

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: June 10, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: PO Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: May 17, 2017			
Facility Information			
Facility name: Metro Transitional Center			
Facility physical address: 1303 Constitutional Road, Atlanta, GA 30316			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 404-624-2380			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Pamela Wiggins			
Number of staff assigned to the facility in the last 12 months: 41			
Designed facility capacity: 234			
Current population of facility: 227			
Facility security levels/inmate custody levels: Minimum, Medium, Close			
Age range of the population: 18 and over			
Name of PREA Compliance Manager: Susan Smith		Title: PREA Compliance Manager	
Email address: Susan.Smith@gdc.ga.gov		Telephone number: 404-624-2621	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 300 Patrol Road, Forsyth, GA 31029			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 478-992-5101			
Agency Chief Executive Officer			
Name: Gregory Dozier		Title: Commissioner	
Email address: Gregory.dozier@gdc.ga.gov		Telephone number: 478-992-2999	
Agency-Wide PREA Coordinator			
Name: Grace Atchinson		Title: PREA Coordinator	
Email address: grace.atchinson@gdc.ga.gov		Telephone number: 678-332-6066	

AUDIT FINDINGS

NARRATIVE

The on-site PREA Audit of Georgia Department of Corrections METRO Transitional Center in Atlanta, Georgia was conducted on May 17, 2017. Six weeks prior to the on-site audit the auditor provided the Notice of PREA Audit. Contact information was provided to enable anyone desiring to correspond with the PREA Auditor regarding any PREA related issue to write the auditor. The auditor did not receive any correspondence or other communication as a result of those notices. The facility provided documentation to confirm the notices were posted in areas accessible to staff, inmates, visitors, contractors and volunteers. Two weeks prior to the on-site audit the facility provided a "flash drive" containing policies, procedures, forms and other documentation related to PREA and to support compliance with the PREA Standards. The auditor reviewed all the information accessible on the flash drive and requested additional information for clarification and to support the facility's practices. The auditor asked the facility to have the additional documentation available at the on-site audit. The auditor and facility PREA Compliance Manager communicated prior to the audit and worked together to develop an itinerary for the on-site audit. When additional information was requested it was provided expeditiously. The agency is to be commended for the support the PREA Coordinator provided during the on-site audit and after. It was very helpful to have her present to provide clarification and documentation when needed from the state level.

By prior agreement the auditor arrived at the facility at 0530 hours to interview the overnight shift prior to their departure from the facility at 0600. The auditor was met by the shift supervisor and following introductions began interviewing the overnight shift.

Following shift change at 0600 the auditor waited until the day shift staff were settled in to their shift to begin their interviews. While waiting for day shift staff to be interviewed the auditor reviewed the local operating procedures related to PREA and communications from the PREA Compliance Manager to facility staff.

Following interviews the auditor, accompanied by the Agency PREA Coordinator and the Facility PREA Compliance Manager toured the facility. This facility was clean, neat, organized and furnished with attractive furniture. The floors were clean and shined. Multiple bulletin boards contained PREA information. These were neatly arranged and organized as well. Information about the Outside Advocacy Organization along with contact numbers and a mailing address were posted on all living unit bulletin boards. Telephones were observed in the common areas. Instructions for dialing the PREA Hotline and Tip Line were posted. This facility has video cameras strategically placed throughout the facility and outside the facility and plans are in place to add more cameras and to upgrade the technology. The facility has installed mirrors to mitigate blind spots. One living contains 15 rooms with occupancies between two (2) and four (4), three single showers with curtains and three (3) restrooms with stalls and doors, a laundry, search rook with a window and curtains and a bulletin board with PREA Brochures, PREA Policy, Notice of PREA Audit, and other announcements. One hall houses honor residents with double occupancy rooms. It also contained three (3) showers with curtains and three (3) restrooms with stalls and doors. Another unit contained five (5) showers with curtains and four (4) restrooms with stalls and doors. An intake living unit has five (5) showers with curtains and six (6) restrooms with stalls. PREA related information is posted in all of the living units. Residents have access to phones in all living units however most of the residents have cell phones. Doors that were supposed to be locked were found to be locked.

Following the tour the auditor continued with interviews and reviewed additional documentation that had been requested. At the conclusion of the on-site audit the auditor exited with the PREA Compliance Manager and the Agency's PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Metro Transitional Center, located at 1303 Constitution Road, Atlanta, Georgia, was constructed in 1981, opened in 1982 and renovated in 1989. The mission of this program is to assist resident in making successful transitions back into the community by providing therapeutic counseling and social and employment skills. The population consists of adult female felons with a minimum security levels

Housing is provided in three buildings with rooms containing three to four beds capable of housing 234 residents. Building A and B accommodate Phases II and long term maintenance residents. Building C accommodates all orientation, Phase I,II and when applicable, guide dog residents. The program provides work release throughout the Metropolitan Area. Long term maintenance residents are assigned permanent workers for Helms Facility and other Government facilities.

Programs offered at Metro Transitional Center include the following:

Academic: General Education Diploma, Adult Basic Education, Literacy Remedial Counseling: AA, NA, Moral Recognition Therapy, Motivation for Change, Relapse Prevention, Family Violence, Battered Women, Intensive Individual Counseling, Therapeutic Counseling, Work Release, Community Pass, Job Readiness, STD/HIV Health Education, Parenting, Grief Loss and Healing, Relationships Group, Career Development, Goal Setting and Achievement, Wise Money Management, Art Appreciation, Matrix; Fatherhood Program, DETOUR, Basic World of Works Recreation and Religious Activities: Various Worship Services, Bible Study, Pastoral Counseling, Choir, Vision Program and Career Center.

SUMMARY OF AUDIT FINDINGS

The Metro Transitional Center was audited using the PREA Standards for Community Confinement Facilities. The audit process and methodology included the following: 1) Review of the PREA Standards for Community Confinement Facilities 2) Offering residents, staff, visitors, contractors and volunteers the opportunity to correspond with the PREA Audit confidentially by providing and having the facility post the Notice of PREA Audit six (6) weeks prior to the on-site audit. 3) Reviewing policies, procedures, including statewide policies and procedures as well as local operating procedures and supporting documentation provided on the flash drive prior to the on-site audit 4) Requesting additional information to support practice and/or clarifications of provided documentation 5) Communicating with the PREA Compliance Manager to understand facility practice as well as policies and procedures 6) Conducting the on-site PREA Audit to include interviewing randomly selected and specialized staff, volunteers, contractors, randomly selected residents and any special category residents and staff from the outside advocacy center/organization and 7) Observations made during the tour.

