

PREA AUDIT REPORT     Interim     Final  
ADULT PRISONS & JAILS

Date of report: 5/01/17

Auditor Information			
Auditor name: Dorothy Xanos			
Address: 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702			
Email: dorothy.xanos@us.g4s.com			
Telephone number: (813) 918-1088			
Date of facility visit: March 20-21, 2017			
Facility Information			
Facility name: Montgomery State Prison			
Facility physical address: Highway 107 South, Mt. Vernon, Georgia 30445			
Facility mailing address: (if different from above) P.O. Box 256, Mt. Vernon, GA 30445			
Facility telephone number: (912) 583-3600			
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 checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Tamala Brown			
Number of staff assigned to the facility in the last 12 months: 94			
Designed facility capacity: 418			
Current population of facility: 404			
Facility security levels/inmate custody levels: Minimum/Medium			
Age range of the population: 18+			
Name of PREA Compliance Manager: Brian Chambers		Title: Deputy Warden	
Email address: brian.chambers@gdc.ga.gov		Telephone number: (912) 583-3612	
Agency Information			
Name of agency: Georgia Department of Corrections			
Governing authority or parent agency: (if applicable) <a href="#">Click here to enter text.</a>			
Physical address: 300 Patrol Road, Forsyth, GA 31029			
Mailing address: (if different from above) P. O. Box 1529, Forsyth, GA 31029			
Telephone number: (478) 992-5211			
Agency Chief Executive Officer			
Name: Gregory C. Dozier		Title: Commissioner	
Email address: Gregory.Dozier@gdc.ga.gov		Telephone number: (478) 992-5211	
Agency-Wide PREA Coordinator			
Name: Grace Atchison		Title: Statewide PREA Coordinator	
Email address: Grace.Atchison@gdc.ga.gov		Telephone number: (478) 992-5101	

## AUDIT FINDINGS

### NARRATIVE

Montgomery State Prison (Montgomery SP) is a medium secure male adult prison with a design capacity of 418 inmate beds and governed by the Georgia Department of Corrections. The facility is located in Montgomery County, Mt. Vernon, Georgia and their mission is to provide a variety of structured programs intended to minimize recidivism and initiate an effective re-entry program. The facility contracts with local counties and cities for revenue contract inmate work details. The Revenue details are provided for: City of Mt. Vernon, Montgomery County, and the Department of Transportation. Montgomery SP provides a work force for Georgia Correctional Industries (GCI) on prison grounds in the operation of their GCI's upholstery plant and the Food & Farm Division for their extensive poultry and egg producing plant. The facility has their own fully operational ten (10) man fire department that responds to various counties (Montgomery, Toombs, and Wheeler).

Montgomery SP is staffed with ninety-four (94) full-time and part-time employees and there are various groups of volunteers providing religious services to inmates. The staff consisted of: Warden; (2) Deputy Wardens; Correctional Captain; (4) Correctional Lieutenant; (8) Correctional Sergeant; (49) Correctional Officer I & II; Behavioral Health Counselor Supervisor; (4) Behavioral Health Counselor II & III; Fire Fighter Captain; (3) Teacher & Instructor II; Chaplain; Librarian; (17) other staff (accounting, administrative, food service, maintenance and technology) and (1) staff vacancy. Additionally, inmates are sent to another facility for mental health services.

The medical staff both full-time and part-time providing services at the facility consisted of: (2) Registered Nurses; License Nurse Practitioner and office associate. The licensed nurses provide nursing services on-site ten (10) hours a day, five (5) days a week and an on-call Medical Director 24/7. A physician assistant or nurse practitioner is at the facility two (2) days a week and the medical director once month to provide medical services for the inmates. Additionally, all nurses are supervised by an on-site lead registered nurse who is responsible for the coordination of the medical services. Sick call is provided once a day Monday through Friday at the facility. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of inmate injuries and treatment as required, medical assessments and monitoring with any restraint or segregation, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. The dental staff consisted of a dentist and a dental assistant providing dental services Monday through Friday consisting of dental care, cleaning, education, and treatment fillings to extractions. Meadows Regional Medical Center provides the emergency services and forensic medical examinations are provided by a SANE nurse at no financial cost to the victim. GDC has established a contract with an outside service providing SANE nurse examinations statewide. If the facility needs a forensic medical examination a SANE nurse would be contacted from the SANE call roster and the exam would be conducted at the facility.

