- Recreation

## Physical Layout

Macon Transitional Center is a two-level facility with housing for residents on the first and second floors. The designated safe housing areas are located on the east side of the facility in rooms A-1 and B-1 which are rooms with separate restrooms and shower areas. The administrative offices, medical section and dining areas are in the front section of the first floor.

Macon Transitional Center currently has 27 cameras linked to a Pelco DVR system that monitors the facility. The Chief of Security, Assistant Superintendent and the Superintendent monitor cameras periodically but, the Post I officer monitor cameras. A project request has been submitted to add cameras in the East and West wing stairwells. East and West wing stairwells have mirrors. Staff conducts rounds in these areas frequently and in an unscheduled manner.

The West Side of the building has classrooms for GED and Social Skills classes. In addition, the recreation yard, dining hall/visitation and kitchen are located on the West Side. Meals for residents are transported to the facility from Central State Prison daily.

Housing Units (4) A, B, C, D: One non-gender specific Correctional Officer. This is a Priority 2 security post. This post is included in the duties of a Correctional Officer assigned to the U-2 post. The Officer is required to make frequent checks not to exceed 30-minute intervals. These housing units house 39 residents in 13 triple bunkrooms. One camera covers the entire hallway (excluding showers and bathrooms) and Main Control monitor cameras 24/7. Each housing unit has a dayroom with phones, TV and a laundry room.

Housing unit B has one (1) holding cells, Macon TC do not have isolation/segregation unit. There are two Priority one (1) posts at Macon Transitional Center; Shift Supervisor/OIC. This Post is manned by one (1) sergeant/Correctional Officer per shift, working twelve (12) hours a day, seven (7) days a week.

Post 1/Control Room; Security or non-security personnel can operate Post 1/Control Room. There are no gender specific posts at Macon Transitional Center. Same gender strip searches are not conducted except in exigent circumstances.

In the event of deviations from the staffing plan; the shift OIC will notify the Duty officer and Chief of Security and the previous shift will be held over until adequate staff is present to cover the shortage of shift. When the shift is short; in emergency situations/shortages, the Duty Officer will contact appropriate on-call staff for coverage. Announcements are made at the facility and logged in the facility

Post 1 logbook throughout each shift to advise residents that females staff are present in the living areas. The center has not experienced any post deviations.

The facility's maximum capacity is 156; six (6) long-term maintenance residents, nine (9) fleet maintenance residents, and one hundred forty-one (141) work release residents, Minimum, medium and close security residents are housed at the facility.

Visitation/Dining Area: Visitation is in operation each Saturday, Sunday and all state holidays from 9:00am until 3:00pm. One Correctional Officer staff's supervises visitation during hours of operation. The Superintendent, Assistant Superintendent, Chief of Security, Facilities PREA Compliance Manager, and Duty Officers are responsible for unannounced PREA rounds within the facility. Staff document rounds in the Post 1 and in the Duty Officer logbook with red ink.

Medical staff (RN) reports from Central State Prison Monday-Friday from 7 am until 3 pm, to provide health care services to residents.

## **Staffing**

The Georgia Department of Corrections has allocated 32 staff positions are allocated to this facility. The positions are deployed as follows:

### Security Staff (22)

- (1) Superintendent
- (1) Assistant Superintendent
- (1) Chief of Security
- (3) Sergeants
- (16) Correctional Officers
- (1) Business Manager
- (1) Accounting Professional
- (1) Accounting Clerk
- (1) Administrative Secretary/Personnel Clerk
- (1) Employment Specialist
- (1) GED Teacher
- (3) Counselors
- (1) Counseling Secretary

This facility is a work release facility with some long-term maintenance inmates who perform work details while at the center. Work release residents work in the community on jobs and earn wages that enable them to pay room and board, fines and fees, and to have a savings when they leave the program and reintegrate back into the community. Residents coming into the facility have served time in prison as a result of their sentences. These residents are physically and mentally capable of securing and maintaining gainful employment. Their mental health needs are non-existent or low. Because they are minimum security level residents, supervision is provided but less. A roving "utility" officer provides dorm checks scheduled to be random but not to exceed every 30 minutes. Residents have the structure of the facility's schedule and programming but with added responsibility for one's self and less direct supervision like that that exists in the state prisons. Residents may earn home visits, depending on their phase or level of the program that they are in. They are gradually given more and more freedom to transition successfully back into the community.

## SITE REVIEW

A complete site review of all areas of the facility was conducted on the first day of the on-site audit. The auditor was accompanied on the site review by the Assistant Superintendent/PREA Compliance. Areas visited:

- Housing Units A-D
- Administration
- Dining Area/Visitation/Programs
- Medical
- Recreation Yard
- Control Room
- Laundry Area

Because the mission of the transitional center is to assist in reintegrating the offender back into the community are given more responsibility for governing their own behavior as opposed to being secured by a fence. Inside the building, residents have freedom of movement within designated parameters.

The auditor interacted with and informally interviewed fifteen (15) residents during the site review. These included residents from each of the living units and laundry. Residents were very relaxed talking with the auditor. All of them were knowledgeable of PREA, knew how to report, and stated they felt safe at this facility. None had reported any allegations of sexual abuse or sexual harassment while in this facility.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 2  
**List of Standards Exceeded:** 115.211; 115.251

### Standards Met

**Number of Standards Met:** 39

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** Click or tap here to enter text.

**Summary of Corrective Action (if any)**

## 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; Macon Transitional Center Staffing Plan; Georgia Department of Corrections Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit); Job Description Statewide PREA Coordinator; PREA Brochures; Resident Handbook; Training Rosters with signatures documenting Day One In-Service Training (that includes PREA); Thirty (30) Rosters Documenting Day 1, Annual In-Service Training; Fifteen (15) Staff PREA Acknowledgment Statements; Forty (40) Residents PREA Acknowledgment Statements (Pamphlet/Zero Tolerance); Resident Acknowledgment Statements/Reporting; Thirty (30) Resident Orientation Checklists; Zero Tolerance Posters located throughout the facility

**Interviews:** Superintendent; PREA Coordinator (Previous Interview), Assistant PREA Coordinator, PREA Compliance Manager; (12) Randomly Selected Staff; Twenty-two (22) Specialized Staff, Nineteen (19) Random Inmates, One (1) Targeted Inmates; Fifteen (15) Residents Informally Interviewed.

**Other:** Observed posters throughout the facility; Resident Cellphones; Phones with PREA Hotline dialing instructions, and Phones were observed in all living units dayrooms.

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

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

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

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



The Superintendent has designated a higher-level staff, the Assistant Superintendent, as the facility PREA Compliance Manager. He reports directly to the Facility's Superintendent. The Assistant Superintendent has daily contact with the Superintendent in meetings and interacting in normal duties as facility administrators. He has the complete support of the Superintendent.

The Superintendent is supportive of PREA and the standards and in an interview stated that the Georgia Department of Corrections (Agency) and the Macon Transitional Center has a zero tolerance for all forms of sexual abuse, sexual harassment and retaliation. The Macon Transitional Center is required to comply with the Georgia Department of Corrections Policies, including PREA. The Georgia Department of Corrections PREA Policy addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reports. The agency has identified sanctions for staff, contractor, or detainee for violating any agency sexual abuse or sexual harassment policy and the presumptive sanction for employees is dismissal/termination and banning contractors and volunteers from further contact with inmates and the facility, until the conclusion of an investigation. The ban is statewide, preventing the contractor or volunteer from entering any GDC facility until an investigation is completed.

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

Zero Tolerance is referenced in the Facility's Staffing Plan in the Mission of the facility; in PREA Acknowledgment Statements for staff, inmates, contractors and volunteers, on issued PREA brochures, in the PREA Video, and continuously through multiple PREA related posters that were observed in virtually every area of this facility.

**Policy and Documents Review:** Georgia Department of Corrections (GDC) Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is a comprehensive PREA Policy that not only details the agency's approach to prevention, detection, reporting and responding to allegations of sexual abuse and sexual harassment but also integrates this information in a manner that flows logically and is easily understood.

The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy also states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to strengthen the Department's efforts to prevent occurrences of this nature by implementing key provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. The PREA Policy addresses the agency's approach to preventing, detecting, responding and reporting sexual abuse and sexual harassment.

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

The GDC appointed a Director of the Office of Professional Standards Compliance Unit, who is ultimately responsible for the Department's compliance with the PREA Standards, the Americans with



Disabilities Act and the American Correctional Association Standards. This staff person was previously the agency's PREA Coordinator and is a Certified PREA Auditor. She also supervises the agency's audit team consisting of a Statewide Senior Auditor and 8 security auditors and three physical plan auditors. Additionally, the facility must comply with the ACA Standards and has a staff dedicated to overseeing the implementation of the ACA Standards in each facility. Additionally, the Department has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the Georgia Department of Corrections (GDC) facilities.

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

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

The PREA Coordinator is an exceptionally knowledgeable PREA Coordinator. She is not just knowledgeable of PREA, but also brings to the table experience working in adult facilities prior to her appointment. She has been responsible for ensuring that the prisons and facilities comply with the PREA Standards and that they maintain compliance. To that end she and the Assistant PREA Coordinator serve as a resource staff for the GDC facilities and programs. Visits to facilities are often working visits during which she and/or the Assistant PREA Coordinator often sit with the facility's investigators and review investigations of allegations of sexual abuse and sexual harassment as well as serving as a resource for the facility. Additionally, the PREA Unit now has the capacity to review investigations that are uploaded into the agency's database prior to closing them out. This serves as a quality assurance function to provide some oversight to the investigation process. The Assistant PREA Coordinator is also a seasoned Corrections Staff with experience in both the private and public sector. He is knowledgeable of PREA and provides technical assistance when needed to the GDC Facilities. A previous interview with the PREA Coordinator and the Assistant Statewide PREA Coordinator confirmed that they have sufficient time to perform their PREA related duties.

The PREA Unit is heavily involved as well in capturing data for planning, corrective action and other purposes. To that end, the agency and PREA Unit has a PREA Analyst assigned to the PREA Unit. His job is to collect and analyze the data that is submitted to the PREA Unit on a monthly basis, by each facility. In working with the PREA Auditor, the PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit. He also assists the auditor by securing

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

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

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

The Moss Group is also working with the Department to assess and recommend additional female programming (gender specific programming). The Moss Group has completed Train the Trainer Classes to train trainers to go back into the facilities to train selected staff to serve as victim advocates. The Statewide PREA Coordinator and Assistant Statewide PREA Coordinator have been trained by the Moss Group to conduct this training.

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

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

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 designated the Deputy Superintendent of Care and Treatment as the PREA Compliance Manager. The PREA Compliance Manager reports directly to the

Superintendent. The PREA Compliance Manager has the responsibility and authority to implement and maintain PREA in this facility. The PREA Compliance Manager was observed interacting with the Superintendent often during the on-site audit. The Superintendent has given his complete support to the compliance manager. The PREA Compliance Manager indicated he has sufficient time to perform his PREA related duties and has the authority to implement and maintain the PREA Standards in the facility.

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

Zero Tolerance is reinforced in the GDC prisons, Probation Detention Centers, Transitional Centers and contracted County Prisons, this auditor has audited. Inmates tell the auditor they have received this information in every facility they have been in and most have been transferred multiple times throughout the years. One inmate during a recent audit thanked the PREA Auditor for PREA and said that he has seen serious sexual assaults during his years in prison but that since PREA he has not seen that much and said that at his present facility, there are no sexual assaults.

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

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. They acknowledge that in signed PREA Acknowledgment Statements. The auditor reviewed Training Rosters documenting completion of Day 1, Annual In-Service Training that includes PREA Training. Acknowledgement Statements for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read to GDC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program. They also acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.

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

The agency appears to value training to assist in the agency's prevention efforts. The agency plans and provides additional training for Sexual Assault Response Team Members as well as ongoing training for PREA Compliance Managers. Sexual Assault Team Members (SART) attend training at least semi-annually. This training was documented in training rosters (previously provided and reviewed) and through interviews with SART members, the PREA Coordinator and Assistant PREA Coordinator.

Designated staff completes the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields; i.e., Medical and Mental Health. Healthcare staff attends training in Nursing Protocols. A qualified staff in most or all the GDC facilities is trained to serve as an advocate for victims of sexual abuse and advocates are generally a part of the Sexual Assault Response Team.

Offenders are provided PREA related information upon admission to the facility during the intake process. During Intake and according to staff, inmates are provided information about zero tolerance and inmate's rights not be abused and how to report it and are provided the PREA Brochure as well as an orientation that includes watching the PREA video, going over the PREA pamphlet, explaining zero tolerance, how to report, and that all claims are investigated. Inmates sign acknowledging they received the Video, with verbal information provided as well on zero tolerance and how to report. Following the education, the inmate signs the PREA Acknowledgment Statements acknowledging understanding zero tolerance and the consequences for being involved in an incident of sexual assault or sexual harassment. Additionally, the orientation checklist is initiated by the inmate confirming having received the information. These were confirmed through reviewing forty (40) inmate files randomly selected by the auditor.

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

The Superintendent indicated he supports PREA and has appointed a higher-level staff, Assistant Superintendent, to implement GDC Policy related to PREA and the PREA Standards. He indicated he fully supports him and that he has a zero tolerance for all forms of sexual abuse and sexual harassment.

One-hundred percent (100%) of the twelve (12) interviewed random staff and twenty-two (22) specialized staff was aware of the zero-tolerance policy and agency's zero tolerance for any form of sexual abuse, sexual assault, sexual harassment or retaliation. They are trained to and required to report all allegations of sexual abuse or sexual harassment including suspicions. Allegations and reports, regardless of the source, are required to be documented and investigated. Staff stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift.

Staff affirmed they receive training as newly hired employees in the Pre-Service Orientation (reviewed PSO Individual training records), annually during in-service training (Day 1) (confirmed through reviewed training rosters), through information provided by the PREA Compliance Manager, Shift Briefings, and through multiple posters located throughout the facility.

Interviewed staff affirmed that they have been trained in each of the topics required by the PREA Standards and that those topics were covered in Pre-Service Training and each year in annual in-service training.

Inmates, staff, contractors and volunteers are trained in the zero-tolerance policy. This was confirmed through reviewed acknowledgment statements, reviewed training rosters, certificates of training and interviews with them. All formally interviewed offenders as well as fifteen (15) informally interviewed offenders, during the site review, were aware the facility and GDC has a zero tolerance for all forms of sexual activity and how to report. All the interviewed inmates stated they received information about the zero- tolerance policy the day they were admitted and were told ways to report and they received verbal information, written information and saw the PREA Video that they have seen in the other GDC facilities they have been assigned to. They also indicated posters all over the facility and that they received a PREA Brochure asserting the agency has a zero tolerance for all forms of sexual abuse and sexual harassment and retaliation for reporting or cooperating with an investigation.

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

This standard is rated “exceeds” because of the agency’s 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, American Correctional Association Standards, and ADA policies and procedures. Additionally, the Department has designated a Statewide PREA Coordinator and Assistant PREA Coordinator to oversee the implementation of PREA in the GDC facilities. Interviews with the Coordinators confirmed they have direct access to the Commissioner, if needed, with regard to PREA related issues. Observations of the work of the Statewide PREA Coordinator and the Assistant PREA Coordinator seemed to indicate that they are “hands on” and work with their facilities by monitoring and providing technical assistance.

They are very knowledgeable of what was going on in their facilities. Either the PREA Coordinator or Assistant PREA Coordinator makes themselves available throughout the on-site audits to provide additional information and/or clarification when needed. An interview with the Assistant PREA Coordinator confirmed he too is knowledgeable of PREA and with his institutional experience, is resourceful in helping the facilities with compliance issues.

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

Staff and inmates are aware of the zero-tolerance policy and of the agency’s approach to preventing, detecting, responding and reporting all suspicions, allegations, knowledge, or reports of sexual abuse, sexual harassment or retaliation.