The auditor interviewed ten (10) random staff representing all shifts and fourteen (14) specialized staff. The auditor also interviewed fifteen (15) residents representing all housing units and statuses.

The auditor reviewed each substandard and applies the verbiage of that substandard and standard to determine compliance. Thirty-nine (39) standards were reviewed. four (4) standards were rated "exceeds". Thirty-two (32) standards were rated "met" and three (3) standards were rated not applicable. The Standards rated 'exceeds' are 115.211, Zero Tolerance; 115.234, Specialized Training: Investigations; 115.235, Specialized Training: Medical and Mental Health Care; and 115.251, Resident Reporting. Three (3) standards, 115.212, Contracting with other entities for the confinement of residents; 115.218 Upgrades to facilities and technologies, and 115.266, Preservation of ability to protect residents from contact with abusers were rated "not applicable".

Number of standards exceeded: 4

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia Department of Corrections Policy 208.6, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, is comprehensive and 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 easily understood. The policy affirms that the Department will not tolerate any form of sexual abuse or sexual harassment of any offender. Policy states that the Department has a zero tolerance for all forms of sexual abuse, sexual harassment and sexual activity among inmates. It further indicates the purpose of the policy is to prevent all forms of sexual abuse, sexual harassment and sexual activity among inmates by implementing provisions of the PREA Standards to help prevent, detect and respond to sexual abuse in confinement facilities. It is evident that the Georgia Department of Corrections takes sexual safety seriously. The Georgia Department of Corrections appointed a Director of Compliance who is ultimately responsible for the Department's compliance with PREA, ADA and ACA. Additionally, the Department has appointed a statewide PREA Coordinator and an Assistant Agency PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in the DOC facilities. The Statewide PREA Coordinator while having responsibility for the entire state specifically is overseeing the implementation of PREA in the METRO Transitional Center. The PREA Coordinator who is responsible for the METRO Transitional Center is one of the most knowledgeable PREA Coordinators I have had the pleasure of working with. She is not just knowledgeable of PREA but she brings to the table experience in adult facilities prior to her appointment. She has been responsible for ensuring that prisons and facilities in all her facilities are in compliance with the PREA Standards and that they maintain compliance. To that end, she visits her facilities often and those visits are working visits during which she sits with the facility's investigators and reviews each investigation of allegations of sexual abuse and sexual harassment. The Assistant PREA Coordinator is also an experienced staff person who brings a wealth of knowledge about facility operations to the PREA arena. This individual has an unusual grasp of PREA and having had multiple years of experience in the prison system understands the operational issues and how best to implement the standards in correctional facilities and programs. Additionally, the Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. They are also required to develop a Local Procedure Directive for response to sexual allegations. The Directive must reflect the institution's unique characteristics and specify how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Superintendents also are 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 Resident Handbook advises offenders that the Department of Corrections has a zero-tolerance policy toward the sexual abuse of offenders and is committed to the prevention, detection and punishment of sexual abuse. Signs posted throughout the facility again, emphasize the agency's zero tolerance for all forms of sexual abuse, sexual misconduct and sexual harassment or retaliation for reporting or cooperating with an investigation. This agency is committed to sexual safety. Evidence of their proactive approach was described by the PREA Coordinator and included the fact that they are working with Just Detention International in seeing how offenders might be used to conduct PREA Classes; working with statewide advocate groups in recruiting advocates; by having the Moss Group review their PREA Policy and by providing additional training for Sexual Assault Response Team Members as well as training for PREA Compliance Managers. The Agency also requires all staff to complete the NIC Online Training Course, "Communicating Effectively with LGBTI Inmates."

The Facility Superintendent, has appointed the Assistant Superintendent as the PREA Compliance Manager. An interview
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with the PREA Compliance Manager confirmed she is a highly competent, intelligent and knowledgeable staff who takes PREA seriously. She indicated she has the complete support of the Superintendent and staff and of the PREA Coordinator who is accessible to her on site periodically and almost always via phone or email. Interviews with staff confirmed they are all aware of the zero-tolerance policy and they would report all allegations of sexual abuse or sexual harassment including suspicions. Staff indicated if they failed to report there would be sanctions. Zero Tolerance posters are posted throughout the facility. Acknowledgement statements and inmate handbooks contain information affirming the agency and facility's zero tolerance for any form of sexual activity, or retaliation for reporting.

Residents, staff, contractors and volunteers are trained in the zero-tolerance policy. The facility provided multiple training rosters confirming staff have been trained in PREA. Additionally, interviews with multiple staff confirmed they were trained in zero tolerance for any form of sexual activity, including sexual abuse, sexual harassment and for retaliation for reporting sexual abuse or sexual harassment. Interviewed residents unanimously stated they are aware the facility has a zero tolerance for all forms of sexual activity and that it does not occur in this facility.

The facility Pre-Audit Questionnaire and interviews with staff and offenders confirmed there have been no allegations of sexual abuse, sexual harassment or retaliation during the past twelve (12) months.

This standard is rated "exceeds" because of the agency's commitment to zero tolerance and to PREA. The Department has designated a Statewide Compliance Director with overall responsibility for implementing PREA. Additionally, the Department has designated a Statewide PREA Coordinator to oversee the implementation of PREA in the DOC facilities. In addition to these proactive measures, yet another staff has been designated as the Agency's Assistant PREA Coordinator. In addition to facilities he is assigned to oversee with regard to PREA he also serves as a resource person for PREA in county prisons throughout the state. Observations of the work of the Statewide PREA Coordinator convinced the auditor that she is "hands on" and works with her facilities by monitoring and providing technical assistance. She was very knowledgeable of what was going on in her facilities. Too, she makes herself available throughout the on-site audits to provide additional information and/or clarification when needed. The Assistant PREA Coordinator is an experienced staff who has a wealth of knowledge regarding prison operations and understands the challenges in implementing PREA in the facilities.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 "not applicable". 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, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.

The METRO Transitional Center does not contract for the confinement of offenders.