Montgomery SP provides general education to inmates that include adult basic education, literacy remedial and participation in HISET - GED preparatory classes for those individuals interesting in obtaining their GED. Treatment and counseling services are provided at the facility consisting of: Family Violence, Matrix, Re-Entry Skills Building, Thinking for a Change, Motivation for Change, Alcoholics Anonymous/Narcotics Anonymous, and Moral Recognition Therapy. Religious services are provided for various faiths including Choir and Bible Study. Montgomery SP has a number of vocational programs to prepare inmates' transition back into the community that include: Food Preparation, Barber, Farm Worker, Custodial Maintenance, Grounds Keeper, Laundry Worker, Fork Lift Operator, Correctional Industries-Upholstery, Auto Mechanic Helper and General Office Clerk.

The GCI's Upholstery Plant has a PIE program which enables GCI to sell the pieces of furniture to the public. On average thirty-five (35) to forty (40) inmates work at the plant and produce about five hundred (500) pieces of furniture on a monthly basis. These inmates are paid by the hour on these jobs. Inmates who work at the plant receive a certificate from Southeastern Technical College. The GCI's Food and Farm Poultry & Egg Producing Plant has an average of fifteen (15) to twenty-five (25) inmates work at the plant and produce on average 175,000 dozen eggs per month. Inmates who work at the plant receive a certificate from the Georgia Department of Corrections.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Montgomery State Prison (Montgomery SP) is a minimum/medium custody adult male prison located Mt. Vernon, Georgia. The prison's physical plant is comprised of two (2) buildings surrounded by a perimeter security fence. The facility has a gate house prior to entering the main building that leads into a lobby area. There is an administrative area with offices, master control, visitation/multi-purpose area, kitchen area with storage, dining area, laundry area, commissary store, barber shop, library and education area, several classrooms, law library, and medical/dental area. The facility has six (6) open bay dormitories, sixty-four (64) bunks, two (2) TVs and shower/bathroom areas. Also, located in each entrance to the open bay dormitories are two (2) telephones with postings. The two (2) TVs located in each dormitory provides information on PREA and the facility rules on a continual basis twenty-four (24) hours a day seven (7) days a week. In the hallways connecting the dormitories are two (2) JPAY (KIOSK) that allows inmates to send emails and download music. The facility has an isolation/segregation unit with eight (8) isolation cells and eight (8) two-man segregation cells. The fire house located outside the perimeter fence adjacent to the facility has ten (10) beds with a shower/bathroom area. In the back of the building are several structures, a shake down building with two (2) stalls (inmate receiving area), supervisor's office, maintenance building with office and tool room, storage warehouses for chemicals, paints, inmate clothing and other varied supplies. There is an auto body shop where inmates can restore vehicles including an office and bathroom area. There is a food service warehouse, the upholstery building, feed mill, chicken houses and gym area with offices.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by February 6, 2017, six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour and verified by photographs received on the USB flash drive from the GDC PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the administration area, visitation area, dining area, medical and units/dormitories. This auditor did not receive any communications from the staff or the inmates as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by February 20, 2017. The documentation was uploaded to a USB flash drive that was organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards. After a discussion, during a conference call with the Warden and Deputy Warden and providing a list of noted concerns, the Deputy Warden sent some documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit. Specific corrective actions during the on-site visit were taken to address some of the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on March 20-21, 2017. An entrance briefing was conducted with the Warden, both Deputy Wardens, HR Tech Supervisor, Behavioral Health Counselor Supervisor, Lead Nurse, Captain, Chaplain, Administrative Assistant II, Behavioral Health Counselor III, and GDC Assistant SW PREA Coordinator. During the briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the staff and inmates and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area, visitation area, inmate receiving area, sally port area, program/support offices, library/education area, law library, medical area, kitchen and storage area, dining area, recreation area, commissary/barber area, housing units/dormitories and segregated housing. During the tour, inmates were observed to be under constant supervision of the staff while involved in various activities. The facility was clean and well maintained in most areas of the buildings. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing inmates of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the inmates's rooms or shower/toileting area so inmates are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the male unit/dorm areas did allow for privacy including the segregated area.