All the interviewed inmates, including nineteen (19) randomly selected inmates, one (1) were targeted, and fifteen (15) informally interviewed inmates confirmed having been provided information on the Zero Tolerance Policy and how to report and that they have received it in each of the Georgia Department of Correction’s Facilities they have been in.

## **Standard 115.212: 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.)  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 (Previously Reviewed); Reviewed Intergovernmental Agreement County Capacity, July 2018 (for the confinement of offenders); Pre-Audit Questionnaire.

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

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

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

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

The Macon Transitional Center does not contract for the confinement of offenders. This was confirmed through interviews with the PREA Coordinator (previous interview), Superintendent, PREA Compliance Manager, and the reviewed Pre-Audit Questionnaire.

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

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

## **Standard 115.213: Supervision and monitoring**

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

#### **115.213 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?

- Yes  No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*



*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

GDC Policy requires each facility to develop and document a staffing plan that provides for adequate levels of staff and video monitoring, to protect residents from sexual abuse and sexual harassment. The agency has also provided the facilities a template/guide for developing their own unique staffing plan.

The facility's staffing plan is documented, provides for adequate levels of staffing, according to the Superintendent and PREA Compliance Manager and describes and considers video monitoring as a means to supplement staff supervision of residents. GDC Standard Operating Procedure, 215.04, Transitional Center Security Procedures and Responsibilities, B., Coverage of Security Responsibilities, requires shifts that are scheduled to ensure the presence of correctional staff in the facility 24 hours per day. Officers on duty must be primarily responsible for security supervision, order and accountability of residents. In the Transitional setting procedures allow, non-correctional staff to assist with security shift coverage. It also requires, however, that Transitional Centers have always at least two (2) staff on duty, one of whom must be POST Certified.

The reviewed plan documented consideration of the following:

- Physical Layout of the facility
- Composition and Demographics of the resident population
- Prevalence of substantiated and unsubstantiated cases of sexual abuse
- Other relevant factors

The auditor reviewed the 10-page Macon Transitional Center Staffing Plan dated 3/2/18, reviewed and approved by the agency's Assistant PREA Coordinator. The staffing plan identified the following staffing provided for this facility: The Georgia Department of Corrections has determined that the 32 staff positions are allocated to this facility. The facility has deployed those positions as follows:

#### Security Staff (32)

- (1) Superintendent
- (1) Assistant Superintendent
- (1) Chief of Security
- (3) Sergeants
- (16) Correctional Officers
- (6) Administrative Positions
- (4) Care and Treatment

#### Registered Nurse (1) (Central State Prison)

The facility operates with the first shift (0600 to 1800), a second shift, (1800 to 0600) and another shift that overlaps the shifts and in which staff perform specific and ancillary functions. There have been no deviations for any priority one post in the past 12 months and the facility cannot deviate from not manning a priority one post (a post that must be manned 24/7). If a staff called in on either of these shifts, the staff manning the post is required to remain on post until properly relieved until another staff can be called in or a staff from the overlapping shift can relieve the officer assigned to the post, but the post will be manned 24/7.

**Policy and Documents Reviewed:** Macon Transitional Center Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 3; GDC Standard Operating

Procedure, 215.04, Transitional Center Security Procedures and Responsibilities, B. Coverage of Security Responsibilities; Reviewed Macon Transitional Center Staffing Plan for 2018; Log Book pages documenting unannounced rounds.

**Interviews:** Superintendent, PREA Coordinator, Assistant PREA Coordinator; PREA Compliance Manager, Twelve (12) Randomly selected staff; Twenty-two (22) Specialized Staff; Nineteen (19) Randomly selected residents; One (1) Targeted residents; Fifteen (15) Informally interviewed residents.

**Other:** Observations made during the on-site audit of the Macon Transitional Center. The auditor was given unfettered access to all areas of the facility and to all residents and staff. Staffing levels representing the minimum levels, as described by the Superintendent, Assistant Superintendent and others, were observed. Supervision of residents was also observed, and residents were under the supervision of staff. This facility is a transitional center and because of the mission of the center, residents are afforded more freedom than typically seen in more secure facilities. Video cameras were observed strategically placed throughout the facility.

**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 periodic 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. Facility security posts consist of two major categories and include the following: Priority 1 posts are the posts that provide essential security for the facility and must be manned at all times and never left unmanned. Priority 2 posts are those that provide enhanced security to the priority one posts. There is flexibility with these posts, and they may or may not be manned seven days a week. They are manned when there is sufficient staff available and after all priority one post have been filled.

To enhance the operation of the facility, it is imperative that staff have an understanding of all areas of security operation, so the Chief of Security manages post rotation and approves all assignments and modifications. GDC Policy requires that correctional officers will normally be rotated from one post to another at a minimum of once every 12 months. 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. Memos from the PREA Unit remind the facilities when the Staffing Plans are due for review.

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 (red ink). Shift rosters confirmed the minimum staffing required. Two priority one posts were staffed as required without deviations.

**Staffing Plan Review:** The staffing plan for the Macon Transitional Center is documented in the Macon Transitional Center Facility PREA Staffing Plan, Standard Operating Procedure 208.06, and Attachment 11. Facility PREA Staffing Plan is addressed in their local operating procedure.

Staffing plan provided was last reviewed March 2, 2018. Readers must keep in mind that Transitional Centers are low security community residential facilities designed to be transitional in nature for offenders who will soon be released therefore standard prison practices and policies do not apply. The SOP, 215.04, Transitional Center Security Procedures and Responsibilities requires the Superintendent to establish and maintain control and discipline by ensuring adequate presence of correctional staff. All transitional center staff share responsibility for maintaining proper security precautions regardless of their job responsibilities.

The staffing plan is predicated upon a maximum population of up to 156 male felon residents, 19 and above, who have been sentenced by the State of Georgia to complete a Work Release Program. The program serves both Long Term Maintenance Residents and Work Release Residents.

Residents are assigned to one of four (4) housing units based upon their status as either being in Orientation Status, work release or long-term maintenance. Offenders in this facility are ultimately expected to find employment and/or are assigned to work details inside and outside the facility. Long Term offenders perform “in-house” details.

To provide adequate staffing the Department has determined that this facility requires Twenty-two (22) security staff including the Superintendent, Assistant Superintendent, Chief of Security, three (3) Sergeants and sixteen (16) Correctional Officers. The facility reported no vacancies on the days of the on-site audit. GDC Standard Operating Procedure, 215.04, Transitional Center Security Procedures and Responsibilities provides for non-security staff to supplement but not replace security staff. It also always requires a minimum of two (2) staff on duty, one of whom must be POST Certified.

Posts are identified, including a breakdown of the total staffing, deployment of posts and identification of priority posts.

The staffing plan considers the physical layout in Staffing requirements and video surveillance. The Transitional Center consists of one (1) Building. The control room has a view into the lobby, and controls entrance and exit and is staffed by one Correctional Officer 24/7. There is one camera covering the front entrance.

Medical consists of one (1) non-relieved nurse Monday through Thursday 0700 – 1500, excluding state holidays. There is no camera coverage in this area.

A large Dining Hall/Visitation room is in operation for visitation each Saturday, Sunday and all state holidays from 0900 – 1500 and is staffed during those times by one relieved Correctional Officer. This area is also used for programming Monday through Friday on first and second shift. Religious services are conducted in the area Tuesday and Wednesday and staffed by one relieved Correctional Officer during resident presence.

There are four housing units, A-D.

This is a total of one (1) housing unit at the facility. There are four (4) housing halls in the housing unit. Each hall has thirteen (13) rooms. Fifty-two (52) triple-bunk beds are distributed in the thirteen (13) rooms. A1 and C1 are designated to be safe cells for PREA victims.

Macon Transitional has two (2) OJT programs Building and Auto Maintenance. Twelve (12) offenders assigned to Fleet Long-term Maintenance Programs, six (6) offenders are assigned to Center Long-

term Maintenance Program for Food Service, Sanitation, Building Maintenance, Grounds Keeping, Laundry and Barbering. The remaining beds available for offenders assigned to work release program are one-hundred thirty-eight (138).

There are 25 validated Security Threat Group offenders at Macon Transitional. A-Hall has three (3), B-Hall has four (4), C-Hall has eight (8) and D-Hall has ten (10).

The mission of this facility is to house Offenders in a safe and supportive setting that creates opportunities for positive change and reinforces moral behavior and meaningful employment, within facilitates appropriate community housing and successful citizenship within the community to which they return. These residents should not require the levels of supervision that one would find in a more secure facility. Residents at this facility have access to the community through passes and through employment in the community. They also may have cell phones.

The reviewed staffing plan addressed the following:

- Findings of inadequacy by any Federal investigative agencies; **(None)**
- Findings of inadequacy by any internal or external oversight bodies; **(None)**
- Consideration of the Physical Layout of the Facility, including staffing requirements and video surveillance coverage
- Composition of the inmate population (see facility demographics)
- Consideration of any programs
- Staffing levels and deployment
- Deviations from the minimum staffing: **(None)**
- Consideration of any applicable State or local laws, regulations, or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse **(None)**
- Unannounced rounds

Unannounced PREA Rounds are addressed in the Staffing Plan as well. The plan asserts that unannounced rounds are conducted by all supervisor staff, including sergeants, Chief of Security, Assistant Superintendent and Superintendent. Sergeants are required to make three (3) PREA rounds per shift and document them in the area logbook. Other unannounced rounds are weekly by the Superintendent, Assistant Superintendent, Duty Officers and Chief of Security and are documented in the area logbooks.

**Interviews:** The Superintendent and Assistant Superintendent affirmed that the staffing levels at this facility are adequate for the mission of the center. Interviewed staff, including the Superintendent, Assistant Superintendent, Chief of Security, randomly selected staff and randomly selected and targeted residents confirmed the numbers of staff required to be on duty on each shift and affirmed that the minimum number of staff is always met and most often exceeds the minimum. The minimum staffing, according to the Superintendent and Assistant Superintendent/PREA Compliance Manager, is one certified officer and non-certified officer.

## **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 the facility does not have female 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 the facility does not have female 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? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies 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 have procedures that enables 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.*

The Georgia Department of Corrections (GDC) prohibits cross gender strip searches and cross gender pat searches of females except in exigent circumstances that are approved and documented. This is confirmed through the reviewed policy, annual in-service training lesson plan, reviewing the Superintendent's Memo, Cross-Gender Strip or Visual Searches and interviews with staff and residents. The Superintendent's memo requires that the Superintendent must be notified of the exigent circumstances and documentation, providing the rationale/justification for the search, must be completed stating that authorization was given by the Superintendent to utilize female staff. It also requires that if an exigent situation existed, there must be two (2) staff members present during the cross-gender strip or visual searches.

GDC Policy also provides that female staff, who has been trained, may conduct cross-gender pat searches of male residents when male staff are not available to conduct them. All GDC staff are trained during Basic Correctional Officers Training, the training required for a staff member to become a Peace Officer Standards Training Council certified officer. This is an all-male facility and GDC Policy however, in response to the standard, requires that the requirement for prohibiting cross gender pat searches of females will not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with those provisions.

GDC policy and practice and the local policy directive requires that inmates can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Female officers may conduct headcounts periodically however inmates are reportedly not in the shower/restroom area when the officers conduct the headcounts and the female officer is required to announce her presence when entering the shower/restroom area.

100% of the 35 interviewed residents confirmed they can shower, use the restroom and change clothing without being viewed by staff.



This facility's showers and commodes are between the residents rooms and have doors to afford privacy for residents while showering. There are no cameras in the shower/restroom area. Residents housing units consist of 12 individual rooms that are triple bunked with a shower/toilet area separating two rooms. One room is single bunked with a private shower/toilet (safe room)...

Staff of the opposite gender is required to announce their presence when entering the housing units. Females working the unit will announce once after taking the shift over however other female's coming into the unit must announce. The facilities require the inmates to announce anytime the Superintendent, Assistant Superintendent, or other administrative level staff enters the dorms as well.

The facility always refrains from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status and If an inmate's genital status is unknown, the facility may determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. GDC Policy and the local policy directive require this.

Most of the interviewed staff affirmed they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the resident's genital status. The indicated essentially that they would ask them or consult medical. There were no transgender or intersex inmates assigned to the facility. This was confirmed through interviews with staff, both random and specialized, review of the Pre-Audit Questionnaire, and interactions with residents during the on-site audit and observations.

The agency trains staff to conduct cross gender pat down searches in a professional and respectful manner. GDC Policy 208.6 requires this as well. That same policy requires the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

**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; GDC Standard Operating Procedure, 215.04, Transitional Center Security Procedures and Responsibilities, K. Searches and Security Inspections; Training Module for In-Service Training for 2019; Pre-Audit Questionnaire

**Interviews:** Twelve (12) Randomly selected staff, Twenty-two (22) Special category staff; Nineteen (19) Randomly selected residents; One (01) Targeted resident.

**Observations:** Residents are not in full view of any staff while showering, changing clothing, or while using the restroom. Showers and toilets were observed have doors enabling privacy while showering.

**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. Policy prohibits male staff from conducting either strip or pat searches of female offenders absent exigent circumstances that are documented and approved. There are no female residents at this center. Female staff may conduct cross gender pat searches and strip searches only in emergencies/exigent circumstances. The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

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

Search policy requires in the event of exigent circumstances searches of the opposite gender conducted under exigent circumstances must be documented on an incident report. There have been no cross-gender strip searches during the past twelve months. This is confirmed through the reviewed Pre-Audit Questionnaire and interviews with staff and with residents. 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.

GDC Standard Operating Procedure, 215.04, Transitional Center Security Procedures and Responsibilities, K. Searches and Security Inspections, requires that personal searches should be performed by a member of the same sex unless it is an emergency.

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. Interviewed staff articulated the training they received in conducting searches, including cross-gender searches and searches of transgender and intersex residents in a respectful and professional manner.

GDC Policy prohibits staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. Staff is required by policy to search transgender and intersex residents in a professional and respectful manner. Staff articulated that they would ask the transgender resident whom they would feel more comfortable with searching them 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. Showers and toilets were equipped with doors affording privacy.

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 male and female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that females consistently announce their presence before entering the housing area. During the tour the auditor did not observe cameras in any restroom area. Interviewed residents affirmed that the females announce their presence when entering the units and that an inmate orderly announces when any visitor comes into the unit.

**Documents Review:** The Pre-Audit Questionnaire documented that there have been no cross-gender searches, either strip or body cavity 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 is trained to conduct cross-gender searches in exigent circumstances. This was confirmed by interviews with staff.

**Discussion of Interviews:** All the interviewed staff reported that female staff do not conduct strip searches but can conduct a cross gender pat search. Staff related that they have received training in conducting cross gender searches in "emergencies". They also stated they were trained to conduct searches of transgender and intersex offenders in a professional and respectful manner.



All the Fifteen (15) randomly selected interviewed residents affirmed that they have never been strip searched by a female staff however some have been pat searched by a female staff.

One-hundred percent (100%) of the Thirty-five (35) 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. One hundred percent (100%) of the interviewed residents stated they have are afforded privacy while using the shower/toilet.

One-hundred percent (100%) of the interviewed staff indicated, in their interviews, that staff of the opposite gender announces their presence saying things like “female on deck”.

## **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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

The Georgia Department of Corrections and Macon Transitional Center appear to be committed to ensuring inmates with disabilities, including inmates who are deaf/hard of hearing, blind or low vision, intellectually disabled psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. These interpretive services may be made available through a variety of statewide contracts that can be accessed by each GDC facility, Language Line Solutions, GDC Approved Bi-Lingual Staff, PREA Brochures in Spanish, Mental Health Counselors, GED and Literacy Remedial Instructors at the facility, and closed caption PREA Video. Interviewed staff acknowledged they would not rely on another resident to interpret for another resident in making an allegation of sexual abuse or sexual harassment. Consistently they indicated they would get an outside interpreter. Some were aware of Language Line as a professional interpretive service. The auditor asked to see the instructions for accessing Language Line and the PREA Compliance Manager/Assistant Superintendent showed the auditor the contact information that was located in the front control room as stated in the facility's documentation.