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

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The Facility provided the “Staffing Plan” for the transitional Center. METRO Transitional Center has a staffing plan predicated on a designed capacity of 234 offenders 18 years old and above sentenced by the state of Georgia to complete a Work Release Program. The staffing plan, dated 11/1/2016 indicates the program consists of mental health counseling, educational opportunities and case management counseling. There is a total of 45 staff, including 32 Security Staff. Posts are identified, including a breakdown of the total staffing, deployment of post and identification of priority posts. Shift rosters were provided to confirm staffing by key and shift. Minimum staffing for each shift is 4 staff and a supervisor. The Superintendent has a split shift that works 7:30AM to 5:30PM to supplement supervision of the residents. In the event of “call outs” to meet the minimum adequate staffing the facility would, according to interviews, hold staff over and call staff in as well as close non-essential or mandatory posts. This staffing plan is a comprehensive six-page document and identifies each post and the staffing required for each post. Gender specific posts are identified. It also identifies the camera coverage for each area. It addresses deviations from the identified minimums for adequate staffing levels. If for any reason a priority one post cannot be manned, on duty staff are required to stay to cover the post until the Chief of Security is notified. The Chief of Security will then grant permission to contact off duty staff and give additional instructions as the situation dictates. Post will remain manned by staff of the previous shift until relief has arrived. The staffing plan states the facility has not had a situation that required a priority one gender specific post not be filled. The plan states the facility has very few issues covering all required posts. The plan also is proactive in identifying vulnerable areas and how those areas are supervised. An interview with the Superintendent indicated that the GDC Central Office basically determines adequate staffing based on staffing analyses and the facility administration determines how to deploy them to ensure adequate staffing. She related her custody staff work 12 hours shifts. In addition to having these two primary shifts she has implemented a split shift from 8:00 AM to 4:30PM who supplement existing staffing. There are four (4) staff assigned a direct custody staff on each shift. This includes a minimum of three officers and a supervisor. Because the facility is a female facility, it is staffed primarily with gender specific staff. The PREA Compliance staff affirmed the minimum custody staffing for each living unit and stated the staffing was adequate.

The Staffing Plan also requires the Assistant Superintendent and the PREA Compliance Manager to make and document monthly unannounced PREA rounds. Reviewed logbooks documented unannounced rounds being made at random times and days. Staff are not permitted to alert other staff that unannounced rounds are underway. Interviewed supervisors as well as the Superintendent indicated that, in addition to the Administrative Staff, shift supervisors make unannounced rounds each shift. Staff reported the purpose of those rounds is to deter inappropriate sexual behavior. Video Cameras, that record, are utilized to supplement staff supervision. An interview with one shift supervisor indicated that she conducts unannounced PREA rounds randomly and in those rounds she is making sure everyone is where they are supposed to be, looking for “signs and symptoms”, looking to see if lights are on, checking blind spot areas and looking for chairs in the bathroom and pallets on the floor.

Video monitoring supplements staff supervision. Cameras are strategically located throughout the facility to enable viewing and to mitigate blind spots.

Documentation was provided to indicate that the staffing plan was reviewed by the Superintendent and the Agency’s PREA Coordinator.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department of Corrections (DOC) Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and the METRO Transitional Center Local Operating Procedure (LOP), 208.6, prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility houses female offenders and cross gender pat searches are not permitted. Staff are trained to conduct those searches in a manner designed to lessen the chances of the staff receiving an allegation from a resident. These are required to be documented. Policy and the LOP prohibit staff from searching a cross gender inmate for the sole purpose of determining the inmate’s genital status. Staff are also required by policy and the facility’s local operating procedure to search transgender and intersex inmates in a professional and respectful manner.

Interviewed staff, including random staff as well as specialized staff, stated male staff do not strip search or conduct body cavity searches of residents in this program nor are male staff allowed to pat or frisk search female residents. Staff related they have been trained to conduct cross-gender searches however once again, male staff are not permitted to even pat search a female resident. Staff also stated they were trained to conduct searches and that included searching transgender and intersex inmates in a respectful and professional manner. They stated they have been trained to search everyone showing respect and being professional. One hundred (100%) per cent of the interviewed residents stated that male staff never do strip, body cavity or pat/frisk searches. Residents, who were interviewed, informed the auditor that male staff have never conducted strip searches that they are aware of and had never heard a resident say that male staff has conducted them. They also consistently stated that males do not conduct pat searches.

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

functions and change clothing in designated areas. Interviews with staff confirmed residents can shower, perform bodily functions and change clothing without being viewed by staff. A tour of the facility and interviews with staff confirmed the showers have shower curtains and the toilets have stalls enabling inmates to have privacy while showering, using the restroom and changing clothing. One-hundred percent (100%) of the interviewed residents explained in their interviews that they are not in view of any staff while changing clothes, showering or using the restroom. When asked if a male staff went into the restroom/shower area to conduct counts or at other times, residents consistently stated the male staff never come into the restroom area.

An additional measure required by policy is for staff of the opposite gender to announce their presence when entering an inmate housing unit. Notices are prominently posted advising inmates that male and female staff routinely work and visit inmate housing areas. Interviewed staff, randomly selected as well as specialized staff, affirmed that staff consistently announce their presence before entering the housing area. Interviewed residents stated that male staff who come on the units consistently announce their presence and often say, "man on the hall", or they indicated they had not seen a man on the hall.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates confirmed that there have been no cross-gender strip or body cavity searches during the past twelve months.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The facility also provided the auditor with a copy of the contract with Language Line Solutions to provide interpretive services for limited English proficient residents in making an allegation of sexual abuse.

The reviewed Pre-Audit Questionnaire and interviews with staff and residents confirmed that the facility has not had any occasions during the past twelve (12) months where an inmate interpreter was used to report an allegation of sexual abuse. Interviews with staff, including those randomly selected and specialized, indicated there are no disabled residents in the METRO Transitional Center. Some of the staff stated at first that they would use an inmate interpreter but when asked for clarification indicated they would prefer a staff translator or someone from the outside. Several said in emergencies they would. None of the residents who were interviewed were disabled or limited English proficient.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The auditor interviewed the Human Resources (HR) Staff responsible for employment packages. This staff was knowledgeable of the Department’s Policy that is consistent with the PREA Standards. She related that the PREA Questions are given to applicants and required to be completed. Reviewed employment packages contained the required PREA Questions asked of all applicants. The HR Staff also related that the facility “runs” the background checks of all staff and contractors. This computerized check includes a check of the Georgia Crime Information Center and the National Crime Information Center. The check also includes electronic fingerprints. Additionally, the staff stated that all security (Peace Officer Standards Certified Staff) are background checked annually to coincide with their annual weapons qualifications. Non-certified staff, she related are checked every five years.