During the two (2) day on-site visit, there were a total of four hundred and four (404) inmates in the facility. There are six (6) living unit/dorms including a segregated housing unit and twenty-one (21) inmates were randomly selected for the interview process. Inmates were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the inmates. There is evidence of the Montgomery SP's Warden attempting to obtain a Memorandum of Understanding with Statesboro Regional Sexual Assault Center to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. Twenty-seven (27) staff including those from both shifts, administrative and supervisory staff, medical and mental health staff, support staff, chaplain, Warden, Deputy Warden /PREA Compliance Manager were interviewed on both days of the audit. Additionally, interviews were conducted via telephone with the GDC Commissioner (representative), GDC PREA Coordinator, GDC Investigator and SANE nurse prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Warden, Deputy Warden and GDC Assistant SW PREA Coordinator. At the exit debriefing, it was discussed additional documentation was required for three (3) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the Deputy Warden/PREA Compliance Manager prior to submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and approved by the Executive Division/Office of Professional Standards outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and inmates who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of inmates. GDC requires each Warden at each facility to develop protocols and local procedure directives for implementation of the Agency PREA Policy and PREA Standards and responses to sexual allegations. Montgomery SP's PREA Protocol dated 2/9/17 and Local Procedure Directive dated 8/14/15 reflect the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the inmates in their care throughout the State of Georgia.

Georgia Department of Corrections (GDC) has appointed an Agency Compliance Director who is responsible for the overall implementation and compliance of the PREA Standards statewide. Even though the Department has established a high level state staff, they have taken it one step further by designating a PREA Coordinator and an Assistant PREA Coordinator who work statewide to ensure implementation and compliance of the PREA Standards. An interview with the PREA Coordinator indicated she has sufficient time and authority to develop, implement and oversee compliance efforts of sixty-two (62) facilities. The Deputy Warden is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the randomly selected and specialized staff interviews, staff had been trained and were knowledgeable of GDC Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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 documentation reviewed indicated that Montgomery State Prison does not contract for the confinement of their inmates with private entities or other entities, including other government agencies, therefore this standard is not applicable to this facility.

### Standard 115.13 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 contained the required information identifying the facility to develop a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of inmates, physical plant, video monitoring, and federal standards. Additionally, the policy contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff including the Duty Officer conducting unannounced rounds on a weekly basis during all shifts. The information is documented in area log books and the local Duty Officer log book that contains observations of all areas of the facility. GDC's PREA staff review, approve, and sign annual staffing plans for all facilities statewide. Montgomery SP's staffing plan was reviewed, approved, and signed on 2/9/17. The facility did not have any deviations from the staffing plan, their critical positions are always filled, it is a mandate. The Chief of Security's responsibility is to review shift rosters daily for post deviations and insure Shift Supervisors remain in compliance. The Warden has established at the facility split shift officers to fill these posts. Also, the staff have been trained not to alert other staff that unannounced rounds are being conducted throughout the facility.

Montgomery SP's secure facility utilizes constant video and staff monitoring to protect the inmates from sexual abuse and harassment. The Warden and the Deputy Warden have the capability to view and review periodically video cameras on their computers enabling them to observe what is going on in the facility from their offices. The Warden's interview, documentation and staff interviews confirmed the process takes place in the facility. The Warden had reviewed and approved of the process for all supervisory staff (Shift Officers, Duty Officers and Security Supervisors) conducting unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment. During the facility tour, there was an area (laundry) identified as having a blind spot, however this was previously identified and a mirror will be used in this location in the absence of cameras. A procedure had been previously implemented as to how this area would be supervised. Since the initial review and on-site visit, the Deputy Warden/PREA Compliance Manager sent the documentation (photos) to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

### Standard 115.14 Youthful inmates

- 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 contained the elements of the standard, however, Montgomery State Prison does not house youthful inmates. Therefore, this standard is not applicable to this standard.

#### Standard 115.15 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15; Policy #226.01 (Searches, Security, Inspections, and Use of Permanent Logs) and a Protocol from the Director of Facility Operations dated 3/31/14 revealed policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. Also, the policy indicated any cross-gender searches are required to be documented. There were no cross-gender strip search or pat-down searches conducted during the past 12 months. Staff and inmates interviews indicated that female staff entering the housing area most of the time announce themselves. Also, the announcement is documented in the log books.

A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex inmates are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of inmates. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Staff and inmate interviews confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. During the facility tour, it was evident many of the bathroom and shower/toilet areas in the male unit/dorm areas and other areas did allow for privacy. The showers in the open bay dorms were equipped with curtain partitions that allow for privacy and the isolation/segregated unit had toilets inside the rooms. Also, there were no cameras observed in any of the shower areas or in any isolation/segregated cells.