The agency (GDC) has an Americans with Disabilities Coordinator who serves as an invaluable resource when a facility needs any type of interpretive service to ensure an inmate can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation. Her position on the organizational chart is described as ADA/LEP Coordinator. In addition to making staff aware of the statewide contracts for interpretive services, the ADA Coordinator is available to facilitate, for facilities, access to interpretive services. During a recent audit, a deaf inmate was selected to be interviewed. Requiring an interpreter who could "sign" the facility contacted the ADA Coordinator, who quickly arranged for a video interpreter and through the interpreter using American Sign Language, the inmate responded to all the questions asked by the auditor. Interpreters on state contact must meet the professional qualifications required by the contract. The ADA Coordinator has required each facility to designate an ADA Coordinator who can facilitate and expedite contact with the Statewide ADA Coordinator in securing interpretive services.

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

A GED Teacher/Literacy Remedial Teacher and staff are available to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and orally to clarify any issues. Counseling staff are available in this facility to assist in intake and orientation of inmates. Language Line is available for telephone interpretive services, video interpretive services and on-site services and for translation services. American Sign Language is available through Language Line Solutions.

**Policies and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6; Contract with Language Line Solutions; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line; Georgia Department of Administrative Services Statewide Contracts for Provision of American Sign Language for Hearing; Agency Disability Report provided by the PREA Analyst.

**Interviews:** Superintendent; Assistant Superintendent/PREA Compliance Manager; Georgia Department of Corrections ADA Coordinator in a previous interview; Randomly selected staff (12); Specialized Staff (22); Randomly Selected Inmates (19); Targeted Inmates (1).

**Observations:** Posting of PREA Brochures in English and Spanish; Previous Reviews of Statewide Contracts for Interpretive Services.

**Policy and Document Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 6, Inmates with disabilities and inmates who are limited English proficient, requires the local PREA Compliance Manager 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 access to Language Line Solutions via a contract/agreement to provide interpretive services for disabled and limited English proficient inmates in making an allegation of sexual abuse. The GDC provided Statewide Contracts (Georgia Department of Administrative Services) that provide access to interpreters for American Sign Language. Instructions for accessing these services are included. The auditor reviewed the PREA Brochures in both Spanish and English. The PREA Video is also available in Spanish and in closed caption.

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

The facility has a GED teacher/Literacy teacher who can assist any literacy or cognitively challenged inmates in understanding the PREA information and how to report. Counselors can assist any inmates with mental health issues. Language Line Solutions is available to staff working with limited English proficient detainees. American Sign Language is available on-site through a contract with Language Line Solutions including via video with a Language Line staff is qualified in American Sign Language.

The Prison Rape Elimination Act pamphlet will be provided to the offender in Spanish. The facility provided an excel spreadsheet of staff who have been approved and authorized by the Department to provide bi-lingual interpretive services.

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

**Discussion of Interviews:** The auditor conducted a previous telephone interview with the Agency ADA Coordinator. According to the Coordinator if the facility had a limited English proficient 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. When asked about the PREA Video being available in Spanish and with either closed caption or with a “signer” in the lower portion of the video, she indicated the agency has a contract for that video to be “redone” to provide the translations. The agency does have the PREA Video with closed caption.

Interviews with twelve (12) random staff indicated that most would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent and emergency or exigent circumstance.

## 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 who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether 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)

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

#### Auditor Overall Compliance Determination

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



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

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

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

**Policy and Documents Review:** Department of Corrections Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, A. Prevention Planning, Paragraph 7, Hiring and Promotion Decisions; GDC Standard Operating Procedure IV003-0012, Obtaining and Using Records for Criminal Justice Employment; 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 Newly hired employees (6) ; (4) Promoted Staff; (1) Contractor; (2) Volunteers and (1) GED Teacher.

**Interviews:** Employment Specialist/Personnel Staff at the Macon Transitional Center; PREA Compliance Manager; Superintendent.

**Observations:** None that 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. GDC 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. GDC Policy IV003-0012, Obtaining and Using Records for Criminal Justice Employment require that anyone being considered for employment will be subject to a criminal history record information investigation. Driver's license history records will be requested of employees whose driving of State vehicles is critical to employee's job performance or for those who are required to meet POST certification requirements. Verification of that check must be documented on the

GDC Professional Reference Check, Driver's history is requested for the past 7 years from all states where the staff has resided. Criminal History Record Checks are conducted on all employees prior to hire and every 5 years.

Custody staff must qualify with their weapons annually to maintain their certification with the Peace Officer's Standards Training/Council 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 illegal conduct.

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

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 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 be forward a copy of the response to the CHRM Records Technician for permanent retention in the employee's personnel file.

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 correctional staff 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.

The auditor reviewed five (5) personnel records for newly hired staff at the Transitional Center. 100% of the reviewed files contained the following:

- Applicant Verification Forms documenting that the prospective employee has not engaged in any of the specified PREA related behaviors.
- Finger Print Checks
- Check of the Georgia Crime Information Center and National Crime Information Center (GCIC and NCIC)
- PREA Acknowledgment Statements
- Code of Ethics Acknowledgments
- Integrity Test (as applicable for uniformed employees)
- Professional Reference Checks as applicable

Staff who are promoted are required to have, prior to promotion, another background check and they must complete another applicant verification form. 100% of the four (4) reviewed personnel files contained the following prior to promotion.

- Applicant Verification Form
- Background Checks (GCIC and NCIC)
- PREA Acknowledgment Statements
- Code of Ethics Acknowledgment Statements

The auditor reviewed one personnel file for a contractor and three volunteers. All the reviewed files contained PERA Acknowledgment Statements and Background Checks.

Volunteers are processed through either the Agency headquarters or at one of the GDC Regional Offices. Individuals who want to become a volunteer contact the Chaplain of the facility who sends their information to the State Volunteer Coordinator who then schedules them for the required PREA Training. Once the potential volunteer submits the consent for a background check the State Volunteer Coordinator's staff conducts the background check prior to scheduling the individual for the Volunteer Training conducted at the state office or at a designated regional location. The background check consists of a check of the GCIC.

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. Prior to entering the facility, the "portal" sergeant is required to check the badge to ensure it is current and if the badge has expired the volunteer is not allowed to enter the facility.

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. There have been no allegations of sexual abuse or sexual harassment made against any staff therefore there have been no sanctions for violating any agency sexual abuse or sexual harassment policy.

**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 has a background checks that include Fingerprints. She also indicated these checks are conducted annually on all staff whether they are security officers or not. Staff at the facility are trained and authorized to run the Georgia Crime Information Center and National Crime Information Center background checks right there at the facility using the background check terminal.

## 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; Macon Transitional Center Memo from the Superintendent, 115.218, Upgrades to Facilities and Technologies

**Interviews:** Superintendent; Assistant Superintendent/PREA Compliance Manager

**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 since the last PREA Audit.

The Superintendent acknowledged that the facility has installed two additional cameras, one on the East side and one on the West side of the recreation yard to expand the area monitored by central control room. In addition, six new data ports were installed, three ports in the conference room for intake staff to present PREA material to new arrivals during intake and three new ports in the career center for residents use since the last PREA Audit.

The Superintendent indicated that prior to any modifications to the facility or video cameras/upgrades to video monitoring, that he would be involved in planning and ensuring that sexual safety as well as safety in general is considered in those modifications or placement of cameras. He affirmed, in a memo, that when installing any new equipment, the Superintendent, Assistant Superintendent, Chief of Security, and facility Sexual Assault Response Team will ensure it is used to protect residents from sexual abuse.

## 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 evidentiary 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? (N/A if agency *always* makes a victim advocate from a Rape Crisis Center available to victims.)  Yes  No  NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a Rape Crisis Center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

He also related Special Agents attend a three-day class related to PREA Investigations. Special Agents are dispatched out of their Regional Office and cover a specific area with specific facilities however they may go elsewhere upon direction or assignment by the Special Agent in Charge. There are three regions: North, Southeast and Southwest. In the Southwest a special agent has been essentially designated as a PREA Investigator for that region, although he may be assigned elsewhere

too. The PREA Coordinator indicated that a part of her strategic planning is to have a PREA investigator in each region.

Additionally, the Office of Professional Standards has an OPS Investigator who has not yet attended the Georgia Bureau of Investigations Academy but who has completed the Police Academy and these investigators are housed in a facility but assigned an area to work in. Their primary role is investigating things like gang activity, use of force, contraband and those kinds of issues however they may also conduct a sexual abuse investigation and assist the Special Agent in investigating a sexual abuse allegation.

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

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

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

One (1) staff has completed the NIC Online Specialized Training: "PREA: Investigating Sexual Abuse in Confinement Settings". The facility-based investigator has completed that specialized training. This was confirmed through an interview with him and reviewing his certificate of training from the NIC.

SART members, who have other jobs within the facility, would respond initially to all allegations and again, if criminal, the Superintendent/Designee would contact the Regional Office and request an Office of Professional Standards Special Agent to conduct the investigation. Investigators use a uniform protocol for evidence collection as documented in GDC Policy 103.10, Evidence Handling and Crime Scene Processing.

There were no allegations of either sexual abuse or sexual harassment in the past twelve (12) months and beyond. This was confirmed through reviewing the Monthly PREA Reports to the GDC's PREA



Unit, reviewed SANE's Logs, and interviews with the Superintendent, PREA Compliance Manager, and facility-based investigator. GDC Policy requires that all inmate victims of sexual abuse are offered a forensic exam at no cost to the inmate/resident.

The Sexual Assault Nurse Examiners are contracted with the Georgia Department of Corrections to provide "on-site" forensic examinations. A memo from the Satilla Advocacy Center (headquarters for the SANEs) documented that they follow the National Protocol for Conducting Forensic Exams.

Additionally, they provided a document entitled: "National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Editions, Major Updates" summarizing the major categories of revisions made in the second edition of the National Protocol for Sexual Assault Medical Forensic Examinations. The revised protocol has the same emphasis and values as the original but are updated to reflect current technology and practice. The protocol offers recommendations to help standardize the quality of care for sexual assault victims and is based on the latest scientific evidence.

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

The facility has a SANE Call Roster providing contact information for Sexual Assault Nurse Examiners. Contact information is provided for three SANEs. There are five (5) SANE Nurses documented on the form and one (1) Advocate.

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

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

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



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

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

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

**Interviews:** Commissioner; Assistant Superintendent/PREA Compliance Manager; Sexual Assault Response Team Members; Facility Nurse; Facility Based Investigator, Previous Interviews with two (2) SANEs from Satilla Advocacy; Crisis Line & Safe House of Central Georgia Staff ; Twelve (12) Randomly selected staff; Twenty-two (22) Specialized Staff; Interviews with Nineteen (19) Random Inmates; Interviews with One (1) Targeted Inmate; One (1) Office of Professional Standards Investigators assigned to Macon Transitional Center; One (1) Special Agent/PREA Investigator for the Southwest Region; One (1) Special Agent. (previous interview); One (1) Interview with the Superintendent of Macon TC; (Former Special Agent); Executive Director of the Crisis Line & Safe House of Central Georgia, Inc.; Advocate Crisis Line & Safe House of Central Georgia, Inc..

**Discussion of Policy and Document Review:** GDC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency's expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. GDCs response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. The Department requires that upon receiving a report of a recent incident of sexual abuse, or a strong suspicion that a recent serious assault may have been sexual in nature, a physical exam of the alleged victim is performed, and the Sexual Assault Nurse Examiner's protocol initiated. The Satilla Advocacy Center documented they follow a National Protocol for the Collection of Forensic Evidence and the National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Edition, Major Updates. The GDC Policy, IK-005, Crime Scene Preservation, establishes the agency's policy on evidence collections and protecting the crime scene. Policy requires that one of the first responsibilities at a crime scene is to prevent the destruction or contamination of evidence. Staff are required to initiate security measures to prevent unauthorized persons from entering the crime scene and not to touch anything or disturb anything. Instructions for maintaining the chain of possession of evidence is discussed.

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

The Department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim. The facility has also issued a local operating procedure essentially documenting the facility's coordinated response to an allegation of sexual abuse.

Investigations are initiated when the Sexual Assault Response Team Leader is notified of an actual or allegation of sexual assault/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the Superintendent and Duty Officer and the Superintendent contacts the Regional Office who will assign an Office of Professional Standards (OPS) Investigator (Special Agent) who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived. The OPS investigator may order a forensic exam. If a forensic exam is ordered, the facility's nurse or Superintendent/Designee uses the Sexual Assault Nurse Examiner's List and contacts them to arrange the exam.

GDC Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a Crisis Line & Safe House of Central Georgia to make available a victim advocate to accompany and provide emotional support for inmates being evaluated for the collection of forensic evidence. The facility provided documentation to confirm the facility has a Memorandum of Understanding with the Crisis Line & Safe House of Central Georgia, Inc. for the provision of advocacy services for any inmate victim of sexual abuse. Services include an advocate to accompany the resident victim through the forensic process and any investigatory interviews. The Center also mans a hotline 24/7 enabling anyone to contact them regarding any issues of sexual abuse. Contact information is provided in the inmate handbook. Services were confirmed through an interview with the Executive Director of the Crisis Line & Safe House of Central Georgia and an Advocate on staff at the Rape Crisis Center.

GDC Policy requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS). The facility has a Memorandum of Understanding with the Crisis Line & Safe House of Central Georgia, Inc. who agreed to provide an advocate to accompany an inmate through the forensic process and exam and in any investigative interviews providing emotional support.

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

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

## **Standard 115.222: 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 the policy 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.*

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

Another GDC Policy, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, asserts it is the policy of the GDC that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders against departmental employees, contractors, vendors, or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner.

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

If an allegation appears to be criminal in nature, the SART will notify the Shift Supervisor and Superintendent who will contact the applicable Regional Office. The Regional Office will then appoint or designate an Office of Professional Standards Investigator, a Special Agent, who has extensive investigative training through the Georgia Bureau of Investigation, to conduct the criminal investigation. Special Agents have been empowered to effect an arrest if necessary. They also work with the local District Attorney and recommend criminal charges when the evidence warrants it.

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

The facility-based investigator has completed the specialized investigation training provided by the National Institute of Corrections. In addition to the Facility-Based Investigator, six other staff, including the Superintendent, has completed the NIC On-Line Training, "Investigating Sexual Abuse in a Confinement Setting".

The facility has not had any allegations of either sexual abuse or sexual harassment since 2015. This was confirmed through multiple sources including reviewing the Monthly PREA report to the GDC's PREA Unit, the monthly SANE Medical Report, and interviews with the Superintendent, PREA Compliance Manager, Facility-Based Investigator, Random and Specialized Staff and interviews with 35 residents.

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

The agency's website is replete with information related to PREA. A section entitled: "Department Response to Sexual Assault or Misconduct Allegations" asserts that employees have a duty to report all rumors and allegations of sexual assault and sexual misconduct through the chain of command.

Another paragraph, "Investigations of Sexual Assault and Misconduct" states that the GDC is dedicated to producing quality investigations of alleged sexual assaults and sexual misconduct incidents. A separate section, "How do I Report Sexual Abuse or Sexual Harassment?" affirms the GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. Multiple ways to report are then identified and contact information is provided.

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

**Interviews:** Twelve (12) randomly selected staff and twenty-two (22) special category staff; fifteen (15) informally inmates during the audit; and one (1) targeted inmate.