Thirty reviewed personnel files contained the required PREA Questions asked of applicants as well as the required background clearances. Documentation was also provided to confirm the facility considers incidents of sexual harassment when making hiring decisions. The auditor also reviewed thirty volunteer background checks to indicate background checks for volunteers are conducted as required.

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The Pre-Audit Questionnaire indicated there were no modifications to the existing facility nor were there any upgrades to monitoring technology during the past twelve months.

An interview with the Superintendent indicated there is a project request for more cameras to place in Living Units A and B and a total upgrade of the camera system and technology. The administration was involved in the decisions about where cameras are best located.

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy, 208.6, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program, B. Responsive Planning, describes the agency’s expectations regarding the evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. DOC’s 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 conducted and the Sexual Assault Nurse Examiner’s protocol initiated. 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. A memo from the Superintendent to all residents at METRO Transitional Center advises residents that if they become a victim of a sexual abuse incident they can receive treatment services at no financial cost to them. The memo advises them that the treatment services will be provided whether they provide the name of your abuser or cooperate with an investigation arising from the incident.

Policy also requires the PREA Compliance Manager to attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. It also requires an administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal behavior will be referred to the Office of Professional Standards (OPS). The facility has trained SART members to serve as advocates for resident victims of sexual abuse. The reviewed curriculum is extensive and equips the

SART members to serve as advocates in the absence of an outside advocate. A memo from the Superintendent dated 3/27/2017, designates a specifically named behavioral health counselor as victim advocate at METRO Transitional Center. The facility provided documentation that the outside advocacy organization for this facility is the Grady Rape Crisis Center. A crisis line number is posted enabling inmates to contact them if needed and to report allegations of sexual assault. An interview with a facility investigator indicated she has completed the National Institute of Corrections Specialized Training for Investigators: Conducting Sexual Abuse Investigations in Confinement Settings. Additionally, she has received specialized training in investigations through SART Training. Too, she indicated that she receives SART training annually. The Pre-Audit Questionnaire and interviews with both staff and residents confirmed there have been no allegations or incidents requiring a forensic examination during the past twelve (12) months.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy, 208.6, Prison Rape Elimination Act, 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. DOC 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. 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 Internal Investigations Unit verbally and follow up with a written report.

The Pre-Audit Questionnaire and interviews with staff and inmates indicated that there were two allegations of sexual abuse or sexual harassment during the past twelve months. Both allegations were investigated administratively and did not appear to be criminal in nature.

The facility investigator was very knowledgeable of the investigatory process. In an interview, she stated and provided documentation that she completed the specialized training for investigators through her SART Training and through the National Institute of Corrections Specialized Training for Investigating Sexual Abuse in Confinement Settings. The SART training is provided annually. She described an investigation process consistent with the PREA Standards. She indicated, in an interview that an investigation involving a staff member would continue even if the employee terminated his/her employment prior to the conclusion of an investigation. If the inmate was transferred to another facility or if the resident the investigation would continue. The format for investigation reports included the following: Incident Report, Witness Statements, Investigation, Mental Health and Medical Involvement and SSV. If the investigator substantiated the case she would refer it to the Office of Professional Standards investigators who would conduct the criminal investigation. Randomly selected staff and specialized staff stated consistently they were required to report all allegations of sexual abuse or sexual harassment, including suspicions, reports, knowledge or allegations. They said they are required to report immediately to their immediate supervisor followed up with a written statement completed prior to the end of their shift. They said they also would accept any report from any source and treat it seriously, reporting it just as any other report or allegation. Staff

were aware that the SART will initially investigate all allegations of sexual abuse or sexual harassment. It is the job of the SART to determine, based on reviewed evidence, if the allegation is PREA related. If so, they continue the investigation. The Office Professional Standards may also be involved in the investigation, especially if the case involves a staff and the allegations appear criminal. The local law enforcement may also become involved however the OPS Investigators have arrest powers. Interviewed residents stated they had never made an allegation but if they did they believed the report would be taken seriously and investigated. The agency's investigation policy is provided via the agency website and third parties are provided information on how to report any PREA related allegation or complaint on line. Third parties may also report via the Fraud and Abuse Hotline, with contact information provided on the website as well.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The facility provided multiple training rosters documenting annual in-service training as well as multiple PREA Acknowledgement Statements confirming the staff's PREA training and understanding of the training provided. These acknowledgments affirm having been trained in the zero-tolerance process and that they have read the Agency's PREA Policy. Interviews with staff indicated they have received PREA Training. They receive it through Basic Correctional Officer Training, annually through annual in-service training, and through refresher training which includes reading the PREA policy again and receiving topics that are PREA related during shift briefings periodically. When shown the topics required by the PREA Standards, each staff affirmed they were trained in each of those topics and understood their role in preventing, detecting, responding and reporting allegations and reports of sexual abuse and sexual harassment and retaliation. The responses of staff to the posed questions indicated they have received and understand the PREA training provided and their responsibilities related to keeping inmates sexually safe and for reporting and responding to sexual abuse and sexual harassment as well as any reports or allegations of retaliation. All staff have received the on-line training "Communicating Effectively with LGBTI Inmates." Too, SART members receive initial training and annual training as well.

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Multiple acknowledgment statements were provided for review. These documented that the individual had received training on the Department's Zero Tolerance Policy and that they have read the GDC Standard Operating Procedures, 208.6, Sexually Abusive Behavior Prevention and Intervention Program. Volunteers and contractors are also acknowledging that they understand if they witness and inappropriate behavior, including that of a sexual nature or if someone reports it to them, they are to report it to a nearby supervisor.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Inmate Education, requires that PREA training is provided to every inmate within 72 hours of arrival of a facility whether it be by new intake or transfer. During orientation a designated staff member will present the program and the presentation must include the following: the Department's Zero Tolerance of sexual abuse and sexual harassment; definitions of sexually abusive behavior and sexual harassment; prevention strategies the inmate can take to minimize his risk of sexual victimization; methods of reporting an incident of sexually abusive behavior and for reporting allegations of sexually abusive behavior involving other inmates; methods of reporting sexual harassment; treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment and notice that male/female staff routinely work and visit inmate housing areas.

Policy also requires resident PREA Education must be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to inmates who have limited reading skills. Inmate's participation in PREA Education will be documented and maintained in the inmate's file.