#### Standard 115.16 Inmates with disabilities and inmates 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.

The initial review of Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 contained procedures to be taken to ensure inmates with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreters services could jeopardize an inmates' safety. Montgomery SP has established a contract with Language Line Services, Inc. to provide inmates who are limited English proficient with various interpreter services on an as needed basis. A number of memorandums from the Warden dated February 2, 2017 specific to inmates with disabilities instructs staff to utilize various methods in assisting inmates with limited English proficiency, mental, physical and/or development

disabilities and limited in reading skills. Also, the memorandum identified a specific staff member that could be utilized for interpreting services. There are postings throughout the facility in English and Spanish and intake staff have access to interpreter services. Staff training documentation, pamphlet and detainee handbook contained information on providing appropriate explanations regarding PREA to inmates based upon their individual needs. Most staff interviews confirmed there is an outside agency to provide services and they do not allow for the use of inmate assistants in relation to reporting allegations of sexual abuse or sexual harassment. During staff interviews, this auditor had an opportunity to interview several LEP inmates and utilized the identified staff member to interpret. The inmates confirmed during the intake process of being provided with the PREA information in Spanish. In the past 12 months, the facility did not have any instances of inmate interpreters, readers or assistance being used for reporting allegations of sexual abuse or sexual harassment.

#### Standard 115.17 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IK01-0004 (Criminal History Inquiry/Finger Printing) revised 8/15/01 contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. GDC has extensive initial background screening requirements that include the screening for criminal record checks (GCIC & NCIC), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, driving records check, child abuse registry checks, domestic violence check, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts five (5) year background checks for all non-security employees and contractors. An annual background check is completed on all security employees besides their annual weapons qualifications. There is an affirmative duty to disclose any arrests or previous misconduct. Material omissions by an employee is subject to termination. A sampled review of staff's and contractor's HR files had documentation on staff completing varied forms containing the PREA questions regarding past misconduct (Applicant Verification form), consent (Criminal/Driver History Consent form & GCIC/NCIC Consent form), Professional Reference Check, Criminal Record Disclosure Awareness Statement and GDC Sexual Assault/Sexual Misconduct PREA Training Acknowledgment Statement that are completed during the hiring process. The HR staff complete the criminal background information and receive an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the GDC training and orientation process. The HR Tech Supervisor's interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Also, she maintains list of all staff who are hired and security staff's annual weapons re-certification. The agency provides information to requests from institutional employers where an employee has applied to work.

#### Standard 115.18 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.

Montgomery SP has not been newly designed or had a substantial expansion or modification since August 20, 2012. There was a request prior to the on-site visit for additional and replacement cameras and an upgrade of the video monitoring system. During the tour, the video surveillance system and mirrors were observed, this will enhance their capabilities to assist in monitoring blind spots and the review of incidents. This enables the staff to monitor inmates more efficiently throughout the physical plant of the facility. Interviews with the Warden and Deputy Warden/PREA Compliance Manager confirmed the video monitoring and electronic surveillance system had been enhanced to continue with the prevention of sexual abuse and harassment at the facility.

#### Standard 115.21 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #103.10 (Evidence Handling and Crime Scene Processing) effective 10/1/14 contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to investigative agencies. Documentation and an interview with the Warden confirmed the Office of Professional Standards (OPS) conducts the criminal investigations of allegations of sexual abuse and sexual harassment. There is evidence of the Montgomery SP's Warden attempting to obtain a Memorandum of Understanding with Statesboro Regional Sexual Assault Center to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. Additionally, the Warden has assigned a specific staff as their internal victim advocate for the inmates at the facility. The assigned staff has completed the training with the Georgia Network to End Sexual Assault (GNESA) and received a certificate for the "Sexual Violence Victim Advocacy Training." Memorial Regional Medical Center provides the emergency services and forensic medical examinations are provided by a SANE nurse at no financial cost to the victim. GDC has established an outside service providing SANE nurse examinations statewide. If the facility needs a forensic medical examination a SANE nurse would be contacted from the SANE call roster and the exam would be conducted at the facility. Montgomery SP had no forensic medical exams conducted in the past 12 months.

#### Standard 115.22 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IK01-0006 (Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders) revised 12/15/05 requires an administrative and/or criminal investigation for all

allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Office of Professional Standards (OPS) for the determination of criminal charges. OPS provides services on a 24 hour basis that includes the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues.

The Warden has assigned at the facility level a local SART (Sexual Abuse Assault Response Team) who is responsible for the initial inquiry and subsequent administrative investigation, completes an Incident Report and refers the information to OPS when necessary for further investigation. The PREA policy can be found at the Georgia state's website and information can be found in their pamphlet (GDC Sexual Assault Sexual Harassment PREA) that is available in English and Spanish. Montgomery SP had received no allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. All staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment. After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The Deputy Warden/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

#### Standard 115.31 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires an indepth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their inmate populations. The staff training documentation including a powerpoint presentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All new employees sign the PREA Acknowledgement Form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. Also, all new employees are provided a brochure "Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders". A review of all staff and training documentation as well as staff interviews confirmed that staff are receiving their required PREA training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the facility, it was evident that staff are trained continually about the PREA standards during shift briefings and the completion of various on-line trainings with outside sources i.e. National Institute of Corrections (NIC) and Georgia Network to End Sexual Assault (GNESA). Additionally, all staff are required to complete an annual in-service PREA training. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the inmates in their care throughout the State of Georgia by providing extensive training to all employees who work at their facilities.