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

No interviews may be conducted with a staff member nor a statement collected from the accused staff without first consulting the Regional SAC. All allegations with penetration and those with immediate and

clear evidence of physical contact are required to be reported to the Regional SAC and the Department's PREA Coordinator immediately upon receipt of the allegations. If a sexual assault is alleged and cannot be cleared at the local level, the Regional SAC determines the appropriate response upon notification. If the response is to open an official investigation, the Regional SC will dispatch an agent or investigator who has received special training in sexual abuse investigations. Evidence, direct and circumstantial, will be collected and preserved. Evidence includes any electronic monitoring data; interviews with witnesses; prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the criminal investigation pertaining to an employee is over it is turned over to the Office of Professional Standards to conduct any necessary compelled administrative interviews. The credibility of a victim, suspect or witness is to be assessed on an individual basis and not determined by the person's status as offender or staff member. Offenders alleging sexual abuse will not be required to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation of the allegation. After each SART investigation all SART investigations are referred to the OPS for an administrative review.

GDC Standard Operating Procedure, IK01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment, thoroughly describes the expectations for reporting allegations including initial notifications, general guidelines for investigations and investigative reports. This policy asserts that allegations of sexual contact, sexual abuse and sexual harassment filed by sentenced offenders against departmental employees, contractors, vendors or volunteers be reported, fully investigated and otherwise treated in a confidential and serious manner. Staff is 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" (a section or unit of the Office of Professional Standards) will investigate allegations of sexual contact, sexual abuse, and sexual harassment by employees, contractors, volunteers, or vendors. The investigations may include video or audio recorded interviews and written statements from victims, alleged perpetrator and any witnesses as well as all other parties with knowledge of any alleged incident; as well as known documents, photos or physical evidence.

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

The auditor conducted an interview with a Special Agent/PREA Investigator assigned to the Southwest Region. The Special Agent described the training Special Agent's receive and an in-depth description of the criminal investigation process (discussed in 115.71). The auditor also interviewed one Office of Professional Standards (OPS) investigator, assigned to Macon Transitional Center but who investigates for several or more institutions in his area, as well as an interview with an OPS Special Agent who is now the Superintendent at Macon Transitional Center, and lastly an interview with a facility based Sexual Assault Response Team Investigator. The Special Agent stated investigators must complete between 11-13 weeks of training provided by the Georgia Bureau of Investigations.

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

If, upon receiving an allegation or report of sexual abuse, the preliminary evidence indicates, or it is obvious that a criminal act is likely to have occurred, the Superintendent is notified and contacts the Regional Office, where the Special Agent in Charge will dispatch an OPS PREA Investigator or another OPS Investigator who is available. The role of the facility-based investigator then is to support the OPS investigator in any way possible.

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

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

**Discussion of Interviews:** An interview with a Special Agent who also serves as a PREA Investigator for the Southwest Region indicated that he would be assigned by the Special Agent in Charge to conduct the investigation. He described a detailed process for conducting an investigation. Additional interviews were conducted with an OPS investigator assigned to this region and stationed at Macon Transitional Center and with the Superintendent at Macon Transitional Center, who was recently a Special Agent.

Interviews with Twelve (12) Randomly selected staff and Twenty- two (22) Specialized Staff indicated that staff is required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor and when asked about having to document the report they indicated they would be required to complete a written statement, or an incident report completed prior to the end of their shift. Also, when asked, they confirmed they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Most of the staff stated the Sexual Assault Response Team is responsible for conducting sexual abuse investigations. An interview with the SART Leader confirmed they are very knowledgeable of the investigation process and reviewed investigation packages indicated a thorough process.

**Interviews:** Twenty (20) interviewed residents one (1) targeted and fifteen (15) informally interviewed during the site review and during the on-site audit period knew ways to report sexual abuse and sexual harassment. None of the interviewed inmates had reported sexual abuse while at this facility.

## **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 confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  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.*

The wide variety of training offered and required by the Georgia Department of Corrections appears to confirm the agency's commitment to zero tolerance and their commitment to striving to keep inmates safe in their facilities. Training begins with that provided to newly hired employees through training at the facility (Pre-Service Orientation); then for uniformed employees, at Basic Correctional Officers Training conducted at the Georgia State Public Safety Training Center and through annual in-service training. This training is developed to address the needs of different categories of staff therefore some staff attend a full week (Security) while others attend specified numbers of days. Day 1 of annual in-service addresses PREA.

The facility provided several training rosters documenting PREA Training during annual In-Service. A POST certified training officer (regional from Central State Prison, the host facility for Macon Transitional Center) stated that the same curriculum used for Annual In-Service Training covers all the required training topics.

PREA is also reiterated during shift briefings and memos, as well as through numerous posters, continuously keeping zero tolerance and PREA in the forefront of daily activity.

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 staff, and mental health staff. This training was documented through reviewed certificates from the National Institute of Corrections and interviews with staff as well as previous reviews of training rosters. Mental Health Staff and Medical Staff attend training specific to their areas. This often includes response to sexual assault and working with sexual assault victims.

**Policy and Document Review:** Pre-Audit Questionnaire; Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education; Annual In-Service Training Curriculum; (15) Staff PREA Acknowledgment Statements; (1) Certificates Documenting NIC Training: “Communicating Effectively and Professionally with LGBT Offenders”; (5) Certificates Documenting Day 1, Annual In-Service Training; (30) Staff Training Rosters documenting Day 1, Annual In-Service Training; Previous Training Rosters documenting SART Training; Previous Training Rosters documenting PREA Compliance Manager Training

**Interviews:** Superintendent; PREA Compliance Manager; 12 Randomly selected staff, 22 Special Category Staff interviewed during the site review process.

**Observations:** Staff observed interacting with residents in a professional and positive manner.

**Discussion of Policies and Documents:** Georgia Department of Corrections (GDC) 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 receives 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 and interviews with the Statewide PREA Coordinator, Assistant PREA Coordinator, and PREA Compliance Manager.

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. Mental Health Staff attend a variety of trainings during the year. Included in that is working with victims of sexual assault.

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 auditor reviewed a total of 10 PREA Acknowledgment Statements. 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 or more, than 25 years, a fine of \$100,000 or both.

The auditor also reviewed Training Logs documenting Staff completing Day 1, Annual In-Service Training and 1 Certificate documenting staff having completed the NIC On-Line Training, "Communicating Effectively and Professionally with LGBT Offenders".

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

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

The investigator on the SART completed the specialized training for investigators through the National Institute of Corrections. Six additional staff completed that training as well. These included the Superintendent and the PREA Compliance Manager. Additionally, the SART receives training in their roles in response to a sexual assault at least semi-annually. The auditor reviewed multiple certificates confirming the specialized training.

**Discussion of Interviews:** The auditor interviewed twelve (12) randomly selected staff and twenty-two (22) special category staff. The auditor specifically asked each interviewed staff to review the topics related to PREA as documented on the PREA Questions for Random Staff and then to explain the training they received relative to those topics. 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, through shift briefings, through training and conversation with the PREA Compliance Manager. Newly hired staff gets trained at the facility prior to going to Basic Correctional Officers Training at the academy where they receive PREA Training again. The reviewed curriculum for the annual in-service training covered the required topics. Staff were knowledgeable of all the topics required by the PREA Standards and enumerated in the Staff Questionnaires and acknowledged their in-service training covered all the topics and responded confidently and appropriately to all the questions asked them.

## **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.*

GDC Volunteers often provide their services in more than one prison or Georgia Department of Corrections (GDC) facilities and programs. Entrance into the facilities is granted with a valid and current Volunteer Identification Badge. Because of that issue and to achieve more consistency in training, rather than have each facility trains them, training for volunteers is now provided by the state office to ensure consistency in training. If prison has a large number of prospective volunteers the state office may opt to conduct the training at a centralized location rather than require the volunteers to come to Forsyth, Georgia for the training. This unit also conducts the background checks of anyone interested in becoming a volunteer.

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

- Zero Tolerance

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

Contract staff are required to attend the same Annual In-Service Training that all staff attends. Contract staff stated, in their interviews that they attend Day 1 Annual In-Service Training. The auditor reviewed 2 Volunteer Files and all of them contained PREA Acknowledgment Statements confirming Volunteer Training.

Policy and Documents Reviewed: GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training; Reviewed Power Point for Training; (8) PREA Acknowledgement Statements; Interviews: Superintendent; PREA Compliance Manager; Contracted Employees, State Director of Chaplaincy Services; Statewide Volunteer Coordinator; Facility Chaplain

**Observations:** There were volunteer activities during the on-site audit period.

**Discussion of Policies and Documents that were reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Volunteer and Contractor Training, requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the Department's PREA policies and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors are required to be notified of the Department's zero-tolerance policy and informed how to report such incidents. Participation must be documented and indicates understanding the training they received. Training for volunteers is provided at the state office now. Contractors receive training at the facility and attend departmental annual in-service training like all other employees. Everything, according to the Facility-Based staff, is done at the state office and occasionally at a specified location. Upon a successful background check and completed training requirements, the facility Volunteer Badge. The agency volunteers often volunteer in multiple prisons and that is the reason for the state office training. Too it provides consistency in the training provided. Once the facility issues a "Badge" the volunteer or contractor is authorized to enter a facility. The badge is required to be renewed annually. Badges have expiration dates and must be checked by the portal sergeant checking visitors and staff into the facility.

A memo from the GDC Transitional Services Coordinator explained to Superintendents that volunteers who participate in the volunteer training at the state office receive initial PREA training and have a background check completed. In the training, the Coordinator, asserted volunteer training includes: 1) zero-tolerance for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual and sexual harassment prevention, detection, reporting and response policies and procedures; 3) The dynamics of sexual abuse and sexual harassment and common reactions of sexual abuse and sexual harassment victims; 4) Detecting and respond to signs of sexual abuse; and 5) How to avoid inappropriate relationships with inmates.

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

The auditor reviewed a total of 8 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 report. They acknowledge the potential disciplinary actions and/or consequences for violating policy.

Volunteers complete an orientation that includes the following:

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

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

The Volunteer Coordinator at this facility is the Chaplain from Central State Prison. The PREA Compliance Manager described the process for becoming a volunteer. Interested potential volunteers contact the Chaplain who enters their name into a database and when a training date is available, the potential Volunteer is notified. Potential Volunteers then attend training at the GDC Headquarters in Forsyth, Georgia. He indicated the training includes the following:

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

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

The only contracted staff at Transitional Center is the GED Teacher and transportation providers. An interviewed confirmed that contractors attend the same annual in-service training as Georgia Department of Corrections Employees.

An interviewed volunteer indicated that he was required to attend training to become a volunteer and that training was conducted at the GDC State Office and was conducted by the Statewide Volunteer Staff, he said the training included a discussion of zero tolerance, boundaries, and no "personal dealings" with offenders, and how to report. The interviewed volunteer affirmed that a background check was completed. Volunteers are provided identification badges.



## 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

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**Policy and Documents Reviewed:** Pre-Audit Questionnaire; 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 (20) Intake Zero Tolerance/PREA Pamphlet Acknowledgment Forms; Forty (40) PREA Acknowledgment Statements; Twenty-two (22) Resident Orientation Checklist

**Interviews:** Staff conducting intake; staff conducting orientation (inmate education); PREA Compliance Manager; General Population Counselors; Fifteen (15) Randomly Selected Residents from every housing unit; One (1) Targeted Residents

**Discussion of Policy and Documents: Reviewed:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 3, Offender Education, requires notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation upon admission to the facility. In addition to verbal information, policy requires the inmate to be given a GDC PREA pamphlet. Within 15 days of arrival, the policy requires inmates receive PREA education. The education must be conducted by assigned staff members to all inmates and includes the gender appropriate "Speaking Up" video on sexual abuse. The initial notification and the education are documented in writing by signature of the inmate and placed in offender's institutional file.

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) How an investigation begins and the general steps of an investigation; 7) Monitoring, discipline, and prosecution of sexual perpetrators; 8) The prohibition against retaliation; 9) 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 the Acknowledgment of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment) Form. The form entitled, Macon Transitional Center Zero Tolerance Policy/PREA Pamphlet Acknowledgment, documents inmates having been advised of the Zero Tolerance Policy on sexual abuse and sexual harassment as well as having received a PREA Pamphlet covering the Zero Tolerance Policy upon arrival at Macon Transitional Center. The auditor reviewed 40 acknowledgement statements verifying the inmates received the information during admission to the facility.

The resident signs the PREA Acknowledgment and initials the Orientation Checklist affirming having viewed the PREA Video, that they understood it and that they had the opportunity to ask questions. By signing the Video Acknowledgment, inmates affirm that they have been given the orientation education regarding sexual assault and PREA. The auditor reviewed 30 Orientation Checklists.

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

A counselor indicated that upon admission, she talks with them one on one and provides the resident with a PREA Brochure and resident handbook and explains zero tolerance, and how to report.

On the Monday following the resident's arrival (either on Tuesday or Thursday) the counselor indicated she then provides the residents an Orientation in which she "goes through everything" and shows the residents the PREA Video, after which, she stated, she asks if the residents have any questions.

The auditor sampled, at random 1-2 files from each letter of the alphabet (however there were no inmates whose names began "X" or "Z" to determine if when the initial PREA Information was documented, when the Orientation was conducted. The results were as follows:

- 29 of 30 reviewed files documented PREA Information given at Intake acknowledge by statements signed by the resident.
- 13 of the 13 reviewed files documented Resident Education having been completed within 1-3 days following admission.

Interviews with residents, both formally and informally during the site review confirmed residents are provided information at intake, including the zero-tolerance policy and ways to report sexual abuse and sexual harassment and that later they received an orientation that include watching the PREA Video.

**Discussion of Interviews:** An interview with the counselor who conducts orientation and who provides residents PREA information during the admissions process indicated that residents arrive on Tuesday and Thursday, each week and are given a PREA Brochure, a given a handbook and told that there is a zero tolerance for sexual abuse or sexual harassment in this facility and then she indicated she explains to them ways to report. Orientation reportedly occurs on Mondays for admissions on Tuesday and Thursday.

Residents, both randomly selected and those interviewed informally by the auditor indicated residents are receiving the PREA information as required and that this includes information provided at intake and during orientation on the Monday following admission. Interviewed residents stated they have received PREA information and watched the PREA Video in every Georgia Department of Corrections Facility they have ever been in. Residents told this auditor that residents who are in this facility are glad to be here out of prison and given the change to reintegrate back into the community, have a job and earn money.

## **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 receive 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

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

#### Instructions for Overall Compliance Determination Narrative

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

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

If an allegation appears to be criminal in nature, the Superintendent contacts the Regional Office to request that a Special Agent conduct the investigation. The Special Agent in Charge assigns an investigator and that agent is usually one assigned to a given geographical region (North, Southwest, and Southeast). It is possible that an Office of Professional Services Investigator, facility based but serving designated facilities, may also be brought in to conduct the initial investigation and/or to assist in the investigation.

Office of Professional Services Investigators must have completed the Police Academy (about 11 weeks of training, primarily basic law enforcement) and may be awaiting space at the Georgia Bureau of Investigations Academy. He/she has arrest powers but has not completed the academy (11-13 weeks). Special Agents attend both the Police Academy and the Georgia Bureau of Investigations Academy where they receive extensive training in conducting investigations, including crime scene protection, evidence collection, interviewing victims, aggressors and witnesses, use of Miranda and Garrity Warnings, and other areas. Special Agents, according to an interview, indicated they also attended the Georgia Department of Corrections two-day specialized Investigations Training in 2018.

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

The facility-based investigator understood the investigative process. He indicated he had completed the online training "PREA: Investigating Sexual Abuse in a Confinement Setting". He described the investigation process and indicated if an allegation appeared criminal the Superintendent would refer the case to the Regional Office to get a Special Agent assigned to conduct the investigation.

Too, the agency has implemented a computer-based system in which the facility-based investigator inputs the components of the investigation for review by the Agency's PREA Coordinator and/or Assistant PREA Coordinator. If they believe additional information is needed, they inform the facility-based investigator and will not authorize the close-out of the investigation until the PREA Unit approves the investigation. Interviews with the Facility-Based Investigator, PREA Compliance Manager (also trained to conduct investigations in confinement settings), Agency PREA Coordinator and a Special Agent (previous interview) confirmed the investigative process and the fact that the investigators have all completed specialized training in conducting sexual abuse investigations in confinement settings. Facility-Based Investigators also must complete the PREA Training required of all other employees and this includes attending annual in-service training. This training is documented on three training rosters and 21 Certificates documenting staff completing annual in-service Day1 training.