Additional education is provided on continuous basis through posters reflecting the Department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. An interview with staff conducting intake indicated that at Intake, either on the same day and not later than 24 hours following admission to the facility, the intake staff related that she gives the incoming resident information on the following: 1) Zero Tolerance; 2) What is PREA; 3) How to avoid sexual abuse; 4) How to report sexual abuse and sexual harassment; and 5) Prohibitions against relations with staff and other residents. Following having provided this information to the residents, the intake staff related asks the incoming residents if they have any questions and also asks them if any of them need to speak with her privately. During orientation, she related the residents watch the PREA Video. Staff who conduct orientation stated the following information is provided to residents within 24 hours. This includes watching the PREA Video; Going through the PREA section in the Handbook; going over the incoming resident package that includes the PREA Pamphlet as well. She stated the residents get a copy of the resident handbook with the PREA related information and gives them a chance to ask any questions during each break in the PREA Video.

The auditor reviewed multiple Counseling Orientation Checklists confirming receipt of the PREA Information. Additionally, the auditor reviewed multiple PREA Acknowledgment Statements signed by residents.

Interviews with residents confirmed they were provided the facility's rules against sexual abuse and sexual harassment during orientation which they said occurred either the same day, within a few days and not later than the first week as they could recall. Most of the residents stated they received information about the facility's rules against sexual assault and sexual harassment, understood they had the right to report it and that they had a right not to be punished for reporting it. Residents consistently said they received written PREA information, received information from the Resident Handbook, watched the PREA video, and were given the opportunity to discuss and ask questions related to any PREA topic or issue. They stated they have seen the PREA Video over and over. They all knew the facility has a zero tolerance for any form of sexual activity. These ways included the following: reporting via the PREA hotline, *80, report to a staff, report to a counselor, get someone else to report for you, tell a sergeant, call PREA, email family, the TIP line, or use a cell phone. Residents are in the community working and looking for work and have the opportunity to report on those occasions.

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training Investigations, requires the OPS 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.

The facility investigator is a knowledgeable staff member who reported receiving specialized training through the Georgia Public Safety Training Center. This training, according to the investigator included 40 hours of training in "Sexual Assault Investigation". As a member of the Sexual Assault Response Team the investigator receives specialized training annually. The

investigator also has had the NIC online training for investigating sexual abuse in confinement settings.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The Pre-Audit Questionnaire documented that 100% of medical and mental health staff completed the training required by agency policy.

An interview with the medical staff at METRO Transitional Center indicated there are three healthcare staff at this facility. She related all of them had received the specialized NIC Training for healthcare providers. As a member of SART, medical staff receive additional specialized training. In the event of a sexual assault the healthcare staff related their role would be to briefly interview the resident to see what happened and look for visible signs of injury and treat any “horrible” injury and to collect evidence and contact Global Diagnostics who would provide a Sexual Assault Nurse Examiner.

The specialized training is in addition to the PREA training all staff, including medical must complete.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Classification Instrument, is administered by a counselor, within 72 hours of arrival at the facility. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Policy requires that screening is documented in SCRIBE. 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, in assessing inmates for risk of being sexually abusive. Reassessments are conducted when warranted and within 30 days of arrival at the facility based up on any additional information and Mental Health staff will reassess when warranted due to a referral, incident of sexual abuse or receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for not answering questions. Information derived during the process is limited to a need to know basis for staff, only for the purpose of treatment, security and management decisions including housing and cell assignment as well as work, education and programming assignments.

An interview with a staff who conducts the initial risk screening related that residents arrive on Tuesday and Thursday and are screened during the admissions process and not later than 24 hours after their admission into the facility. As a part of the process, the staff stated they consider things such as prior criminal history, age, weight, height, previous victimization, whether they are sexually aggressive, disciplinary reports, whether they are mental health residents, or have any other disabilities. She related the interviews are conducted in the privacy of an office. She related asking the 14 questions on the screening instrument.

In the event a resident discloses prior victimization, staff refer the resident to mental health staff at Georgia Diagnostic Prison. Reassessments, she indicated, are completed every 30 days or when a significant event occurs. the resident goes to court and returns a reassessment will be done. Additionally, transgender residents would be reassessed at least every six months. She related reassessments are conducted by the individual counselor. Interviewed residents indicated they were asked the questions from the questionnaire including: 1) were you in jail or prison previously? 2) were you sexually abused previously 3) do you identify yourself as gay, bisexual or transgender? and 4) do you feel like you will be a victim of sexual abuse while in this facility? These responses indicated they were administered the Victim/Aggressor assessment.

Samples of vulnerability screenings were provided for review.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

If an offender responds "yes" to question number 1 on the sexual victimization screen, the inmate will be classified as a Victim regardless of his responses to other questions. This will generate the PREA Victim icon on the Scribe Offender Page. If he answers "yes" to 3 or more of questions 2-9, the inmate will be classified as a Potential Victim and a PREA Potential Victim icon is generated on the Scribe Offender Page.

If an inmate answers "yes" to question Number 1 on the Sexual Aggressor Factor Rating, the inmate will be classified as a PREA Aggressor regardless of the responses to the other questions and the PREA Aggressor icon will be generated on the Scribe Offender Page. If 2 or more questions, in questions 2-6, are answered "yes" the inmate will be classified as a PREA Potential Aggressor and a PREA Potential Aggressor icon will be generated on the Scribe Offender Page.

Instructions require if an inmate scores out as both victim and aggressor the "rater" must thoroughly review the offender's history to determine which rating will drive the offender's housing, programming etc., and the appropriate alert is set. The screening staff related the results of the risk screening determine where to house the resident. All new intakes are housed in a designated living unit that will not be named for security reasons. Residents will be housed in this unit for 30 days. Additionally, a designated dorm houses potential victims in a living unit with 15 rooms, each housing two to four residents. Another hall on this unit houses the honor residents in double occupancy rooms. The Superintendent indicated victims may be placed close to the security station; abusers or potential abusers are housed in a separate building and in the building housing potential victims they are placed in a designated hallway away from potential abusers.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 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, she may do so in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). Staff have been instructed to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well. Once a grievance is received and determined to be PREA related, the grievance process ceases and an investigation

begins. Third Party reports may be made to the Ombudsman's Office or in writing to the State Board of Pardons and Paroles, Office of Victim Services (address provided). The inmate handbook instructs inmates to report sexual assault to staff or call the confidential GDC Sexual Assault Hotline. The number for the hotline is provided in the handbook and posted on the walls. Additionally, the inmate is provided the mailing address for the Inmate Advocate Sexual Assault Intervention and Prevention Program. The phone number and mailing address is provided. Inmates are provided the brochure entitled, "Sexual Assault and Sexual Harassment Prison Rape Elimination Act (PREA) How to Prevent it; How to report it". This brochure advises inmates that reporting is the first step. The hotline number is provided. The brochure tells inmates they may report allegations to any staff member or write to any of the following: Statewide PREA Coordinator (Address provided); the Ombudsman (Address and phone number provided) or to the Director of Victim's Services (Address provided). Reviewed investigation packets indicated inmates were well aware of how to use the PREA Hotline for reporting. Staff are trained to accept reports from any source and to report suspicions as well. Verbal reports are made immediately upon becoming aware of an incident or upon receipt of a report followed by a written report as soon as possible but not later than the end of the shift.