#### Standard 115.32 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires volunteers and contractors who have contact with inmates to receive in-depth PREA training as well as refresher training annually. All volunteers and contractors receive the PREA training, Identification Card (Volunteer ID) and sign two (2) PREA Acknowledgement Forms upon completion of the PREA training they received. Also, all volunteers and contractors are provided a brochure "Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders". The training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures. A review of the documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. An interview with a volunteer confirmed his knowledge of the required PREA training and GDC's zero tolerance of any form of sexual activity at the facility as well as his duty to report sexual abuse or sexual harassment.

#### Standard 115.33 Inmate 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 15 days upon arrival. However, the assigned correctional staff provides and reviews with the inmates verbally this information (GDC PREA pamphlet and Montgomery SP Inmate handbook) immediately upon arrival during their initial intake. Additionally within 24 hours, the Behavioral Health Counselor II staff has the inmates observe the "Speaking Up" video on sexual abuse and provides an orientation to the facility. Each inmate signs a form (Orientation Checklist) to verify the observation of the video and attending the orientation. The GDC PREA pamphlet entitled "Sexual Assault, Sexual Harassment, Prison Rape Elimination Act (PREA), How to Prevent It, How to Report It" includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. This pamphlet advises inmates that "reporting is the first step". Inmates are given the phone number (\*7732) to call the PREA Confidential Reporting Line, the contact information to the Ombudsman and Inmate Affairs Office and the Pardons and Parole Victim Services Office. Documentation of inmate's signatures were reviewed and confirmed during inmate interviews. Most inmates interviewed stated they received this information the same day they arrived at the facility, identified the receipt of the pamphlet and observed the video within several days after arriving to the facility. PREA postings were observed throughout the facility tour and inmates identified the postings as another source of information for them.

#### Standard 115.34 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires the Office of Investigation and Compliance (OIC) to ensure all investigators are properly trained in conducting investigations in confinement settings. The required 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 or prosecution referral. All investigators under go an extensive training developed by DOJ Bureau of Prisons, National Institute of Corrections (NIC) prior to conducting criminal and administrative investigations. At the facility level, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the Office of Professional Standards (OPS) for further investigation for the determination of criminal charges. There are six (6) staff at Montgomery SP who have completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting. Documentation was reviewed and in compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

#### Standard 115.35 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires PREA training and specialized training for medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by GDC Evaluation and Treatment of Sexual Assault and NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting. All medical and mental health staff sign the GDC PREA Acknowledgement form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff at the facility do not conduct forensic examinations. GDC has established an outside service providing SANE nurse examinations statewide. If the facility needs a forensic medical examination a SANE nurse would be contacted from the SANE call roster and the exam would be conducted at the facility. Interviews with three (3) medical and mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course. An interview with a SANE nurse confirmed she will provide forensic medical exams at the facility in the event of an incident.

#### Standard 115.41 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires prior to placement as part of the screening process each inmate is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness called the "Victim/Aggressor Classification". The assigned Behavioral Health Counselor II conducts the screening in SCRIBE within seventy-two (72) hours of the inmates arrival to the facility to determine placement and their special needs. Those inmates who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Also, a mental health practitioner will conduct an initial Mental Health Assessment within seventy-two (72) hours upon an inmates arrival to the facility. Inmates are reassessed at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Most inmate interviews and the documentation revealed that risk screenings are being conducted within seventy-two (72) hours of their admission to the facility. Staff interviews confirmed a screening is completed on each inmate upon admission to the program within seventy-two (72) hours. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. Although there have been no transgender or intersex inmates admitted to the facility within the past year, staff were aware of giving consideration for the inmate's own views of their safety in placement and programming assignment. Inmate interviews indicated limited knowledge of being asked specific questions (i.e. whether you had been in jail or prison before, whether you had ever been sexually abused etc.) during the intake process. After the on-site visit, it was determined to update the inmate admission and orientation process to include the required questions as part of reviewing the PREA information verbally to the inmates. The Deputy Warden/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

#### Standard 115.42 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The assigned correctional staff utilizes the "Victim/Aggressor Classification" Instrument and any other pertinent information during the inmate's admission process. Staff interviews described how information is derived from the form as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are six (6) dormitories containing an open bay area with bunk beds and shower/bathroom area. Two (2) of the six (6) dormitories are designated as a "Safe Dorm" in the facility. Also, there is an isolation/segregation unit with eight (8) isolation cells & eight (8) two-man segregation cells.