**Policy and Documents Reviewed:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations; A Certificate documenting specialized training provided by the National Institute of Corrections: Investigating Sexual Abuse in Confinement Settings; Previously Reviewed Training Rosters for SART Training; Memo from the Agency PREA Coordinator Re: OPS Investigation Training

**Interviews:** Superintendent; Special Agent designated as the PREA Investigator in the Southwest Region; Previous interview with Agency PREA Coordinator; Previous Interview with the Agency Assistant PREA Coordinator; PREA Compliance Manager; Office of Professional Standards Investigator-Facility-Based, Special Agent (previous interview and the Deputy Warden who was a special agent); Facility-Based Investigator; SART Members.

**Discussion of Policies and Documents:** GDC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5.

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

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

The facility-based investigator, the Chief of Security, has completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. This was confirmed by reviewing the Certificate documenting the specialized training and through interviews with the investigators.

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



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

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

The facility-based investigator confirmed receiving the NIC training and SART Training. The facility-based investigator was knowledgeable of the investigation process and correctly responded to the questions from the PRC Questionnaire for Investigators. He indicated the investigation would be initiated immediately. He described evidence he would consider, that he would not require a victim to take a truth telling device as a condition for proceeding with an investigation, that the departure of an employee or a detainee would not stop the investigation and that he would judge the credibility of a witness based solely on the evidence. He asserted the preponderance of the evidence is the standard he uses to substantiate an allegation of sexual abuse and sexual harassment. He stated he would, among other things, review any video that may shed light on the investigation.

## **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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 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 does not employ medical staff or the medical staff employed by the agency 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  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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GDC requires that all full and part time medical and mental health care staff are trained in how to detect and assess the signs and symptoms and dynamics of sexual abuse and sexual harassment; their role in preserving and how to preserve any physical evidence of sexual abuse; how to respond effectively and efficiently to victims of sexual abuse and sexual harassment; and the reporting process, including who to report to and how they are required to report. Certificates documenting completing the NIC On-Line Training, "Medical Care for Victims of Sexual Abuse in a Confinement Setting". Additionally, medical and mental health care staff is required to attend the same training required for all staff, including annual in-service training.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, Georgia 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 a Confinement Setting  
Interviews: PREA Compliance Manager; Facility Nurse

**Observations:** None applicable, currently, to this standard.

**Discussions of Policy and Documents:** The Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Georgia Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Training and Education, Paragraph 6, Specialized Training: Medical and Mental Health Care, requires the GDC medical and mental health staff and Contracted Medical and Mental Health staff are trained using the NIC Specialized Training PREA Medical and Mental Health 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 nurse indicated she has completed the NIC On-Line training for health care providers. Too, she related nurses and health care staff get additional specialized training especially in the nursing protocols.

Medical staff at this facility do not conduct forensic examinations. The agency has a contract 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. If a resident was seriously injured requiring treatment at a hospital the resident would be transported to a local Hospital Emergency Room for treatment. The hospital or the contracted SANE may conduct the forensic exam.

**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.

## **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

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**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 Reassessments (35);

**Interviews:** PREA Compliance Manager; Superintendent; A staff representing classification; Staff Conducting Victim/Aggressor Assessments; Interviews with Thirty-Five (35) residents, including nineteen (19) randomly selected and one (1) targeted resident.

**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.

Policy now requires that this instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 24 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 question #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 is required to encourage residents to respond to the questions to better protect them, but staff is 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.

Interviews with staff indicated the victim/aggressor assessments are conducted in the intake area and inmates are taken to the side and answer the PREA Questions. Some of the interviewed inmates stated the counselor sometimes gives the inmate the questions and tells them to answer them and give them back to that same counselor.

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.

Reassessments were not consistently compliant with the GDC Policy requiring a reassessment within 30 days. Sixteen (16) out of Thirty-five (35) reviewed Victim/Aggressor Histories did not document



reassessments were done within 30 days of intake. Auditor emphasized the need for timely completion of all reassessments.

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. Residents in this facility are housed in bedrooms and living units closest to the control rooms. The Transitional Center is required to 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.

**Discussion of Interviews:** Interviews with a counselor who conducts the risk screening indicated that she conducts the assessment either the same day the resident arrives and not later than the next day. When asked to describe the things she considers in conducting the assessment she indicated she is looking at 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, she 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. Though most



reassessments were completed timely auditor stressed the importance of all reassessments being completed within the 30 day timeframe.

## 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  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; DOC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, Paragraph 2. Use of Screening Information; Staffing Plan; Victim/Aggressor Assessments (35) Reassessments (35)

**Interviews:** Counselor Conducting Victim/Aggressor Assessments; PREA Compliance Manager/ Assistant Superintendent; Superintendent, Classification Staff, Intake Staff; ID Staff.

**Discussion of Policies and Documents:** GDC Policy 208.6, D. Screening for Risk of Victimization and Abusiveness, D. Screening for Risk of Sexual Victimization and Sexual Abusiveness, requires that the information from the assessment be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Facilities are required by policy to make individualized determinations about how to ensure the safety of each inmate. Paragraph 6, asserts that in deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments, the Department will consider on a case-by-case basis whether the placement would present management of security problems and in Paragraph 7, Policy requires placement and programming assignments for reach transgender and intersex offender shall be reassessed no less than every six months to review any threats to sexual safety of the offender. Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior are required to be offered a follow-up meeting with medical or mental health counseling within 14 days of the screening.

Policy also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no Offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available means of separation from likely abusers. This placement, including the concern for the offender's safety must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged. The offender shall be assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days.

Every 30 days, the facility shall afford each offender a review to determine whether there is a continuing need for separation from the general population.

If an offender is placed in segregated housing have restricted access to programs, privileges, education, or work opportunities, the facility is required to document the opportunities limited, the duration of the limitation, and the reasons for the limitations.

Residents are housed in general population and housing assignments are made on a case by case basis, determined by the outcome of the victim/aggressor assessment and other factors. The Superintendent issued a Memo asserting that the Macon Transitional Center will be the safe housing for any residents requiring safe housing.

The classification committee assigns offenders to programming and details, some of which are mandatory for specific offenders. Information is reportedly reviewed to make those decisions. Because these residents are transitioning back into the community, they are required to obtain employment in the community.

## **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 this agency and facility provides for inmates to report allegations of sexual abuse and sexual harassment. The agency and the Macon Transitional Center provide multiple ways for inmates to report both internally and externally. These include multiple ways to internally and privately report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violations that may have contributed to the incident.

Additionally, the agency provides a way for inmates to report to a public or private entity that is not a part of the agency. The Crisis Line & Safe House of Central Georgia, Inc., in Macon, Georgia entered into a memorandum of understanding with Macon Transitional Center enabling inmates to report allegations of sexual abuse to them via their 24/7 hotline or to talk with an advocate. Contact information for the center is provided to inmates in the inmate handbook. This provides inmates the hotline number as well as the mailing address. Information regarding the Crisis Line & Safe House of Central Georgia was observed posted throughout the center. An interview with the Executive Director of the Crisis Line & Safe House of Central Georgia confirmed the MOU and the Rape Crisis Center's ability and willingness to provide the hotline for the residents and an advocate to accompany the resident victim of sexual abuse during the forensic exam and any investigatory interviews if requested by the resident.

This facility holds medium/minimum residents who were sentenced to serve prison terms of varying lengths and who now meet the criteria for placement are placed in the transitional center. This phase begins preparation for reintegration into society. Residents in the center must be able to work. The facility does not house any residents who are being detained solely for civil immigration purposes. Residents of the Transitional Center have access to the community through work sites and passes.

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

Interviewed staff indicated they would be disciplined for failing to report and that would most likely be termination. Staff may report allegations of sexual abuse and sexual harassment in the same ways the inmates may make.

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

Residents at this facility have access to reporting via cell phones which they are authorized to have. They can call anyone using their cell phone or another resident's cell phone.

They also have access to phones enabling them to report to the Georgia Department of Corrections PREA Unit. These calls may be made anonymously, as well because a resident's Personal Identifying Number (PIN). A report from the PREA Unit Analyst confirmed there were no calls from Macon Transitional Center to the PREA Unit via the PREA Hotline in the past 12 months. During the site review the auditor requested the Assistant Statewide PREA Coordinator place a call using the PREA Hotline from a phone in the common area. In the testing process, the individual testing the phone, requests the PREA Unit Analyst email the auditor when he receives the call. The Analyst confirmed the phones worked by sending an email to the auditor.

Staff is trained to treat all allegations as confidential. Typically, only SART, GDC PREA Coordinator, and GDC Internal Investigations (Office of Professional Standards) will be informed.

To report outside the facility inmates can call the PREA Hotline; write the Ombudsman (phone number provided); write the State Board of Pardons and Parole Victim Services (contact information provided); call the GDC Tip Line (and remain anonymous); write or call the GDC PREA Coordinator. Within the facility they can report to a staff member, write a note, send a request, tell medical, file a grievance, tell a family member by phone, letter or during visitation or report while on detail and report to their attorney's either via phone, in person or via letter. Staff failing to report will be held accountable and sanctioned through dismissal. Allegations must result in staff filing an incident report.

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

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, E. Reporting, 1. Inmate Reporting; The GDC policy (208.06, 2. Offender Grievances); Standard Operating Procedure 227.02, Statewide Grievance Procedures; brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), Reporting is the First Step; PREA related posters; "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it"; GDC Policy IIA23-0001, Consular Notification; Report from the PREA Analyst documenting there were (0) calls to the PREA Hotline in the past 12 months; Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders

Interviews: Thirty- Five (35) Inmates, both randomly selected and special category; Twelve (12) randomly selected staff; Twenty-two (22) specialized staff; Superintendent; Assistant Superintendent/PREA Compliance Manager.

**Observations:** Phones with dialing instructions; Multiple PREA Related Posters in Dorms and throughout the Facility; Testing Processes: Testing One (1) PREA Phones; Observations of PREA Posters all over the facility and accessible to staff, inmates, volunteers and visitors

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



Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. If, however a grievance is received and determined to be PREA related, the grievance is immediately turned over to the SART and an investigation begins.

Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Interviews with staff, both random and specialized confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.

The GDC Grievance Policy has designated allegations of sexual assault or sexual harassment as not grievable however the policy requires that in the event a resident files a grievance alleging sexual abuse or sexual harassment it is immediately turned over to the SART to begin an investigation into the allegation.

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

GDC Policy IIA23-0001, Consular Notification affirms it is the policy of GDC that the Consulate General of an inmate's native country to 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 is informed of such notification. Foreign National inmates are allowed visitation with representatives from the Consulate General of his/her native country. The visit must be scheduled at least 24 hours in advance unless the Superintendent approves a shorter time period.

Residents may call anyone on their approved list. They may also call their attorney's if they have one. Inmates have the opportunity to report through visits with family, calling family, or writing families. Inmates have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, write the Ombudsman, write the State Board of Pardons and Parole, Victim Services, report to the Agency's PREA Coordinator, to staff, friends, family and inmates, report via the grievance process, the GDC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff.

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

**Discussion of Interviews:** Formal interviews with thirty-five (35) inmates and informal interviews with inmates confirmed that they understand and are aware of how to report sexual assault/abuse or sexual harassment. They indicated they would report using the hotline or Jaypay email to the PREA Unit. Staff



related multiple ways inmates could report and stated they would take every allegation seriously regardless of the source of the allegation. When asked if they would take an anonymous report and report it; 100% said they would and that they would document it in writing after verbally reporting it. They also indicated they would take a third-party report, report it verbally, and follow-up with a written statement prior to the end of the shift.

## Standard 115.252: 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

#### 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.*

GDC Policy asserts that allegations of sexual abuse are not grievable.

**Policy and Documents Reviewed:** Policy and Documents Reviewed: The Macon Transitional Center Pre-Audit Questionnaire; Revised GDC PREA SOP, 208.06

**Interviews:** Grievance Officer; Randomly selected staff; Randomly selected residents; PREA Compliance Manager, Previous Interview with the Agency PREA Coordinator; Thirty-five (35) Residents, one (1) of whom was Targeted; Randomly selected staff twelve (12) and twenty-two (22) Special category staff.

**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 issues that are grievable. These should be reported in accordance with methods outlined in the policy. Prior to the change in the policy, with an effective date of March 2, 2018, inmates did file grievances and those reviewed by the auditor were responded to by immediately turning them over to the Sexual Assault Response Team for investigation. The policy changed effective March 2018 when this revision was included.

**Discussion of Interviews:** Interviews confirmed that sexual abuse allegations are not handled through the normal grievance process.

### 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.*

In addition to residents being able to contact the Ombudsman's Office and the State Board of Pardons and Parole, Victim Services Unit, residents have access to the Crisis Line & Safe House of Central Georgia, Inc. via phone and the mail. The Transitional Center has a MOU with the Crisis Line & Safe House of Central Georgia, Inc. The auditor reviewed the MOU and confirmed the services in an interview with the Executive Director and an Advocate at the center. Contact information for these outside services, including those for emotional support, is provided to the residents. Contact information

for the Rape Crisis Center, including the hotline number and the mailing address are posted throughout the facility.

**Policy and Documents Reviewed:** GDC Policy 208.6, PREA, Pre-Audit Questionnaire; GDC Policy IIA234-0001, Consular Notification; MOU with the Crisis Line & Safe House of Central Georgia, Inc.; PREA Related Posters; Facility Staff Advocate Certificate of Training

**Interviews:** Superintendent; PREA Compliance Manager, PREA Coordinator; Thirty-five (35) Residents; Director of the Crisis Line & Safe House of Central Georgia, Inc.; An Advocate from the Crisis Line & Safe House of Central Georgia, Inc.

**Discussion of Policies and Documents Review:** GDC Procedures require the facility attempt to enter into an agreement with a Crisis Line & Safe House of Central Georgia 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.

The facility has a Memorandum of Understanding with the Crisis Line & Safe House of Central Georgia, Inc., in Macon, Georgia, and is the agency providing outside advocacy services to the facility. The contact information, including a telephone number and mailing address, is posted throughout the facility. 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 is informed of such notification. Foreign National residents are allowed visitation with representatives from the Consulate General of his/her native country.

**Discussion of Interviews:** The auditor interviewed the Executive Director of the Crisis Line & Safe House of Central Georgia, Inc. who confirmed the MOU with the Transitional Center. She also confirmed that the Crisis Line & Safe House of Central Georgia has advocates who can respond to provide emotional support services to resident victims of sexual abuse. She also asserted that residents may use the hotline to report sexual abuse or to talk with an advocate. She affirmed that an advocate from her center would meet with a resident victim at the hospital or facility to provide emotional support during the forensic examination and any investigatory interviews.

An interview with an advocate from the center also confirmed the role of the advocate in responding to a victim of sexual abuse. The Sexual Assault Nurse Examiner, contracted with the Georgia Department of Corrections, indicated that she also tries to bring a male sexual assault nurse with her to the male facilities to serve as an advocate for the victim. The facility also has staff members who has completed the online advocate training and will respond, if requested by the resident victim of sexual abuse.

## **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.*

GDC Policy requires and interviews with staff confirmed that they would accept a report from a third party, report it verbally to their immediate supervisor, and follow-up with a written statement or report as soon as possible but prior to the end of the shift. The agency's website provides ways for viewers to submit third party reports.

**Policy and Documents Reviewed:** The Macon Transitional Center Pre-Audit Questionnaire; Georgia Department of Corrections Policy, 208.6, PREA; 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:** Nineteen (19) Residents, One (1) of whom was targeted; Twelve (12) Randomly Selected Staff; Twenty-two (22) Special Category Staff, Fifteen (15) Informally Interviewed Residents; PREA Compliance Manager; Superintendent; previous interviews with the agency PREA Coordinator and Assistant PREA Compliance Manager.