Residents have multiple ways to report allegations of sexual abuse or sexual harassment internally and externally. They may report by calling the PREA Hotline, to the Ombudsman, to the State Board of Pardons and Parole, Victim Services, to the PREA Coordinator, to staff, friends, family and inmates, via the grievance process, the DOC Tip Line, to the outside Rape Crisis Center/Outside Advocacy Organization, the Director of Victim Services and by telling a trusted staff. Residents in the transitional center have cell phones and may place calls at any time to report an allegation of sexual abuse or sexual harassment. Additionally, many of the residents have jobs and are out in the community on a regular basis and can report then as well.

Posters throughout the facility inform residents of ways to report sexual abuse and sexual harassment. Interviewed residents named multiple ways to report allegations of sexual abuse. These ways included the following: reporting via the PREA hotline, *80, report to a staff, report to a counselor, get someone else to report for you, tell a sergeant, call PREA, email family, the TIP line, or use a cell phone. Residents are in the community working and looking for work and have the opportunity to report on those occasions. Interviews with residents confirmed this facility has and provides multiple ways, internally and externally, to report allegations of sexual abuse.

This standard is rated exceeds because residents are allowed to have cell phones enabling them to report to anyone at any time. Too, residents are out in the community working and have access to the outside community almost daily. Additionally, the Department and Facility provide inmates with multiple ways to report including multiple ways to report outside the facility.

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GDOC Policy delineates the agency and facility grievance process. Upon entering the DOC, each offender is required to receive an oral explanation of the grievance procedure and receive a copy of the Orientation Handbook for Offenders, which includes instructions about the procedure.

DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, F. Reporting, Paragraph 2, Inmate Grievances, requires the facility to allow inmates a full and fair opportunity to file grievances regarding sexual abuse to preserve their ability to seek judicial redress after exhausting administrative remedies. The Policy and local operating procedures allow another inmate to file a grievance on behalf of another inmate. Too, the following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process: 1) Inmates may submit the grievance without having to submit it to the staff who is the subject of the complaint 2) Inmates may seek assistance from third parties and third parties can file grievances on behalf of the inmate 3) If a third party files a request on behalf of an inmate, the victim must agree to have the request filed 4) If the inmate declines to have the request processed on his behalf, GDC will document the inmate's decision as part of the SART or Internal Investigation report. Staff will also assist offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

In situations where an inmate uses the grievance process to report an allegation of sexual abuse, the Department does not require the inmate to attempt to resolve the incident informally before filing a grievance.

Emergency Grievance procedures require that emergency grievances must be immediately referred to the Grievance Coordinator (or Duty Officer if after hours), such as allegations of sexual abuse and other PREA Concerns. The Grievance Officer/Duty Officer must determine if the Grievance fits the definition of an emergency grievance. If it does, the Grievance Officer/Duty Officer must immediately take whatever action necessary to protect the health, safety or welfare of the offender, and provide an initial response within 48 hours. This information is required to be documented and the offender must be given a written response to his Emergency Grievance within 5 calendar days.

The Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been no grievances alleging sexual abuse, sexual harassment or retaliation during the past twelve months.

Interviews with residents acknowledged they could report allegations of sexual abuse and sexual harassment using the grievance process however during interviews with residents none of them named that method as a way they would report.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The facility utilizes the Grady Rape Crisis Center in Atlanta Georgia as the agency providing outside advocacy services to the facility. Contract information is provided. That contact information includes a telephone number and mailing address, along

with the Social Workers phone number.

Residents of the METRO Transitional Center also have access to phones to call the PREA Hotline, addresses to contact the State Board of Pardons and Parole, Victim Services and the Ombudsman. They also have access to their attorneys if they have one via phone, legal mail and through visitation and to family via the phone, mail and during visitation. Residents at the METRO Transitional Center have access to the “outside world” because most of the residents there are out in the community on jobs and have cell phones. They also have access to their family and attorney.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Third Party reports may be made to the Ombudsman’s Office. Information is provided to inmates that allows them to call or write the Ombudsman’s Office. They are also informed they may report in writing to the State Board of Pardons and Paroles, Office of Victim Services. This information is provided in the brochure provided inmates during admissions/orientation. The brochure entitled, “Sexual Assault, Sexual Harassment, Prison Rape Elimination Act – How to Prevent It and How to Report It” provides the phone number and mailing address for the Ombudsman and the mailing address for reporting to the Director of Victim Services. A PREA hotline is also available for third party reports and an inmate’s pin is not required to place a call using the “hotline”.

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

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

Interviewed staff indicated, in their interviews, that they would accept a report from any source, including third parties. They also stated they would treat it like any other allegation. They would report it immediately to their immediate supervisor and document the report. Inmates stated in their interviews that they have access to family and friends and understand that a third party could make a report on their behalf if needed. Residents related, when asked, that they could use the hotline for reporting but they could also report to family or some other third party and they, in turn, could report for them.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department of Corrections Policy, 208.6, 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 OPS Senior Investigator 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.

Interviewed staff confirmed that they are mandated reporters. Staff have been trained to take seriously and report any and all knowledge, reports, suspicions or allegations of sexual abuse. Staff stated they report everything to their immediate supervisor. When asked they stated they have to make a written report following a verbal report as soon as possible but prior to the end of their shift. When asked, staff said they would accept reports from third parties or any other source. They could make reports orally to their immediate supervisor or in writing and could call the PREA Hotline if they needed to. They also stated they have been informed they can go over the chain of command in reporting sexual abuse or allegations of sexual abuse. The reviewed Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement affirms staff’s understanding they are to report anything they witness or that is reported to them.