#### Standard 115.43 Protective custody

- 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IIB09-0001 (Administrative Segregation) effective 4/30/15 prohibits the use of involuntary segregated housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Also, the policy requires a review every thirty (30) days for continued restriction/placement. The inmates participation in programs, privileges, education and work opportunities may be restricted due to facility security issues, however all efforts will be made to provide certain programing within the isolation/segregated housing. Any placement of an inmate in involuntary segregated housing and any type of restrictions are noted in SCRIBE case notes documenting the concerns for the inmate's safety.

#### Standard 115.51 Inmate 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 provides multiple internal ways for inmates to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include: Telephoning the PREA Confidential Reporting Line (\*7732), a written complaint to the Ombudsman and Inmate Affairs Office, advising an administrator, a staff member, placing a written complaint in the grievance box, JPAY email and external complaint to a third party (i.e. family member). Additionally, the Georgia Department of Pardons and Parole Victims Services is another external reporting method for the inmates. While touring the entire facility, it was observed in the living areas postings of the PREA information (posters), however, each dormitory had two (2) TVs located providing information on PREA and the facility rules on a continual basis twenty-four (24) hours a day seven (7) days a week. The victim advocate information postings were limited. Reporting procedures are provided to inmates through the GDC PREA pamphlet and Montgomery SP Inmate handbook. Most staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard.

#### Standard 115.52 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IIB05-0001 (Statewide Grievance Procedure) effective 7/20/15 describes the orientation inmates receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with inmate's grievances regarding sexual abuse or harassment. Inmates may place a written complaint in the grievance box located in various locations throughout the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist an inmate in filing a grievance or to file grievances themselves on behalf of inmate. Inmates are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response within a required timeframe. Also, the facility has an emergency grievance procedure requiring an initial response within 48 hours. A review of the Montgomery SP's Inmate Handbook, staff and inmate interviews confirmed the grievance process relating to sexual abuse or sexual harassment complaints. Montgomery SP did not have any grievances in the past 12 months related to sexual abuse or sexual harassment.

#### Standard 115.53 Inmate 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 ensures that inmates are provided access to outside confidential support services and legal counsel. There is evidence of the Montgomery SP's Warden attempting to obtain a Memorandum of Understanding with the Statesboro Regional Sexual Assault Center to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. Additionally, the Warden has assigned a specific staff as their internal victim advocate for the inmates at the facility. There have been no calls from inmates to outside services in the past 12 months. Inmate interviews confirmed they have reasonable and confidential access to their attorneys through visitation, correspondence or by telephone. Outside services information is provided to the inmates during the orientation process. However, inmates interviews revealed limited knowledge of how to access outside services. Since the initial review and on-site visit, the two (2) TVs located in each dormitory provides information on PREA and the facility rules on a continual basis twenty-four (24) hours a day seven (7) days a week. All TV's were updated with additional information on the victim advocate services and the facility's postings by each phone located in each dormitory. The Deputy Warden/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

#### Standard 115.54 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 identifies the Department's third party reporting process and instruct staff to accept third party reports. GDC website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an inmate. There are three (3) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the State-wide PREA Coordinator, Ombudsman and Inmate Affairs Office and the Director of Victims Services. This information is reported directly to the State-wide PREA Coordinator who will inform the Warden or Superintendent. These reports will be investigated. All inmate interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their attorney. All staff interviews were able to describe how reports may be made by third parties.

#### Standard 115.61 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IIA04-0002 (Incident Report) effective 11/01/04 identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and most random staff interviews confirmed the program's compliance with this standard. Additionally, the facility staff receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard. Interviews with medical and mental health staff confirmed their responsibility to inform inmates their duty to report and limitations of confidentiality.

#### Standard 115.62 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IIB09-0001 (Administrative Segregation) effective



4/30/15 requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Warden and other random selected staff were able to articulate, without hesitation, the expectations and requirements of GDC Policies and PREA Standards, upon becoming aware that an inmate may be subject to a substantial risk of imminent sexual abuse. Staff interviews indicated if an inmate was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the inmate, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the inmate would be referred for mental health services.