**Observations:** Review of the Agency's Website

**Discussion of Policy and Documents:** Georgia Department of Corrections Policy, 208.6, PREA; The Macon Transitional Center Pre-Audit Questionnaire; 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



**Discussion of Policy and Documents:** The Georgia Department of Corrections and Macon Transitional Center provides multiple ways for residents to access third parties who may make reports on behalf of an inmate. GDC provides contact information enabling residents to access the Ombudsman's Office and Office of Victim Services, and the Crisis Line & Safe House of Central Georgia, Inc.

Third Party reports may be made to the Ombudsman's Office, to the GDC TIP Line and to the agency's PREA Coordinator. Information is provided to inmates that allow them to call or write the Ombudsman's Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation. The brochure entitled, "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It" provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate's pin is not required to place a call using the "hotline". Tested phones were operational and the PREA Unit confirmed receiving the calls.

Dialing instructions are posted at the phone.

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

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

There were no allegations of sexual abuse or sexual harassment in the past 12 months.

**Discussion of Interviews:** Interviewed staff named multiple ways offenders can report sexual abuse and sexual harassment, including anonymous and third -party reports. Third Parties include other residents, family members, attorneys, or the GDC Ombudsman. Staff stated they would be expected to complete a written report, following a verbal report, prior to the end of the shift.

Offenders at this facility have access to cell phones and phones in the living units and potentially phones on the job to call home or to their attorney's if they have one, Residents have access to the community through earned passes, work, details, the mail, by phone and through visitors. Residents, when asked if a family member or someone outside the facility could make a report for them, they indicated they could. Others, including family members, friends and other residents, may make a report for a resident. Residents at the transitional center have access to the community to which facilitates third-party reporting.

**Discussion of Interviews:** Staff was asked to name the ways residents could report allegations of sexual abuse. They consistently stated the residents could report to a staff; call the PREA hotline, report verbally and in writing. When asked if an inmate report could be made by a third-party 100% of the interviewed staff randomly selected staff related another resident or family member could report for another resident. Staff stated they would accept a third-party report and any report made through any source. When asked if they would have to document a third - report, they said they would have to verbally report it. When asked if they would be required to put the report they received in writing, they



said they would do a witness statement or an incident report. Asked if there was a time frame for completing the reports the staff said they would do it before the end of the shift. Residents, who were interviewed, most often said they would report either to a staff or they could call the PREA Hotline however 100% of them also stated a family member 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

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

The Georgia Department of Corrections mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions. Medical staff is required to report all allegations of sexual abuse that comes to their attention. Staff is trained and policy requires that any information obtained is limited to a need-to-know basis for staff and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments.

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

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

All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be reported to the facility's designated investigators. All allegations are required to be reported to the staff's immediate supervisor who then notifies the Sexual Assault Response Team. The Superintendent/designee then will notify the GDC Statewide PREA Coordinator and the Regional Office who will provide and assign a GDC Office of Professional Standards Investigations Unit Investigator/ Special Agent, with arrest powers and extensive training in conducting investigations.

The Superintendent is responsible for ensuring the notifications are made as soon as possible.

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

The Department appears serious about Zero Tolerance, having a culture of zero tolerance and preventing sexual assault and sexual harassment and retaliation. This is reflected in the structure of the Department where the PREA Coordinator, reports to the Director of Compliance, who reports to the Director of the Office of Professional Standards yet allows the PREA Coordinator direct access to the Commissioner should she need it regarding any PREA related issue. The agency has an ADA Coordinator who serves actively as a resource person for securing interpretive services for limited English proficient inmates/detainees and for disabled detainees/inmates who may be hearing or visually impaired to enable them to make reports of sexual abuse or sexual harassment and to participate fully in the agency's prevention, detection, responding and reporting program.

The training component for PREA also engages all staff, with all staff receiving Pre-Service Orientation as a newly hired staff. Correctional staff receives PREA training at Basic Correctional Officer's Training while attending the Peace Officers Standards BCOT Academy. All employees and contractors are required to attend Day 1, Annual In-Service Training that includes a block on PREA and includes all the topics required by the PREA Standards. Staff is trained to report all allegations regardless of how those allegations came to light and to report them immediately to a designated shift supervisor. They may also report to any member of the Sexual Assault Response Team. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed prior to the end of the shift (or leaving the shift). Policy requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the detainee to the Supervisor's Office.

Medical and mental health providers are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform inmates at the initiation of services of the limits of confidentiality and their duty to report. This was confirmed through interviewing medical staff and counseling staff. The facility's mental health counselor is a GDC employee (Central State Prison) and is required to report all allegations of sexual abuse, sexual harassment or retaliation. While interviewing the GDC Commissioner, the Commissioner showed the auditor how he is notified via message on his phone anytime a sexual abuse occurs.

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

**Interviews:** Commissioner; Superintendent; PREA Coordinator (previous interview); Assistant PREA Coordinator (previous interview) PREA Compliance Manager; SART Leader; Special Agent/PREA Investigator for the Southwest Region; Facility Based Investigator; Office of Professional Standards Investigator; Superintendent, Former Special Agent; Twelve (12) Randomly selected staff; Twenty-two (22) 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 house youthful offenders; however, policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency. Multiple examples of staff acknowledgement statements were provided.

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

**Discussion of Interviews:** Staff indicated in their interviews that they will report all knowledge or information they have regarding an incident of sexual abuse or sexual harassment. Randomly selected staff, both security and non-security staff affirmed that they must report "everything". When pressed about "everything" they consistently said they would report anything they knew, saw, or heard of. When asked about something they just suspected, they said they would have to report that as well. When asked if they would take an "anonymous" report and report it, they said they did not know how that would help but they would report it. Asked about another resident or family member reporting for another, they said they would take that seriously and report it too. They also affirmed they would be required to write a statement following an immediate report to their shift supervisor/Officer in Charge.

When asked about a time frame for completing a written report they said within 24 hours was policy they thought but they could not leave the shift until the statement was written. Non-Uniform staff was as articulate as the security staff about reporting. Everyone indicated they too would report all information, knowledge, or suspicion regarding sexual abuse. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well. When asked about any sanctions for failing to report, staff said they would be disciplined and most likely terminated from employment.

## 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

*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.*

Reviewed incident reports, grievances, Monthly PREA reports, Calls to the PREA Hotline in the past 12 Months Report; as well as interviews with the Superintendent, Assistant Superintendent, randomly selected staff, specialized staff, randomly selected residents, and targeted residents indicated the facility has not had any residents at risk of imminent sexual assault/abuse. There have been no allegations of sexual abuse or sexual harassment in the past 12 months and beyond. This was confirmed through reviewed monthly PREA reports and interviews with the Superintendent, Assistant Superintendent, random and specialized staff, as well as random and targeted residents.

Interviewed staff indicated that if a resident told them they were in fear of another resident or staff or at risk of imminent sexual abuse, they would take that report seriously and remove the resident immediately from the threat or potential threat. They also, indicated, when asked, where they thought the resident would be housed to keep them safe, that the resident could be placed in another dorm possibly but most likely placed in a holding cell and transferred for his safety.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire, 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; Smooth Transitional Center; Monthly PREA Reports; Calls to the PREA Hotline in the past 12 months report; Incident Reports, Grievances

**Interviews:** Superintendent; Grievance Officer; Due Process Officer; PREA Compliance Manager/Assistant Superintendent; Twelve (12) Randomly selected staff; Twenty-two (22) Special

Category Staff; Twenty (20); randomly selected and targeted; Fifteen (15) residents informally interviewed.

**Discussion of Policy and Documents:** GDC Policy 208.06, Prison Rape Elimination Act- PREA, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph 2., Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is to be entered SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART are responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report.

Once a determination has been made that there is sufficient evidence of sexual assault, staff ensures 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 updates the victim's offender file with incident information.

The Pre-Audit Questionnaire documented there has been no incidents in which a resident was subject to a substantial risk of imminent sexual abuse during the past twelve months or more. In the event there was an inmate requiring protection staff indicated the resident would be moved to another living unit, if practical or transferred to another transitional center.

The facility does not have segregation per se. They have one holding cell that could be used for Protective Custody. The Superintendent also indicated there have been no occasions in which a resident was placed in the holding cell as the result of an allegation of sexual abuse or for protection as a result of sexual abuse or sexual harassment during the past 12 months.

**Discussion of Interviews:** Interviews with the Superintendent, Assistant Superintendent PREA Compliance Manager, random and special category staff, and residents confirmed there were no residents at risk of imminent sexual abuse in the past 12 months. All of the interviewed staff stated they would take the resident's allegation seriously and they would act immediately by removing the resident from the source of the threat and keep that resident with them and take them to the Officer in Charge or Shift Supervisor but at any rate would keep that resident safe and with them if necessary until a decision could be made about where best to house the resident safely.



## 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

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**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities; Pre-Audit Questionnaire;

**Interviews:** Superintendent; PREA Compliance Manager, Investigator

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

required to provide notification to the Superintendent of the identified institution and the Department's PREA Coordinator.

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

The Pre-Audit Questionnaire and interviews with the Superintendent, PREA Compliance Manager, and investigator confirmed there were no allegations received from other facilities that an inmate was sexual abused or sexually harassed while at the Macon Transitional Center nor did the facility receive any allegations from another facility that a detainee was sexual abused while at the Macon Transitional Center.

**Discussion of Interviews:** Interviews with the PREA Compliance Manager and Superintendent confirmed they have not had all allegations made by a resident that they were abused while at another facility nor have they received any reports that a former resident reported at another facility that they were abused while at Macon Transitional Center. Although there have been no incidents of this nature in the past 12 months or more, the Superintendent and PREA Compliance Managers are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility and making that report as soon as possible and not later than 72 hours. They also indicated if they received an allegation from another facility that an inmate, while assigned to this facility, was sexually abused at this prison, 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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The Pre-Audit Questionnaire documented and reviewed documentation (monthly PREA Reports to the PREA Unit, Report of Calls to PREA Hotline in the Past 12 months) and interviews with staff and residents indicated there have been no occasions or incidents in which a resident was allegedly sexually abused at the facility.

Staff has been trained in responding to an allegation of sexual abuse or sexual harassment. That training included responding staff responsibilities as first responders. Both security and non-security staff are trained in first responding. The reviewed PREA Local Procedure Directive for Reporting and Coordinated Response Plan provides 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 Macon Transitional Center staff would, if they had an allegation, utilize the Sexual Assault Response Plan to guide their actions, including notifications. The plan begins with the Shift Supervisor receiving the report, and the actions he/she take in notifying the Superintendent and Duty Officer as well as contacting the Sexual Assault Team, including the mental health counselor. The shift supervisor's responsibilities also address first responding, escorting the victim to medical and perpetrator to a holding cell (and actions to take with regard to the alleged perpetrator, ensuring he does not act to contaminate any evidence), the role of medical and then of the Sexual Assault Response Team, once on the scene.

The GDC Sexual Abuse Response Checklist provides step by step instructions and actions for staff to take in response to an allegation of sexual abuse. The checklist covers responding, ensuring the safety of the alleged victim, placing the alleged perpetrator in administrative segregation pending

investigation, notifying SART, Taking Photos, Downloading Video, Ensuring Crime Scene has been protected, notifying the appointing authority or GDC Communications Center, Field Operations Manager, OPS investigations, and the Statewide PREA Coordinator, documenting the allegations and response, arranging for mental health evaluation, ensuring the alleged victim is placed in safe housing and Facility Management's responsibility for reviewing the incident,

Staff are trained to take immediate action including separating the alleged victim and perpetrator and keeping the alleged victim safe, notifying the shift supervisor, asking the alleged victim not to change clothing, eat, drink, brush their teeth, urinate or defecate or take any actions that might contaminate or destroy evidence, instruct the alleged perpetrator not to do any of those things either, and follow-up with a written statement.

Policy and Documents Review: Georgia DOC Policy, 208.6; local protocol, "PREA Reporting Process"; Pre-Audit Questionnaire; Local Operating Directive; Sexual Abuse Response Checklist; Sexual Assault Response Plan; Local Procedure Directive, Coordinated Response Plan; SANE's List; PREA Medical Log.

**Interviews:** Superintendent; Assistant Superintendent/PREA Compliance Manager; twelve (12) randomly selected staff; the facility's nurse; the facility-based investigator; multiple informal Interviews with staff during the on-site review and audit; Security and Non-Security First Responders

**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 local protocol, 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.

Policy requires the Sexual Assault Response Team will be notified and will implement the local protocol. The members of the SART are identified on the Local Operating Directive that serves as the Coordinated Response Plan. Contact information for all the SART, in addition to the administration, are provided in the directive. 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 has been trained in first responding. Non-security staff is trained in the same first responding procedures as the custody staff. They attend PREA Training during annual in-service. They know that their role is to report the allegation, keep the offender safe, and protect the evidence insofar as possible, including telling the offender not to eat, shower, drink, brush their teeth, use the restroom or do anything to contaminate the evidence. They also were aware that medical would contact the SANE to conduct a forensic exam. 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:** Interviews with Twelve (12) randomly selected staff consistently identified their responsibilities upon becoming aware of an allegation of sexual abuse. They indicated they would be responsible for: 1) Immediately separating the alleged victim from the alleged perpetrator if known, securing the scene; 3) Simultaneously notifying the shift supervisor; 4) placing the alleged victim in a safe area and advising them not to take a shower, eat, drink, use the restroom, or anything that might contaminate or destroy potential evidence, 5) telling the alleged perpetrator not to eat, drink urinate, defecate, change clothes, or shower; 6) Getting the resident victim to medical; 7) Notifying the SART, and 8) Notifying Mental Health. Staff who is non-security also stated steps they would take to protect the resident victim and their responsibility to protect the evidence.

## 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

*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 reviewed PREA Local Procedure Directive for Reporting and Coordinated Response Plan provides 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 Macon Transitional Center Sexual Assault Response Plan also outlines duties of first responders and

other staff for an alleged sexual assault or abuse. The plan begins with the Shift Supervisor receiving the report, and the actions he/she take in notifying the Superintendent and Duty Officer as well as contacting the Sexual Assault Team, including the mental health counselor. The shift supervisor's responsibilities also address first responding, escorting the victim to medical and perpetrator to a holding cell (and actions to take with regard to the alleged perpetrator, ensuring he does not act to contaminate any evidence), the role of medical and then of the Sexual Assault Response Team, once on the scene.

The GDC Sexual Abuse Response Checklist provides step by step instructions and actions for staff to take in response to an allegation of sexual abuse. The checklist covers responding, ensuring the safety of the alleged victim, placing the alleged perpetrator in administrative segregation pending investigation, notifying SART, Taking Photos, Downloading Video, Ensuring Crime Scene has been protected, notifying the appointing authority or GDC Communications Center, Field Operations Manager, OPS investigations, and the Statewide PREA Coordinator, documenting the allegations and response, arranging for mental health evaluation, ensuring the alleged victim is placed in safe housing and Facility Management's responsibility for reviewing the incident,

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; 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; Monthly PREA Report; Medical Log

**Interviews:** Twelve (12) randomly selected 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, Paragraph 5, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The facility provided the Transitional Center's Coordinated Response Plan in a document entitled: "Local Procedure for reporting and responding to sexual allegations".

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 contacts the SANE if needed.

The Office of Professional Standards investigator will continue the investigation following GDC Policy. This investigator is a Special Agent who attended and completed training at the GBI academy and who has powers to effect arrests.

**Discussion of Interviews:** Interviewed staff articulated the actions each would take in response to sexual assault. Staff are knowledgeable of their responsibilities in responding. Non-Uniform staff attend the same training as uniform (security) staff and their explanations of actions to take were the same as the uniformed staff.



## 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

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

The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining. This was confirmed through an interview with the Georgia Department of Corrections Commissioner.