Standard 115.262 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 into SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE. If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART is responsible for the documentation. If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, Regional Director, the Department's PREA Coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reasons for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensure closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

The facility specific Coordinated Response Plan identifies actions to take in the event of a sexual assault. Staff are required to ensure the victim is housed separately from the alleged perpetrator. The METRO Transitional Center Local Operating Procedure identifies safe housing as in A Building (for potential victims) and in C Building, Hall 1, a separate hall from potential abusers. The abuser can be transferred out of the facility. If the aggressor is a staff, the staff may be placed on "no contact", administrative leave with pay, or reassigned to another facility while an investigation is being conducted. The facility Sexual Abuse and Response Checklist requires staff ensure the alleged victim has been placed in safe housing. The Pre-Audit Questionnaire documented there have been no incidents in which a resident was at substantial risk of imminent sexual abuse during the past twelve months.

Interviewed staff confirmed there have been no residents subject to a substantial risk of imminent sexual abuse during the past twelve months. All the interviewed staff stated they would take immediate action, however, upon learning that a resident was at risk. They indicated they would keep that resident with them until a supervisor makes a determination about placement for protection for the resident.

Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, 3. Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Professional Standards Senior Investigator. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

The reviewed Pre-Audit Questionnaire and interviews with staff confirmed there have been no allegations made at this facility that an inmate was sexually abused at another facility nor have there been any allegations reported to the METRO Transitional Center from another facility that an inmate was sexually abused while at the METRO Transitional Center. Interviews with the PREA Compliance Manager and the Superintendent confirmed they are aware of the policy requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that a resident from METRO was sexually abused at METRO they would initiate an investigation and cooperate with any investigation.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia DOC Policy, 208.6, describes in detail actions to take upon learning that a resident has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately. The SART will be notified and will implement the local protocol. The local protocol requires the same actions required by policy however it is facility specific and provides a "coordinated response plan" detailing the duties and expectations for each discipline. The reviewed Pre-Audit Questionnaire and interviews with staff confirmed that there have been no occasions or incidents during the past twelve months requiring first responding.

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.

Interviews with staff confirmed they have been trained in and are aware of their responsibilities as first responders. Staff articulated their responsibilities as first responders without hesitation. They said they would first separate the victim from the alleged aggressor and keep the victim safe. Then they would report the incident to their immediate supervisor, treat the room or area as a crime scene, ensuring no one comes in or out and request the victim not take any actions that would jeopardize collection of evidence, including showering, bathing, changing clothing, brushing teeth, using the restroom and requiring the alleged perpetrator to not take any actions to degrade or eliminate potential evidence and ensure the resident victim gets to medical or medical comes to him. Non-custody staff have also been trained in first responding and they described step by step actions to take in response to being informed a resident had been sexually assaulted.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the METRO Transitional Center PREA Local Procedure Directive. The plan is detailed and specific. Names of all responders including the Superintendent, Regional Director, TC Coordinator, Senior OPS Investigator, PREA Compliance Manager, SART Leader, SART Members, Retaliation Monitor, Staff Training, and Inmate Education. Duties are described for each of the following: first responders, medical, investigation and facility leadership. The plan also included a section entitled, “safe housing”. This section identifies the living units and rooms set aside for possible victims who need housing for their safety.

The facility does not have mental health staff per se and if mental health staff were needed, mental health staff from Georgia Diagnostic and Classification Prison would respond. The Sexual Assault Response Team has a trained advocate who may provide emotional support to the resident on site.

The reviewed Pre-Audit Questionnaire and interviews with staff confirmed that there have been no incidents requiring first responding by either security staff or non-security staff in the past twelve months.

Again, staff have been trained in first responding. These included both custody staff and non-custody staff. All were more than knowledgeable about the actions they would take in response to a sexual assault or an allegation of sexual assault.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 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 "not applicable". Georgia Department of Corrections employees are not members of a union. The Department is not involved in any form of collective bargaining. This was confirmed by interviews with the Superintendent, PREA Compliance Manager and previous interviews with the PREA Coordinator serving as the Agency Head's Designee.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The METRO Transitional Center has designated a retaliation monitor. An interview with the Facility's Retaliation Monitor indicated she would meet with the resident after an allegation of sexual abuse or sexual harassment is made within 30 days and let them know she is available to talk if needed and to tell them to contact her if they experience anything outside the norm. She related she would monitor such things as Disciplinary Reports, changes in housing assignments, program changes etc. and she would check SCRIBE (the offender database) for any other documentation to indicate potential or actual retaliation. If the subject of retaliation was a staff, she would be checking for things such as shift changes, write-ups and any indication of harassment. She related she would keep files and document monitoring for 30, 60 Or 90 days and beyond if needed. This facility is not large and any acts of retaliation should be easily detected and addressed.

The Pre-Audit Questionnaire reported that there were no incidents in which a resident or staff was subjected to any form of retaliation during the past twelve months. There were no allegations of sexual abuse or sexual harassment made at this

facility during the past twelve months. This was confirmed through interviews with staff and inmates. The Superintendent indicated she has a zero tolerance for retaliation and would discipline and sanction any resident or staff who were involved in retaliating against anyone who reported sexual abuse or sexual harassment or who cooperated with an investigation.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia Department of Corrections Policy, 208.6, G. Investigations, describes the investigative process. Appointing authorities or his/her designee may make the initial investigation inquiring to determine if a report of sexual abuse or sexual harassment is a rumor or an allegation. The Local Sexual Assault Response Team is responsible for initially inquiring and subsequent investigation of all allegations of sexual abuse or sexual harassment with limitations. In cases where allegations are made against staff and the SART deems the allegation is unfounded or unsubstantiated by evidence of facility documentation, video monitoring systems, witness statements, or other investigative means, the case can be closed at the facility level. The Appointing Authority or designee(s) are required to report all allegations of sexual abuse with penetration and those with immediate and clear evidence of physical contact, to the OPS Senior Investigator and the Department’s PREA Coordinator immediately upon receipt of the allegation. If an investigation cannot be cleared at the local level, the Senior Investigator 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.

An interview with the facility investigator confirmed the SART (the investigator is a member of SART) will conduct an initial investigation of all allegations of sexual abuse and sexual harassment. SART is the initial responding investigatory body whose purpose is essentially to respond to the allegation, ensure the potential crime scene is protected and potential evidence on residents is protected and to determine if a sexual assault occurred. If so, SART notifies the Office of Professional Standards Investigators who will instruct the SART on further actions to take. In cases of sexual assault, OPS will generally be the investigating unit. Office of Professional Standards Investigators are certified and have arrest powers. They will usually handle the more serious allegations. SART is capable of and may interview alleged victims, perpetrators and witnesses, review videos and collect evidence and then make a determination of whether the incident meets the requirements for a PREA case and whether the case is substantiated or not. The facility investigator is a knowledgeable individual and was able to articulate a detailed investigative process. There were no cases of actual sexual assault reported

in the past twelve months however two allegations of sexual harassment were referred to OPS for investigation.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Georgia Department of Corrections requires no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is confirmed through review of DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and interviews with a facility investigator and the administrative staff.