#### Standard 115.63 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires the Warden/Superintendent upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Warden/Superintendent where the alleged abuse occurred and to report it in accordance with GDC policy and procedures. Also according to policy and procedure the the Warden/Superintendent is to immediately report the incident for investigation and complete an incident report. The Warden had received no allegations that an inmate was abused while confined at another facility during the past 12 months.

#### Standard 115.64 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15; Policy #103.10 (Evidence Handling and Crime Scene Processing) effective 10/1/14 and training documentation requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There had been no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with GDC policies and procedures. It was evident that staff have been trained in their responsibilities as first responders.

Standard 115.65 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. Montgomery SP's PREA Protocol dated 2/9/17 and Institution PREA Responsive Plan dated 11/1/16 reflect the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. Montgomery SP's staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, and a number of other individuals. Interviews with the Warden and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

Standard 115.66 Preservation of ability to protect inmates 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.

Georgia Department of Corrections (GDC) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA, therefore this standard is not applicable.

Standard 115.67 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Montgomery SP's Local Procedure Directive dated 8/14/15 requires the protection and monitoring of inmates and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. GDC policy prohibits retaliation against any staff or inmate for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include inmate disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. The Warden is responsible with overseeing the monitoring of the conduct or treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. She has assigned a Senior Counselor the responsibility to serve as an advocate to link services (community based advocates or mental health professionals) and support to inmates who report sexual abuse and sexual harassment by another inmate, staff member, contractor or volunteer. If a retaliation should occur, the assigned Senior Counselor would complete a "90 Day Offender Sexual Abuse Review Checklist" form whether it is a staff or inmate retaliation monitoring. There had been no incidents in the past 12 months that was monitored for possible retaliation.

#### Standard 115.68 Post-allegation protective custody

- 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 initial review the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IIB09-0001 (Administrative Segregation) effective 4/30/15 contained information on post-allegation protective custody or guidelines for moving an inmate to another housing area (Administrative Segregation) or another facility as a last measure to keep inmates who alleged sexual abuse safe and only until an alternative means for keeping the inmate safe can be arranged. If an inmate is placed in segregated housing, there is an evaluation completed within 72 hours and the status is documented on a SCRIBE case note. No inmates were secluded or isolated in the past 12 months.

#### Standard 115.71 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires all staff to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Office of Professional Standards (OPS) for the determination of criminal charges. OPS provides

services on a 24 hour basis that includes the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues. The Warden has assigned at the facility level a local SART (Sexual Abuse Assault Response Team) who is responsible for the initial inquiry and subsequent administrative investigation, completes an Incident Report and refers the information to OPS when necessary for further investigation. There has been no substantiated allegation of conduct that appeared to be criminal referred for prosecution in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department.

#### Standard 115.72 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with one (1) of the investigators indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Warden in consultation with legal and her supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

#### Standard 115.73 Reporting to inmates

- 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires that any inmate who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying inmates whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate unless the allegations are "unfounded" whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; GDC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving inmate-on-inmate allegations of sexual abuse, the facility will inform the inmate whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There had been no reported investigation of alleged staff or inmate's inappropriate sexual behavior that occurred in this facility in the past 12 months that was completed by the agency/facility. The Warden validated her technical knowledge of the reporting process during her interview.

Standard 115.76 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)
- 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. Also, the policy mandates that the violation be reported to the Georgia Peace Officers Standards and Training Council (POST) and Office of Professional Standards (OPS). All disciplinary sanctions are maintained in the employees HR file in accordance with GDC policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies. The Warden's interview validated her technical knowledge of the reporting process was consistent with GDC policies and procedures.

Standard 115.77 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of inmates will be reported to the Department and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with inmates in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. All volunteers and contractors must sign the PREA Acknowledgement Form upon completion of the PREA training they received. This was verified with the documentation review and during an interview with the Warden. There have been no volunteers or contractors reported in the past 12 months for engaging in sexual abuse or harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

- 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 and Policy #IIB02-0001 (Offender Discipline) effective 4/30/15 found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions. Montgomery SP's staff provides each inmate with GDC PREA pamphlet and Montgomery SP Inmate Handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Inmates will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past 12 months. The Warden indicated that inmates may also be referred for prosecution if the allegations were criminal.