**Interviews:** Georgia Department of Corrections Commissioner; Superintendent; Statewide PREA Coordinator; Statewide Assistant PREA Coordinator; PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).

**Discussion of interviews:** An interview with the Georgia Department of Corrections Commissioner confirmed the agency is not involved in any form of collective bargaining and any staff involved in an allegation of sexual abuse can be removed from contact with the alleged victim. If the allegation is substantiated, termination will be the recommended action. 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

*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.*

There have been no allegations of sexual abuse or sexual harassment in the past twelve (12) months.

Reviewed GDC policy and interviews with the Superintendent, Assistant Superintendent, PREA Compliance Manager, and Retaliation Monitor confirmed the facility has a zero tolerance for any form of retaliation against an inmate or staff for reporting sexual abuse or for cooperating with an investigation and that staff understand the process and have the tools to implement retaliation monitoring. The Superintendent has designated a counselor to serve as retaliation monitor.

**Policy and Documents Reviewed:** Pre-Audit Questionnaire; DOC Policy 208.6, Prison Rape

Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; GDC Retaliation Monitoring Form

**Interviews:** Facility Staff Designated as the Facility's Retaliation Monitor; Superintendent; Assistant Superintendent/PREA Compliance Manager.; Thirty-Five (35) Residents, randomly selected, informally and targeted; Twelve (12) randomly selected staff; Twenty-two (22) Specialized 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. The Superintendent has identified a counselor to serve as the Transitional Center's retaliation monitor.

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 may 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.

GDC 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.

This facility has not had any allegations of either sexual assault/abuse or sexual harassment in the past 12 months and beyond. This was confirmed through reviewing the Monthly PREA Reports to the GDC PREA Unit, Monthly Medical SANE Logs, Calls to the GDC PREA Hotline in the past 12 months, and interviews with staff and residents. The Department uses multiple protective measures including housing changes, transfers, removal of alleged staff or inmate abusers from contact with victims and reporting or for cooperating with investigations.

Monitoring would include period status checks and in addition to 30 day checks the retaliation monitor will conduct reviews every 30 days to monitor for retaliation. Residents fearing or experiencing retaliation may be placed in another hall, another living unit or transferred to another transitional center. The resident retaliating will be removed from the program. If the allegation involves a staff, the staff may be placed on "no-contact" pending an investigation.

The GDC Retaliation Monitoring Form was provided indicating 30-60-90-day monitoring of each item required by the GDC Policy and PREA Standards. Staff would be guided by this form in monitoring for retaliation.

**Discussion of Interviews:** The retaliation monitor is a Counselor. She indicated she has not had any incidents requiring monitoring but understood and described the measures the Superintendent could take to prevent retaliation. Measures for trying to prevent retaliation may include separating the alleged victim from an alleged perpetrator by changing dorms however because the facility is so small and compact, the likelihood of the residents crossing paths is likely. Therefore, she and the Superintendent indicated they may have to be transferred to another facility where they would feel safer. If a staff is

involved, the Superintendent indicated the staff may be placed on no-contact and assigned to work a control room or may be placed on leave. The monitor indicated she would make personal contact at least every 30 days.

## 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.*

Georgia Department of Corrections Policy (208.06) requires that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. Investigations are conducted promptly, thoroughly and objectively. It also requires, and staff confirmed, that allegations or reports, including any knowledge, information or suspicions are taken seriously regardless of the source of the report and regardless of how many times the resident has reported, and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources.

GDC Policy 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders requires that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders, against departmental employees, contractors, vendors or volunteers be reported, fully investigated, and treated in a confidential and serious manner. It also requires staff attitudes and conduct towards such allegations will be professional and unbiased, and staff member are required to cooperate with investigations into those matters. Policy also requires that investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct.

The investigations policy's procedures require that as soon as an incident of sexual contact, sexual abuse, or sexual harassment, comes to the attention of staff, the staff receiving the information is required to immediately inform the Warden/Superintendent and/or the Institutional Duty Officer, and/or Internal Investigations, now known as the Office of Professional Standards Investigators, verbally and followed up with a written report to the Superintendent. Incidents that are also to be reported and investigated include rumors, inmate talk", and all kissing, sexual abuse and sexual harassment. This policy, along with GDC Policy 208.06, requires that failure to report may result in disciplinary action, up to and including dismissal.

The Office of Professional Standards (OPS) Investigators have the responsibility, power, and authority to investigate allegations of sexual abuse and the power to arrest. The Superintendent of the facility where the incident allegedly happens contacts the Regional Office to have a special agent assigned by the Special Agent-In-Charge to investigate the allegation. The Georgia Department of Corrections has several layers of investigators. OPS investigator may be assigned to a specific facility and may conduct investigations related to contraband, use of force, gang related activity etc. and may also conduct investigations into allegations of sexual abuse. A Special Agent, also working for the Office of Professional Standards, has had extensive training in conducting investigations, including investigations of sexual abuse in a confinement setting, has arrest powers, and conducts investigations into allegations that appear to be criminal in nature.

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

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

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

These may be included in the investigation:

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

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

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

Investigations must be completed within 45 calendar days from the date of the assignment. This is complicated by the fact that prior to recently, the Georgia Bureau of Investigations Crime Lab had a backlog of testing "rape kits". An interview with a Special Agent from the Southwest Region, a PREA Investigator, indicated the Crime Lab no longer has a backlog of rape kits to be tested.

If there is an allegation of sexual abuse, staff trained as first responders separate the alleged victim and alleged aggressors and ensure that the crime scene, including the bodies of the alleged victim and perpetrator as well as the area where the alleged offense occurred, are treated as crime scenes and actions are taken to protect the evidence that may be on them. If during the initial investigation by the SART, the allegation appears to be criminal in nature, the Superintendent or designee will contact the Regional Office to secure a Special Agent, who has arrest powers and extensive investigatory training at the Georgia Bureau of Investigations Academy.

The Special Agents, the staff who will conduct investigations of allegations that appear criminal in nature, will consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution.

A recent interview with a Special Agent and previous interviews with Special Agents, previous and current interviews with an Office of Professional Standards Investigator, a recent interview with the Deputy Warden of Security at Central State Prison (host facility for the Macon Transitional Center) who was a Special Agent prior to his promotion, and the interview with the facility-based investigator indicated that they would assess the credibility of an alleged victim, suspect or witness on an individual

basis and not on the basis of identify, status and would make the determination on an individual basis and that it would be based only on the evidence.

The facility-based investigator confirmed they would not put an alleged victim on a polygraph or other truth telling device as a condition for proceeding with the investigation and that under these circumstances the investigation would continue:

- When the victim recants
- When an employee involved in an investigation terminates his/her employment prior to the conclusion of an investigation
- When an alleged victim or alleged abusing inmate departs the facility prior to a completed investigation

There were no allegations of sexual abuse or sexual harassment during the past 12 months and beyond. This facility is a community-based facility, housing residents who are toward the ends of their sentences and are transitioning back into the community. The auditor confirmed there were no allegations of sexual abuse or sexual harassment by interviews with the Superintendent, PREA Compliance Manger, Facility-Based Investigator, Retaliation Monitor, random and specialized staff and residents and by reviewing the following:

- Monthly PREA Reports to the GDC PREA Unit
- Calls to the PREA Hotline in the past 12 months report
- Monthly Medical SANE's Logs

The Pre-Audit Questionnaire documented there were zero (0) allegations of either sexual abuse or sexual harassment during the past 12 months however previous reviews of investigation packages indicated that the following are consistently included in the packages:

- Incident Report
- Supplemental Report
- Serious Incident Report
- Witness Statements
- Sexual Abuse Response Checklists (completed for all allegations, including sexual harassment)
- Notifications to Inmates of the Results of the Investigation
- Retaliation Forms
- Incident Reviews

To monitor the quality of the facility-based investigations, the PREA Unit has developed a system in which the Facility-Based Investigator/SART enters the alleged incident and notifications into the agency's database. The Agency's PREA Coordinator, Assistant PREA Coordinator and the PREA Analyst review the investigations in a computer-based program. In reviewing the investigation, if additional information should have been looked at, the PREA Unit requires the investigator to go back and secure the information requested. Upon satisfaction that they investigation was appropriate, the PREA Unit approves the submission. This provides an additional measure of quality assurance in the investigative process.

**Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations; GDC Standard Operating Procedure, 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders; Previous Reviews of Investigation Packages including: PREA Investigation Summary, Sexual Abuse Incident Review Checklist,

Notification of Results of Investigation, PREA Initial Notification Form, GDC Incident Report; Reviewed NIC Certificate; Coordinated Response Plan; Pre-Audit Questionnaire;

**Interviews:** Commissioner; Superintendent, Agency PREA Coordinator; PREA Compliance Manager; SART Members; Special Agents; OPS Investigator; Facility-Based Investigator; Twelve (12) Random Staff; Twenty-two (22) Specialized Staff; Thirty-five (35) Inmates, both randomly selected, informally and targeted.

**Discussion of Policy and Documents Reviewed:** Georgia Department of Corrections Policy, 208.6, G. Investigations and 1K01-0006, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment or Offenders asserts that the appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level.

The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the Office of Professional Standards Special Agent In-Charge and the Department's PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Special Agent In-Charge determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

The facility has a Sexual Assault Response Team. The team consists of a lead member who initiates the investigation, medical staff, and a counselor. At the conclusion of each sexual abuse investigation, the PREA Team meets and discusses the allegations and findings of the investigator and essentially reviews the incident in compliance with the GDC Policy related to Incident Reviews.

The GDC PREA Unit has implemented a system in which staff enters the investigation into the GDC data system enabling the PREA Unit to review investigations for quality assurance purposes. If the PREA Unit believes the investigation needs additional information, the facility investigator is notified. The PREA Coordinator indicated that either she or the Assistant PREA Coordinator or the PREA Analyst must approve an investigation prior to closure.

**Discussion of Interviews:** An interview with the facility -based investigator indicated he has completed the on-line specialized training, “PREA: Conducting Sexual Abuse Investigations in Confinement Settings”. He also explained and described the steps he would take in initiating and conducting an investigation.

If the alleged incident appeared criminal, the investigator indicated the Superintendent will be notified and the Superintendent would contact the appropriate Regional Office, to let them assign an Office of Professional Standards Special Agent to conduct the criminal investigation. In those cases, his role would be to protect the evidence and assist the Special Agent at his/her direction.

The credibility of the victim, alleged perpetrator and witnesses is based on the evidence and not based on identity or how many times the resident may have reported an allegation. The investigation, he related, would continue even if the victim recanted, if a staff involved terminated his employment prior to a completed investigation, or if an inmate victim or abuser departed the facility prior to the completed investigation.

The investigation would include witness statements from the alleged victim, perpetrator and any potential or actual witnesses. The investigator would also look at staff rosters, assignments for that shift, and review any camera footage that may be available. Interviews with the SART members confirmed the investigation process. Interviews with facility staff, both those randomly selected and special category, confirmed that most of them knew the SART conducts sexual abuse investigations in this facility and could name each member of the SART and their specific roles.

## Standard 115.272: 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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*

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

The agency and facility require that in determining whether an allegation of sexual abuse or sexual harassment is substantiated there will impose no standard higher than a preponderance of the evidence.

**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.

**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. 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.

**Interviews:** The facility-based investigator confirmed that the standard is used to substantiate a case; stated it is the “preponderance of the evidence” meaning that it is more likely that the incident occurred than it did not.

## 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 the agency’s 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*)

#### 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.*

There have been no allegations of either sexual abuse or sexual harassment during the past 12 months and beyond. This facility is a community-based transitional center housing residents who are transitioning back into the community and who are therefore more motivated to comply with rules in order to remain in the program. The auditor confirmed there were no allegations of sexual abuse or sexual harassment by interviewing staff and reviewing the following:

- Monthly PREA Reports to the PREA Units
- Monthly Medical SANE Logs
- Calls to the PREA Hotline Report documenting calls to the hotline in the past 12 months
- Grievances
- Incident Reports

The agency's standard operating procedure, 208.06; Reporting to Inmates, requires that inmates who are in custody of the Georgia Department of Corrections are entitled to know the outcome of the investigation. The inmate/resident must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented.

If the allegations involved a staff member, the staff making the notification will, using the GDC Inmate Notification Form, inform the inmate whenever:

- The staff is no longer posted in the institution
- The staff is no longer employed at the institution
- The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution

If the allegation involved another resident, staff are required to inform the alleged victim when the alleged abuser has been"

- Indicated on a charge related to sexual abuse within the institution or;
- The alleged abuser has been convicted on a charge related to sexual abuse within the institution

Notifications are documented on the GDC Notification Form that documents all the above.

**Policy and Documents Reviewed:** GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15; Reviewed GDC Notification Form, Attachment 5, GDC 208.6; Pre-Audit Questionnaire; Previously Reviewed Investigation Packages from other facilities documenting the process, including notification forms

**Interviews:** Superintendent, PREA Compliance Manager; Facility-Based Investigator; Sexual Assault Response Team Leader.

**Discussion of Policy and Documents Review:** Following an investigation into an allegation of sexual abuse, within 30 days, the facility is required, by policy, (208.6), to notify the inmate of the results of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. GDC Policy 208.06, Prison Rape Elimination Act – PREA, Sexually Abusive Behavior Prevention and Intervention Program, G.15, requires that following the close of an investigation into an offender's allegation that he/she suffered sexual abuse in a Department facility, the facility is required to

inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires the notification be completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and GDC Policies.

If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the resident of the outcome of the investigation. A member of the SART is required to notify the resident when a staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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

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

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

**Discussion of Interviews:** Interviews with the Facility-Based Investigator indicated that a member of SART would be responsible for notifying the inmates of the outcome of the investigation. Staff who were interviewed were knowledgeable of the items listed on the notification. The SART will use the required GDC Notification Form, Attachment 5, GDC 208.6, and the interviewed investigator confirmed that is the document used to notify the detainee. The PREA Compliance Manager will monitor the notification process to ensure inmates continue to be notified.

## 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 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.*

There were no allegations of sexual abuse or sexual harassment in the past 12 months. This was confirmed through reviewed Monthly PREA Reports to the GDC PREA Unit, reviewed Calls to the GDC PREA Hotline Report, reviewed incident reports, reviewed grievances, reviewed Medical PREA Logs, and interviews with staff and residents.

Staff involved in a substantiated case for sexual abuse will be removed from the premises and a recommendation for prosecution may be made after consultation with the District Attorney. This was confirmed through reviewed GDC Policy and interviews with the Superintendent, Assistant Superintendent and PREA Compliance Manager.

Interviewed staff verbally and in writing has acknowledged the potential penalties for violating an agency sexual abuse or sexual harassment policy. Reviewed PREA Acknowledgment Statements signed by staff confirmed they are aware of the potential sanctions for violating any agency sexual

abuse or sexual harassment policy. Staff even stated if they fail to report an allegation of sexual abuse will result in their being terminated.

**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 Twelve (12) randomly selected staff.

**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.

GDC Policy requires that 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), the professional organization certifying officers as Georgia Peace Officers.

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 signs 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 understands 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 is acknowledging that an offender cannot consent to sexual activity.

During the past 12 months there were no allegations of any form of staff misconduct, sexual abuse or sexual harassment. The Superintendent confirmed if a staff is involved in sexual misconduct or sexual abuse the staff will be immediately banned from coming into the facility and will be banned from coming into any GDC facility. Termination, according to the Superintendent is the most likely outcome along with the staff being referred for prosecution. He indicated there have been no allegations against a staff member since the last PREA Audit. Interviewed randomly selected staff indicated they would be terminated for engaging in any form of sexual abuse. They indicated, as far as they knew, there have been no staff involved in any allegations that they can remember.

## **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*)

### 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.*

There has been neither allegation of sexual abuse or sexual harassment in the past twelve (12) months nor any since the last PREA Audit, involving a contractor or volunteer. This was confirmed through reviewed monthly PREA Reports to the PREA Unit, the reviewed Pre-Audit Questionnaire, and interviews with the Volunteer Coordinator, Superintendent, and PREA Compliance Manager.