The facility investigator explained the standard for substantiating a case of sexual abuse is the preponderance of the evidence.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Georgia Department of Corrections requires no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is confirmed through review of DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program and interviews with a facility investigator and the administrative staff.

The facility investigator explained the standard for substantiating a case of sexual abuse is the preponderance of the evidence.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department of Corrections Policy, 208.6, Prison Rape Elimination Act, H. Discipline, 1. Disciplinary Sanction for Staff, requires that staff who engage in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate. The presumptive disciplinary sanction for sexual touching is termination. Violations of Department policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations for violations of the Department sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal. These cases are also reported to the Georgia Peace Officers Standards and Training Council (POST). Substantiated cases of nonconsensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution.

The Warden indicated if the allegation is substantiated the employee will be terminated and referred for prosecution.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer.

The Warden stated the contractor or volunteer would be put out of the facility, prohibited from further contact with residents, put on a “no entrance” list for all the prisons in Georgia and if substantiated the contractor or volunteer would be referred for prosecution.

The Pre-Audit Questionnaire and interviews with staff indicated there have been no allegations of sexual abuse or sexual harassment during the past twelve months involving any contractor or volunteer.

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Consensual sexual activity between inmates is prohibited and inmates may be subject to disciplinary action for such activity. Consensual sexual activity, while not sexual abuse, is considered a disciplinary issue. Inmates are subject to a disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process will consider whether the inmate's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed.

Residents may be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith is not considered to be falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate an allegation however following an administrative finding of malicious intent in filing a report, the inmate is subject to disciplinary sanction pursuant to a formal disciplinary process. The PREA Compliance Manager and Superintendent related the resident, in cases of sexual harassment, could be disciplined in compliance with the resident disciplinary code. If it is a sexual abuse case and it is substantiated the resident would be referred for prosecution.

The reviewed Pre-Audit Questionnaire and interviews with staff and inmates indicated there have been no allegations of sexual abuse made during the past twelve months.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy, 208.6, Prison Rape Elimination Act requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. 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 has made arrangements for the examination and treatment is provided at no cost to the inmate. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff are charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiate all necessary urgent/emergent treatment for bleeding, wounds and other traumas. They then complete the Nursing Protocol Assessment form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated, medical staff are required to arrange transfer the offender (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE Nurse shall be immediately notified and an appointment scheduled for the collection of forensic evidence. This will occur only if there has been penetration reported by the patient. For males, this includes oral penetration. 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. If the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence. A list of SANE Nurse call schedules is to be posted in the medical unit along with the physician on-call schedule.

In an interview, the facility RN indicated that if a sexual assault occurs, she would briefly interview the resident to see what happened and if they indicated sexual assault and there was an injury needing treatment she would treat it and notify the Sexual Assault Nurse Examiner. She also stated she would protect the evidence and keep the resident in a private area until the SANE came to the facility or the resident was transported to a hospital for a forensic exam. She indicated her company has a contract with Global Diagnostics for forensic exams. Emergency mental health crisis intervention would be arranged through the Georgia Diagnostic and Classification Prison.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The facility has not had any allegations of sexual abuse during the past 12 months.

Interviewed medical staff articulated their role in responding to an allegation of sexual abuse as well as their role following a forensic examination. The resident would be offered STI prophylaxis at the hospital however if not, the facility's medical doctor would prescribe anything the resident needed. She also indicated if a resident became pregnant as a result of a sexual assault the doctor would also advise the resident about available options.

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOC Policy, 208.6, Prison Rape Elimination Act, J. Data Collection and Review, 1. Sexual abuse incident reviews, requires the facility to conduct a sexual abuse incident review within 30 days after the conclusion of every sexual abuse investigation, substantiated and unsubstantiated. The review team will include the SART and will include input from upper management as well as input from line supervisors and other staff, where practical.

Team members consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the allegation was motivated by the perpetrator's or victim's race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated by other group dynamics at the facility; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; to assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of findings, including, but not limited to , determinations regarding all of the above and any recommendations for improvements, and submit the report to the Superintendent or PREA Compliance Manager. Interviews with members of the SART and the Superintendent indicated the facility does have a process for conducting incident reviews following an investigation. The incident review team considers motivations for incidents, whether staff actions may have contributed to an incident, whether not additional training is needed, whether a policy or procedure change is indicated and whether there is a need for additional video monitoring in the area where the incident occurred. The SART meets monthly to discuss any PREA related cases or issues.

There have been no allegations of sexual abuse or sexual harassment during the past 12 months however members of the incident review team are aware of the process.

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice. The department maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, DOC contracts for the confinement of inmates. Upon request, DOC provides data from the previous calendar year to the US Department of Justice no later than June 30th. The auditor reviewed the most recent Georgia Department of Corrections Annual Report. The Agency issues annual PREA reports and posts them on the DOC Website. The auditor reviewed the 2015 Georgia Department of Corrections Prison Rape Elimination Annual Report. The report was detailed and comprehensive. The report indicated that the Georgia DOC has 34 prisons, 13 transitional centers, 9 probation detention centers, 5 substance abuse and integrated treatment facilities and 4 private prisons. Data is collected from each of the facilities and aggregated. 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 2015 report indicated there was a 58% increase in allegations reported and this was attributed to better reporting. An increase in substantiated cases was noted and attributed to better trained investigators. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections facilities.

An interview with the Georgia DOC PREA Coordinator indicated the agency has a dedicated staff person who collects and analyzes the data. Based on the data reviewed the DOC can track allegations and investigations and findings from each facility and assess the need for any corrective actions.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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An interview with the Georgia DOC PREA Coordinator indicated the agency has a dedicated staff person who collects and analyzes the data. Based on the data reviewed the DOC can track allegations and investigations and findings from each facility and assess the need for any corrective actions.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Georgia Department of Corrections makes all aggregated sexual abuse data from all facilities under its direct control and private facilities with whom it contracts, readily available to the public through the Georgia DOC Website. DOC 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.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

June 10, 2017

Auditor Signature

Date