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

- 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #VG55-0001 (Program Services/Health Services – Mental Health) revised 10/01/12 and Policy #VG20-0002 (Confidentiality of Mental Health/Mental Retardation Records) effective 10/1/12 require medical and mental health evaluations and as appropriate, treatment is offered to all inmates victimized by sexual abuse and ensure confidentiality of information. Inmates who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or a mental health practitioner within 14 days of admission/screening. Medical staff complete various admission screening forms (i.e. Medical History, Receiving Health Screening, Orientation of Medical Services) and mental health staff complete various forms (i.e. Mental Status Evaluation) during the initial intake process including informed consent disclosures (Mental Health Consent for Evaluation and Treatment form). There were no inmates who disclosed prior victimization during their initial screening process. During the interviews with the medical and mental health staff confirmed that although there were no disclosures, all inmates were offered follow-up meetings with medical and mental health providers.

#### Standard 115.82 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #VH85-0002 (Medical Management of Suspected Sexual Assault, Abuse or Harassment) effective 9/01/01 and Policy #VG55-0001 (Program Services/Health Services – Mental Health) effective 10/01/12 requires inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting an inmate to the emergency room with specific documentation for the staff and maintain a “Medical PREA Log” for inmates transported to the emergency room. Also, the medical staff complete a “Nursing Assessment Form for Alleged Sexual Assault”. Memorial Regional Medical Center provides the emergency services and forensic medical examinations are provided by a SANE nurse at no financial cost to the victim. GDC has established an outside service providing SANE nurse examinations statewide. If the facility needs a forensic medical examination a SANE nurse would be contacted from the SANE call roster and the exam would be conducted at the facility. Statesboro Regional Sexual Assault Center identified as victim advocate services provides confidential emotional support to inmates who are victims of sexual abuse. Additionally, the Warden has assigned a specific staff as their internal victim advocate for the inmates at the facility. Interviews with the medical and mental health staff confirmed that inmates have immediate access to emergency medical and mental health services.

#### Standard 115.83 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #VH81-0001 (Medical Management of Suspected Sexual Abuse) effective 9/01/01 and Policy #VG55-0001 (Program Services/Health Services – Mental Health) effective 10/01/12 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse needing a forensic medical examination, a SANE nurse would be contacted from the SANE call roster and the exam would be conducted at the facility. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. The form is called “Sexual Allegation Notification and Evaluation Log” and medical staff track the follow-up medical visits. Mental Health staff complete an evaluation (Mental Health Initial Sexual Allegation Evaluation) and follow-up for mental health visits. There have been no investigations of alleged inmate’s inappropriate sexual behavior that occurred in this facility in the past 12 months. The medical and mental health staff have a protocol in place to assist inmates upon discharge from the facility to continue services if needed.

#### Standard 115.86 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires a formal Incident Review conducted on every sexual abuse allegation at the conclusion of all sexual abuse investigations, except those determined to be unfounded within thirty (30) days. Montgomery SP's Sexual Abuse Review Team consists of the Warden, Deputy Warden/PREA Compliance Manager, Captain, Behavioral Health Counselor Supervisor, Behavioral Health Counselor II (Victim Advocate), Behavioral Health Counselor III (Retaliation Monitor) and Lead Nurse. The facility has reported no investigation of criminal and/or administrative investigation of alleged sexual abuse that occurred in this facility in the past 12 months. It was evident from the interviews staff have been trained and knowledgeable of the process. Documentation confirmed a monthly meeting occurs to review all formal Incident Reviews that captures all aspects of a sexual abuse incident.

#### Standard 115.87 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 initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities. The Correctional Superintendent is required to submit a report to the GDC's PREA Analyst each month utilizing an electronic spread sheet provided by the GDC PREA Coordinator's office. GDC has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2015 annual report revealed it was detailed, comprehensive and identifies all state and private facilities within the Georgia Department of Corrections.

#### Standard 115.88 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires each facility to conduct incident reviews at the conclusion of each sexual abuse allegation investigation if the allegations are substantiated or unsubstantiated. GDC has a dedicated staff person who collects, reviews, and analyzes the data from each facility. The review of data is to improve the effectiveness of its prevention, protection and response policies, practices and training including identifying problem areas and taking corrective action on an ongoing basis and prepare the annual report. The GDC 2015 Annual Report is readily available and posted on the GDC Website for public review.



Standard 115.89 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.

The initial review of the Georgia Department of Corrections (GDC) Standard Operating Procedures - Policy #208.06 (PREA - Sexually Abusive Behavior Prevention and Intervention Program) revised 8/14/15 requires that data is collected and securely retained for at least 10 years after the date of the initial collection unless the Federal, State or local laws require otherwise. The aggregated sexual abuse data was reviewed and all personal identifiers are removed and is readily available to the public through the GDC website.

AUDITOR CERTIFICATION

I certify that:

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

Dorothy Xanos

May 1, 2017

Auditor Signature

Date