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

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

**Discussion of Policies and Reviewed Documents:** GDC Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, Paragraph #2. Contractors and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with 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 asserts that staff understands 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 acknowledged that an offender cannot consent to sexual activity.

**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 in the past twelve (12) months or any since the last PREA Audit. The Superintendent stated that the contractor or volunteer would be banned from the facility and would not be allowed back into the facility. He also affirmed that notifications would be made to GDC to ensure they did not go into any other facility until an investigation was completed. If the incident were criminal the Department will refer the case to the District Attorney for possible 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)

- If the agency prohibits all sexual activity between residents, 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*)

#### 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.*

There were no allegations of either sexual abuse or sexual harassment in the past 12 months. This was confirmed through the reviewed Pre-Audit Questionnaire, reviewed Monthly PREA Reports, reviewed Calls to the PREA Hotline in the past 12 months Report, reviewed Medical Logs for the past 12 months, and interviews with staff and residents.

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

**Interviews:** Superintendent; Assistant Superintendent, PREA Compliance Manager; SART Leader; SART Members

**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, according to policy, constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with SOP 209.01, Offender Discipline.

The facility has a due process officer, a due process investigator and an advocate. All residents who violate facility rules are subject to disciplinary action. The process for major violations is through a due process hearing. If the resident has any mitigating factors in their history, reviewed policy requires and an interview with the Due Process Officer confirmed these would be taken into consideration. Care is taken to ensure a resident has a fair due process hearing and this is accomplished, in addition to

having the incident investigated, but also through a due process advocate to assist the resident, if needed and to ensure their rights were protected in the process.

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.

**Discussion of Interviews:** The Superintendent stated if a resident violated an agency sexual abuse or sexual harassment policy, he would be disciplined in compliance with the disciplinary code and if the allegations were criminal, the resident would be referred for prosecution.

## 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

- 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.*

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. The Macon Transitional Center Registered Nurses are from Central State Prison, for the provision of health care services. A nurse is on duty Monday through Friday from 7 am until 3 pm. If an inmate needed health care after normal business hours, depending on the nature of the need, the resident may be taken to Central State Prison, the host facility for the Macon Transitional Center or to the emergency room at one of the local hospitals in Macon, GA.

There have been no allegations of sexual abuse or sexual harassment in the past 12 months and reportedly even beyond. This was confirmed through reviewing the Pre-Audit Questionnaire, Monthly PREA Reports, Calls to the PREA Hotline Reports, reviewed incident reports, reviewed grievances and interviews with staff and residents. Forensic exams would be conducted at the Macon Transitional Center and the Sexual Assault Nurse Examiner, a contracted SANE, would come from Waycross, Georgia, about 75 miles away from the center. If the inmate victim needed care and treatment beyond first aid, he would be taken to the one of the Bibb County Hospital emergency room.

First responders understand their roles and described them during staff interviews. They all understand how to notify medical. The GDC Sexual Assault Response Plan Form documents all notifications, including medical. The first responder would separate the victim and alleged perpetrator recommend to the victim not to do anything to degrade or destroy potential evidence and get the person to medical and require the alleged perpetrator not to change clothes, shower, brush teeth etc. or do anything that would contaminate the potential evidence.

**Policy and Documents Reviewed:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program; PREA Medical Logs; Coordinated Response Plan; Lists of SANEs; Reviewed 12 months of Medical PREA Logs

**Interviews:** Registered Nurse, Interviews with Twelve (12) Randomly Selected Staff; Security and Non-Security First Responders; Twenty-two (22) Specialized Staff, and interviews with Thirty-Five (35) residents. There were no residents at the facility who had reported sexual abuse at this facility.

**Discussion of Reviewed Policies and Documents:** GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires the SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART Members is the health services administrator. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence.

The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiates 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.

If medically indicated, medical staff is required to arrange for the offender to be transferred to a 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.

GDC Policy VH81-0001, Medical Management of Suspected Sexual Abuse; requires that patients stating they have been sexually abused by, had sexual contact with, or have been sexually harassed by a staff member will be treated in a professionally and sensitive and non-judgmental manner. Staff will proceed with making arrangements for an appropriate evaluation based on the nature of the report. In all cases of alleged sexual contact, sexual abuse or sexual harassment, the responsible health authority must ensure the patient has timely access to mental health counseling and other services. Policy requires arrangements for medical evaluation will be made when an allegation of sexual abuse has been made. The exam is to determine the extent of physical injuries, evaluation for sexually transmitted disease infections and possible pregnancy. If the sexual abuse has been reported to have occurred in the previous 72 hours, the medical evaluation for sexual abuse will be conducted by an appropriate outside medical facility. If the alleged event occurred beyond 72 hours, decisions about a forensic exam are assessed on a case by case basis. Forensic exams are conducted by contracted Sexual Assault Nurse Examiners who are "on call" to respond to the facility to conduct the exam. If upon initial assessment there are serious injuries or conditions requiring outside attention at the emergency room, the inmate may be treated at the hospital and have the exam there.

The Registered Nurse indicated, in an interview, that if an offender was sexually assaulted while she was on duty, she would conduct an assessment to determine the extent of injuries that might need attention beyond the capability of the facility. If there are serious injuries, the resident will be taken to the nearby local hospital for treatment and a forensic exam. If there are no life-threatening issues, the nurse will attempt to protect and preserve any potential evidence and advise the resident victim not to take any actions that might destroy evidence, including eating, drinking, brushing teeth, using the restroom, or showering.

Decisions related to assessment and treatment for an abused offender is based on the professional judgment of the medical and mental health practitioners providing the services. Confidentiality is maintained and based on a need to know basis.



**Discussion of Interviews:** Interviews with staff confirmed that, as first responders, they would separate the victim from the perpetrator and get the victim to medical for treatment and an examination. Non-uniformed staff also could explain their roles as first responders. An interview with the facility nurse indicated she would conduct an assessment and provide any first aid if needed. If there were no serious injuries, she would ensure the Superintendent or designee contacted the SANE nurse who would come to the facility.

## **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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  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*)
- 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 Macon Transitional Center offers medical and mental health evaluation and, if needed, treatment to all inmates victimized by sexual abuse in a prison, jail, lockup or juvenile facility and as appropriate, the facility offers appropriate follow-up services and mental health evaluation, including referrals for continued care following transfer or placement in other facility or their release from custody.

Georgia Department of Corrections has a contract with Augusta University for the provision of health care/medical services in Georgia's Prisons, including Macon Transitional Center. Medical services at this facility are provided on-site during normal duty hours and are provided by a Registered Nurse. After hours medical care is available through contacting the "on-call" physician for directions, which, according to the nurse, is most likely going to be sending the inmate the local emergency room (Macon Georgia). Inmate victims of sexual abuse are assessed following an allegation to determine the presence and extent of any injuries.

Serious injuries are treated at the local emergency room and if the inmate must go to the ER, on doctor's orders, a rape kit is sent with the transporting officers to the hospital. If there are no injuries requiring care at the hospital, the Sexual Assault Nurse Examiner is called and comes to the prison to conduct the forensic exam. At the conclusion of the exam, the SANE (in a previous interview) stated she recommends the STI Prophylaxis and testing for STIs. The recommendations still must be approved by the physician. The Registered Nurse at Macon Transitional Center stated if the SANE is coming to the facility, the facility may go ahead and draw the samples to testing. When the inmate

returns from the Emergency Room, if he was taken there, the facility medical staff will provide care based on any follow-up orders from the ER.

Mental Health assessments are conducted on victims of sexual abuse. The counselor makes a referral to mental health providers at nearby Central State Prison, in Macon, GA. Medical and mental health staff provides services consistent with the community level of care, consistent with the GDC Policy, VH-08-0002. The Registered Nurse confirmed in an interview that the services provided inmate victims of sexual abuse would be “better” than the community level of care. There are no female inmates at this facility.

Inmates would be offered STI prophylaxis either at the hospital or in the facility, and as recommended by the Sexual Assault Nurse Examiner and ordered by the Doctor and if the inmate requested it after it is offered. This was confirmed through interviews with the facility’s nurse and previous interviews with the contracted Sexual Assault Nurse Examiners.

**Policy and Documents Reviewed:** GDC “Procedure for Sane Nurse Evaluation/Forensic Collection: GDC Policy 208.6, PREA. Reviewed Pre-Audit Questionnaire;

**Interviews:** Sexual Assault Response Team Nurse; Previous interviews with two Sexual Assault Nurse Examiners; Superintendent; PREA Compliance Manager; SART Team.

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

If an inmate had to go to the hospital for a forensic exam, the hospital would offer the inmate STI prophylaxis. If the inmate had his forensic exam at the facility, the SANE will recommend the STI prophylaxis and the staff will administer it on the doctor’s orders. Any follow-up as the result of a sexual assault would be provided by the facility. Mental health evaluation is provided at Georgia State Prison where there are mental health providers.

**Discussion of Interviews:** The facility’s nurse confirmed the process for providing ongoing physical and mental healthcare services. Inmate victims of sexual abuse, identified as potential victims as well as any inmate who becomes a victim, is offered a follow-up with mental health, if needed. Macon Transitional has had no mental health referrals in the last 12 months.

## 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

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

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

### Instructions for Overall Compliance Determination Narrative

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

The facility's Pre-Audit Questionnaire and reviewed Monthly Reports to the PREA Unit, Monthly Medical SANE's Reports, Calls to the PREA Unit in the past 12 months report, and interviews with the Superintendent, PREA Compliance Manager, random and specialized staff and interviews with thirty-five (35) residents indicated that they facility has not had any allegations of either sexual abuse or sexual harassment during the past 12 months.

Although the facility has not had any allegations, interviews indicated staff understands the Incident Review Process and that they would conduct incident reviews within 30 days of the conclusion of the investigation. In conducting the incident reviews the members described the process and indicated they would use the GDC Incident Review Form. The team consists of upper-level management with input from supervisors, investigators, counseling and medical staff. Members include the Superintendent PREA Compliance Manager, Chief of Security, Counselor, Nurse and Sexual Assault Response Team Members.

Using the GDC Incident Review Form, the following are a part of the review process:

- Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceive status, gang affiliation or was motivated or otherwise caused by other group dynamics at the institution.
- Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse
- Assess the adequacy of staffing levels in that area during various shifts

The review team, in compliance with policy and confirmed in interviews, then will prepare a report of its findings; the Superintendent, PREA Compliance Manager, Chief of Security, Counselor and Nurse who are authorized to implement the recommendations for improvement or document the reasons for not doing so.

## 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 GDC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled inmates/inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled.



Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor. At each facility the auditor may collect the Monthly COMSTAT Reports submitted to the GDC, documenting multiple areas of facility operations, including major incidents. The agency also has a system that inputs data collected directly into the SSV Report.

Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files and sexual abuse reviews. Upon request all data from previous calendar years will be provided to the Department of Justice.

The aggregated sexual abuse data is required to be and is readily available to the public at least annually through the Georgia Department of Corrections. Before making the data available, the Macon Transitional Center will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.

**Policies and Documents Review:** GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, J.3; Georgia Department of Corrections Annual Report; Monthly PREA reports to the GDC PREA Unit; Monthly Operational Report/COMSTAT; Reports from the GDC PREA Analyst.

**Interviews:** Statewide PREA Coordinator; Assistant Statewide PREA Coordinator (previous interview); PREA Compliance Manager; Warden; Conversation with the Agency's PREA Analyst

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

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

The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the GDC Website. The auditor reviewed the 2017 Georgia Department of Corrections Prison Rape Elimination Annual Report. The thirteen-page report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 Transition Centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including 1) Staff on Inmate Abuse, 2) Staff on Inmate Harassment, 3) Inmate on Inmate Abuse, and 4) Inmate on Inmate Harassment. The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility.

The report included initiatives by the Department. In 2017 the PREA Unit implemented a database for all allegations. The database records all reported PREA incidents that are sorted into queues including Pending SART Investigator, Pending PREA Coordinator Review, and Completed Cases. This enhanced the PREA Coordinator's ability to be more involved in the investigative process as allegations are reported. The PREA Coordinator reviews provide a check and balance system to ensure the dispositions are in compliance with the investigation standards. Beginning in 2018 the PREA became able to ensure all allegations are accompanied by an incident report and all federal-related data recorded as the cases occur. This is accomplished through the SCRIBE Module. Statistics are provided for each GDC facility.

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

In addition to the monthly PREA statistical report submitted by each facility; the facility also submits to GDC, a Monthly Operational Report, providing statistics on a multitude of topics, including PREA incidents. The monthly PREA Report documents all allegations/incidents of sexual abuse or sexual harassment. The auditor reviewed all twelve months of reports to the PREA Unit.

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

Interviews with the PREA Compliance Manager and Superintendent confirmed the facility provides the required data, if any, to the GDC PREA Unit by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report sent to the GDC PREA Coordinator.

## **Standard 115.288: 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 Reviewed:** Incident Reviews Georgia Department of Corrections 2017 Annual Report; Agency Website.

**Interviews:** Superintendent; PREA Compliance Manager; Members of Incident Review Team; Previous interview with the Agency's Statewide PREA Coordinator.

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

Likewise, the agency 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 2017 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 2017 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. Initiatives for the Department as well as the facilities were documented. Annual reports are posted on the Georgia Department of Corrections website.

## **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 prior three-year audit period, 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? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  Yes  No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 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 residents?  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.*

The agency ensures that each facility under its jurisdiction is audited every three years by scheduling 1/3 of the facilities to be audited in a given year. Macon Transitional Center received last PREA Audit March 3, 2017.

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

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

The facility posted the Notices of PREA Audit in areas of the facility accessible to inmates, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. The auditor did not receive any communications from any resident, staff, contractor, volunteer, or visitor. Thirty (30) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process and to clarify policies, procedures and other documents. Communications with the PREA Compliance Manager were often and productive.

The auditor received the flash drive more than 30 days prior to the onsite audit. The information contained on the flash drive contained the GDC policies applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of close security adult male inmates. The auditor provided the facility and extensive list of documents needed and the facility was always responsive and helpful and complied with any request.

During the on-site audit the facility was requested to provide documentation and the documentation was readily available to and easily provided.

The on-site audit of the Macon Transitional Center was conducted by one Auditor who is currently certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was free to move about the facility any time needed to. Space in an office was provided for the auditor to conduct interviews with complete privacy. During the on-site review, the auditor freely walked around the facility, interviewing informally staff and probationers.

The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor. During the site review of the facility the auditor informally talked with inmates and staff. None of the residents requested to talk with the auditor in private. Interviews were conducted in complete privacy and every resident chosen for interviews

participated in the interviews. The Certified Auditor conducting inmate interviews interviewed a total of thirty-five (35) inmates.

This facility is a community based transitional center and residents who are placed in this program must be physically and mentally capable of holding down a job in the community therefore there were no disabled residents to interview. There have been no allegations of sexual abuse or sexual harassment in the past 12 months nor were there any inmates disclosing prior victimization. This was also confirmed through reviewing the victim/aggressor assessments.

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. Auditor was allowed access to inmate files, personnel files and other documentation without question or hesitation.

The auditor thoroughly reviewed large samples of documentation and interviewed staff, contractors and inmates. Multiple personnel files were reviewed to assess the hiring process and background checks. Thirty-five inmate files were reviewed to assess intake, orientation, Victim/Aggressor Assessments and PREA Acknowledgments. Too, processes were tested during the on-site audit. During the exit briefing, the PREA Compliance Manager preliminary findings were discussed and corrective actions were identified. Attending were: Superintendent and the Assistant Superintendent/PREA Compliance Manager, the Chief of Security, two State PREA Coordinators and the Statewide PREA Coordinator.

## 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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mable P. Wheeler

October 9, 2019

**Auditor Signature**

**Date**

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

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